

**Minutes of the Public Meeting of the Trust Board**

**26<sup>th</sup> November 2024, 9.30am-1.00pm**

**Meeting held virtually via MS Teams**

**Present:**

Crishni Waring, Chair  
 Faisal Hussain, Non-Executive Director/Deputy Chair (Chairing meeting)  
 Josie Spencer, Non-Executive Director  
 Alexander Carpenter, Non-Executive Director  
 Manjit Darby, Non-Executive Director  
 Angela Hillery, Chief Executive  
 Jean Knight, Managing Director/ Deputy Chief Executive  
 Sharon Murphy, Director of Finance  
 Bhanu Chadalavada, Medical Director  
 James Mullins, Interim Director of Nursing, Allied Health Professionals and Quality

**In Attendance:**

Sam Leak, Director of Community Health Services  
 Tanya Hibbert, Director of Mental Health  
 Sarah Willis, Director of Human Resources and Organisational Development  
 David Williams, Director of Strategy and Partnerships  
 Paul Sheldon, Chief Finance Officer  
 Kate Dyer, Director of Corporate Governance  
 Mark Roberts, Associate Director, Learning Disabilities (on behalf of Paul Williams)  
 Kamy Basra, Associate Director of Communications and Culture  
 Sonja Whelan, Corporate Governance Coordinator (Minutes)

TB/24/149	<p><b>Apologies for absence:</b>          Apologies for absence were received from Hetal Parmar, Liz Anderson and Paul Williams. The Chair welcomed Mark Roberts (deputising for Paul Williams) and also welcomed those observing the meeting via the Livestream function.</p>
TB/24/150	<p><b>Community Health Services – Community Therapies</b>          Sam Leak introduced members of the Community Therapies Team whose presentation aimed to give a better understanding of their service. Attendees for this item included Kate Dennison (Operational and Transformation Lead), Kim Fox (Operational Manager), Emma Smith (Clinical Manager), Ashley Wheatley (Physiotherapist), Fazila Hajat (Technical Instructor), Robert Vaughan (Degree Apprentice), Isha Joshi (Clinical Specialist) and Michelle Walker (Operational Lead).</p> <p><b>Service Presentation</b>          The service presentation was delivered by Kim Fox, Emma Smith and Kate Dennison who explained the Community Therapy Service team had just over 170 staff that covered the whole of Leicester, Leicestershire and Rutland (LLR) and consisted of support workers, physiotherapists, occupational therapists and administrative staff. The service is offered 7 days a week, 365 days per year and provides support to patients in their usual place of</p>

residence, outpatient clinics for patients who can leave the house and full holistic assessments to establish patient needs, with clinicians then providing bespoke treatments, rehabilitation, and equipment to support patients remaining as independent as possible, for as long as possible. In addition, the team also support the needs of patients on virtual ward pathways and provide enhanced therapy support to patients in assessment beds with the aim of supporting patients to recover and rehabilitate to assist their onward journey home.

There are eight community therapy hub locations across LLR, each with an operational and clinical lead providing support to the therapy teams. The service consistently receives high numbers of referrals each month – 95% of patients are seen within their 18-week target and those most in need are prioritised, with 36% being offered a two day response.

It was acknowledged the greatest resource is workforce and the team work hard to offer support and value skills and commitment. Apprenticeship programmes support technical instructors to learn 'on the job' to become qualified physiotherapists or occupational therapists and continuous professional development through bespoke training is prioritised. Staff demonstrate their hard work and commitment and this is demonstrated by the numerous successful valued star winners. Patient feedback has been very positive with 86% reporting their experience with community therapy as either very good or good.

The team is passionate about ensuring quality and service development with a number of quality improvement projects and live audits having been completed in the last 18 months. Kim Fox described how integrating and collaborating with system wide partners helped to support patients in all parts of their journey. One recent example of a quality improvement project was working with the acute sector to identify patients who had prolonged stays in hospital, the reasons for this, and what could be done to help. The outcome is an enhanced therapy offer to support patients unable to return straight home from hospital but required ongoing support in a bed based setting for a period of recovery, reablement and rehabilitation.

Emma Smith then explained the partnership with adult social care colleagues within the Homecare Assessment and Rehabilitation Team (HART) had created an integrated approach that offered faster support to patients, helping them achieve their goals quicker, reduce duplication and improve patient experience. This work had been mimicked with other integration work within the reablement and crisis response teams across the City and Rutland.

Examples were shown during the presentation of the huge impact that therapy can have on patient outcomes and was the reason the teams were so passionate about their work; continuously reviewing processes to maximise clinical time available thus helping ensure the right task is carried out by the right person at the right time.

Involving staff and getting their feedback was an important part of the service; the service ran their own survey all year which was reviewed monthly, regular drop-in sessions across the hubs are offered to ensure

visible and accessible leadership, and feedback is collated in the service monthly newsletter. Staff are encouraged to be part of service development and become involved in projects and work streams.

Challenges for the service were acknowledged as staff health and wellbeing which is being tackled by encouraging staff to speak up; demand and capacity which is being addressed over the coming year by collaboration with patients and partners to improve the appropriateness of referrals; and learning from others to provide a better insight into priorities and help to release time to care for the patients. The service had a continuous improvement ethos and wanted to drive co-production with partners.

Kate Dennison concluded by thanking all for listening. She added her thanks to all the staff across community therapy and was extremely proud of their achievements both individually and collectively.

Faisal Hussain thanked the team for their presentation and invited questions.

Sarah Willis asked if there was anything further that board members could support in relation to staff health and wellbeing. Kate Dennison felt the trust demonstrated it was listening to staff feedback and recognised and valued staff for the work they do, eg, the team time out events. However, some of the estates issues sometimes had an impact on health and wellbeing as although the service was agile, it still needed the right environment to hold team meetings etc but she was already feeding this through the various Directorate Management Team meetings (DMTs). Sarah Willis then added that Cohort 6 had just been launched of the reverse mentoring programme which was a great way to learn and improve and encouraged the service to have a look.

Angela Hillery thanked the team for sharing a clear presentation which was very much focussed throughout on patient centred staff experience. With regard to the culture work, Our Future Our Way, there are change leaders who deal with priorities, one area being health and wellbeing and the service was encouraged to get involved or connected if they were not already. Also mentioned was Paul Sheldon, who leads on estates, has been involved in national discussions so there would be more to follow.

Crishni Waring echoed thanks to the team and asked how the impact of partnership working is being measured and whether it could be shared in order to understand the impact on the system as a whole. Kate Dennison advised a presentation had previously been given to the Care Partnership Board included these metrics and was happy to share with colleagues. Sam Leak to send presentation to Sonja Whelan who will circulate to the Board.

Bhanu Chadalavada reflected on the long-term plan with its focus on moving from hospital to community and was very encouraged to hear the work this team was doing and, if not already taking place, requested medical students shadow the service to improve interprofessional understanding. In addition, with focus on innovation, stated there could be an opportunity for the service to use digital technology, for example, to potentially reduce appointment times.

Alexander Carpenter made reference to a recent boardwalk visit to a community hospital where it was mentioned the acuity (severity of an illness or medical condition) of patients seemed to be getting worse – he then asked how the team collaborated with community hospitals. Kate Dennison explained the huge amount of collaboration and communication that took place with inpatient colleagues but recognised there was more work to do in terms of facilitating some of those hospital discharges knowing there is higher patient acuity in community hospitals. Kim Fox then informed board members of a project starting after Christmas around inappropriate referrals which would involve working with all the different sectors who refer into the service. This project aimed to try and improve the knowledge of what the service can provide and to try and reduce risk averse nursing by communicating the ability of the community therapy team to look after these more complex patients.

### **Patient Voice**

A video was shown to board members about Jessie and Derek who shared their experience of care and treatment by the community therapy team. Faisal Hussain, Josie Spencer and Alexander Carpenter expressed how fantastic it was to hear comments which demonstrated good working that goes on day-in, day-out and how the team had transformed this couple's lives. As this was such an impactful and moving story the Board felt it should be shared wider. Sam Leak confirmed this would be shared within the directorate but also with University Hospitals of Leicester (UHL) as a good example of demonstrating the work of the team.

### **Staff Voice**

Ashley Wheatley introduced himself and talked about his employment background, qualifications and change of roles, and reflected on how the service had changed significantly, how the demands of the service had increased specifically in relation to clinical complexity of patients and volume of referrals received across LLR. As a result, all roles have had to evolve and adapt to these changes, one example was a weekend working model with the aim of ensuring urgent patient needs are met in a timely manner. Whilst Ashley continued to practice clinically he also supported leadership colleagues with typically non-clinical duties as well as supporting remote clinics which primarily involved assessing lower acuity patients. One main challenge in his role was ensuring patients achieved positive and meaningful outcomes whilst managing patient expectation and reducing repeat referrals.

Fazila Hajat explained her role as a technical instructor undertaking physiotherapy and occupational therapy and currently worked in the high dependency unit dealing with patients with complex needs. The highlights of her role included meeting a variety of patients from different cultures and backgrounds and helping deal with the issues they are referred with. It was a pleasure to see patients improve mentally, physically and emotionally and the gratitude shown by both patients and relatives made the job rewarding. The challenges included the reluctance of some patients, the expectations of the service, growing demand and an increased waiting list. Overall, Fazila felt positive about management who encouraged professional development, offered flexibility wherever possible, and involved the team in projects.

Robert Vaughan who was a second year trainee physiotherapist described

his experience of working in community therapy and the privilege of working with people in their own homes and environments where they did not want to go to hospital. The challenges of managing increasingly complex patients at home was well supported in terms of medical escalation.

Isha Joshi had worked in various departments within LPT and during Covid had helped in establishing the discharge hubs. Following that she joined community therapy which she enjoyed and echoed others comments in relation to the support from leadership and how the service constantly strived to improve. Clinical leads provided oversight across the eight hubs and a clinical lead was on call each day so that therapists could escalate any issues they had with patients. Clinical leads are involved in a lot of service development projects and one of Isha's projects was working collaboratively with the Learning Disability (LD) team to ensure a smoother process for patients with LD needs.

Michelle Walker is an occupational therapist and had worked in the NHS for 24 years, starting her career at the University Hospitals of Leicester (UHL) where she was supported through an apprenticeship programme to become an occupational therapist. Michelle referred to the challenges and successes around workforce where recruitment to the qualified vacancies remained a challenge through either lack of applicants or quality of applicants and this was leaving gaps in service provision. Through promoting the service with local universities, at careers fairs and speaking with undergraduates the service had explored how it could make itself more attractive and was taking this forward via different routes, eg offering work experience and opportunities. The best parts of the role for Michelle was developing staff and helping them achieve their goals.

In relation to workforce and recruitment, James Mulliins added that around 85% of graduates in the health professions at Leicester University opt to stay in Leicestershire once they graduated so this gave a real opportunity to attract people to come and work for LPT.

Faisal Hussain thanked all for their contributions today but also for the work undertaken on a day-to-day basis and asked for this message to be conveyed back to the rest of the service.

TB/24/151	<p><b>Questions from the Public</b> There were no public questions.</p>
TB/24/152	<p><b>Declarations of Interest Report (Paper A)</b> There were no declarations of interest in respect of items on the agenda.</p> <p><b>Resolved:</b> The Board received this report and noted the declarations of interest contained within.</p>
TB/24/153	<p><b>Minutes of Previous Public Meeting held 24 September 2024 (Paper B)</b> The minutes were approved as an accurate record of proceedings.</p> <p><b>Resolved:</b> The Board approved the minutes.</p>
TB/24/154	<p><b>Matters Arising (Paper C)</b></p>

	There were no outstanding matters arising.
TB/24/155	<p><b>Chair's Report (Paper D)</b></p> <p>The Chair presented this report which summarised Chair and Non-Executive Director activities and key events relating to the well-led framework since the last Board meeting. Of particular highlight was:-</p> <ul style="list-style-type: none"> <li>• The stakeholder and interview panels had been undertaken for a Group Associate NED role and a potential candidate had been identified; the details would be confirmed following conclusion of the necessary processes.</li> <li>• A meeting was held with the University of Leicester about how to work together as a system with academic health partners.</li> <li>• Thanks were offered to the NEDs for their contributions to all the celebration events which had taken place.</li> </ul> <p><b>Resolved:</b> The Board received this report for information.</p>
TB/24/156	<p><b>Chief Executive's Report (Paper E)</b></p> <p>Angela Hillery introduced this report which provided an update on current local issues and national policy developments since the last meeting. Key points highlighted from the report were:-</p> <ul style="list-style-type: none"> <li>• Thanks were offered to staff and volunteers for all the great work taking place across LPT.</li> <li>• Covid and Flu vaccinations remained important and all were urged to take up the offer.</li> <li>• The Sexual Safety Charter work continued and it was noted the LLR active bystander programme had been highlighted by a Midlands Medical Director as significant in terms of encouraging people to understand the bystander programme in support of the Sexual Safety Charter.</li> <li>• The Penny Dash review work of the Care Quality Commission (CQC) continued and would be closely monitored.</li> <li>• Celebrating Excellence Awards had taken place and thanks were offered to Kamy Basra and her team for organising the event.</li> <li>• A range of leadership conferences had taken place throughout the year and thanks were offered to all involved in those series of meetings.</li> <li>• In October it was Speaking Up Month and thanks were offered to the trust Freedom to Speak Up Guardians for their work in raising the profile.</li> <li>• The Midlands aspiring Chief Executive Officer (CEO) event continues to be supported and taken forward.</li> </ul> <p>Faisal Hussain thanked Angela Hillery and the executive team for the work being undertaken espousing, living and walking the values of the organisation and empowering staff.</p> <p>Crishni Waring referred to the Better Mental Health for All event mentioned in the Chief Executive's report and felt this was important in the context of the future role of voluntary and community sector partners. Additionally, in the context of Raising Health, thought it may be a good example to share with Carlton Hayes to illustrate the range of working already taking place.</p>

	<p>Manjit Darby asked if there was any further information about the roadmap following the Lord Darzi work. Angela Hillery clarified the opportunity following the Darzi review is the 10-year plan where work was going on with the public in terms of NHS change. There is a series of regional events due to take place where LPT would be seeking to influence and people are being encouraged to get involved and to respond as both a trust and collaboratives.</p> <p><b>Resolved:</b> The Board received this report for information.</p>
TB/24/157	<p><b>Environmental Analysis (Verbal)</b>  Angela Hillery highlighted the NHS Providers Conference which she had attended recently along with other members of the Board. It was a good conference that allowed best practice to be shared and the opportunities and challenges ahead to be considered.</p>
TB/24/158	<p><b>Board Assurance Framework (Paper F)</b>  Kate Dyer presented this report which, following the addition of a new risk around digital transformation in October 2024, had twelve strategic risks, of which six are high risk (access, estates, workforce, capital funding, patient safety and financial position). Since the last Trust Board meeting, one risk score had changed - BAF03 (financial position) - from 12 to 16.</p> <p>Faisal Hussain commented on how the information presented was clearly articulated and thanked Kate Dyer for her work around this. Questions were then invited.</p> <p>For the purposes of clarity, Crishni Waring asked to explore the new risk around digital transformation. Kate Dyer explained how it had become apparent that a lot of the work being designed and developed around digital had not been captured on the Board Assurance Framework in the sense of being on track to meet the strategic objectives. It was therefore felt it needed to be articulated for the Board to understand in that strategic framework. David Williams further clarified it was an opportunity to bring everything together to clearly articulate what work was being undertaken around digital transformation and how to build the digital transformation work which empowers staff and improves quality. Furthermore, one of the additional areas added as a mitigation is to bring LPT together with NHFT to look at a digital transformation programme that could work across the Group, deliver value, standardise ways of working and build the consistency to support clinicians in delivery of services.</p> <p>Crishni Waring further asked that although this was linked to the Information Management and Technology (IM&amp;T) Committee it did not appear to be linked to a Level 1 Board committee and felt that as performance had oversight of digital transformation, the Finance and Performance Committee (FPC) should have the role in understanding this risk more, and was interested to hear whether it had been discussed FPC. Alexander Carpenter, as Chair of FPC, confirmed the risk had not been explicitly discussed although the committee was responsible for oversight of the digital plan and confirmed the digital transformation risk would sit with FPC. It was agreed this new risk would be aligned in the narrative with both FPC and IM&amp;T.</p>

	<p>Josie Spencer noticed the financial risk had increased and understood the reasons why but wondered about the ICB position and whether the financial risk was expected to deteriorate further. Sharon Murphy would cover this further in her Finance report (Paper R) but advised the system context was getting more difficult in terms of the parameters being operated under and this had contributed to the LPT scoring change.</p> <p>Manjit Darby reiterated that digital as an enabler was a critical component of the success of the overarching transformation plan so she was pleased to see it highlighted as a risk in this way as it would help underpin some of the enabling resource required for digital transformation in order to see success. Alexander Carpenter added that these discussions were taking place at FPC and Jean Knight advised of the process this year relating to operational plans which would result in clear operational plans for each of the clinical directorates to include requirements from enabling functions for successful delivery. It was noted the key challenge for the Board moving forward would be balancing estates needs and digital investment needs.</p> <p><b>Resolved:</b> the Board received this report for information and assurance.</p>
TB/24/159	<p><b>Audit and Risk Committee AAA Highlight Report: 13 September 2024 (Paper G)</b></p> <p>Faisal Hussain confirmed this report had been included in the paper pack in error and oversight as the report had been dealt with at the last public meeting on 24 September 2024, so a discussion today was not required.</p>
TB/24/160	<p><b>Trust Board Annual Effectiveness Review, Terms of Reference, Rolling Workplan and Trust Board Development Programme and Joint (Group) Development Programme (Paper H)</b></p> <p>Kate Dyer introduced this report which provided an annual review of the effectiveness of the Trust Board for 2023/24. This was being presented later than usual as the findings of the external well led review had been taken into account.</p> <p>Josie Spencer queried the timeframe around availability of data dashboards and, in addition, welcomed the service visit feedback due to be received at Board in the future. Sharon Murphy advised that ongoing conversations have been taking place around quality and safety dashboards and it had been agreed at the last Strategic Executive Board (SEB) that this would be added to the 2025/26 planning process. However, in the interim, data already available was being reviewed to strengthen what was already in place. Jean Knight stressed the importance of having visibility from service visits and informed Board of actions being taken to collate feedback using the new template. A paper on first draft actions and plans is being submitted to Executive Management Board (EMB) and in turn confirmed this would be received at Board. Even though dashboards were in use already, Angela Hillery commented on how quality and safety issues could still materialise and felt a board development session to look at early warning systems would be helpful. It was agreed to add this to the board development agenda planner.</p> <p><u>Appendix A: Revised Trust Board Terms of Reference</u> Reflected in the Terms of Reference were opportunities for aligning the</p>



	<p>strategic framework within Group arrangements, promoting learning from best practice/maximising opportunities across the Group and emphasising the role of the three lines of assurance. Manjit Darby wondered whether there should be more visibility on the Board's responsibility and commitment for equality and diversity and for dealing with health inequalities and role modelling of best practice as she did not think this came through strong enough. Kate Dyer would reflect on the comments raised.</p> <p><u>Appendix B: Revised Trust Board Workplan</u>  Kate Dyer introduced the Workplan and described the proposed revisions (shown with tracked changes) being recommended. A lot of benchmarking had taken place and this revised version was about making the best use of our committees but it was important to note the workplan was not fixed and if there is an escalating risk at any point, the workplan can be updated and refreshed.</p> <p>Bhanu Chadalavada questioned whether the Annual Board Report and Statement of Compliance, Responsible Officers and Validation item should, given the quality element, be re-routed to the Quality and Safety Committee (QSC) rather than the People and Culture Committee (PCC). Kate Dyer would consider the most appropriate level 1 committee for this to be delegated.</p> <p>Jean Knight, as accountable emergency officer there is a requirement to submit the Emergency Preparedness Resilience and Response (EPRR) annual report in public board so asked that this be included. Crishni Waring commented EPRR is a really important area and did not suggest otherwise, however, felt it helpful to have scrutiny at committee level first as one of the ways of managing the board's business and associate the AAA report in public board and this had been built into the Terms of Reference.</p> <p>Following comments received, a clean version of the Workplan would be received at the next meeting for information.</p> <p><u>Appendix C: Trust Board Development Programme</u>  This programme was for the remainder of 2024/25 and a new programme for 2025/26 would follow in due course.</p> <p><b>Actions:-</b></p> <ul style="list-style-type: none"> <li><i>a. early warning systems to be added to a future development agenda</i></li> <li><i>b. following comments received, clean version of trust board workplan to be received at next meeting for information</i></li> </ul> <p><b>Resolved:</b> The Board received this report for information and assurance, and approved the documents contained within.</p>
TB/24/161	<p><b>Documents Signed under Seal: Q2 Report (Paper I)</b>  Kate Dyer introduced this report and confirmed no entries had been made during the Q2 period 1 July 2024 to 30 September 2024.</p> <p><b>Resolved:</b> The Board received this report for information.</p>
TB/24/162	<p><b>Committee in Common (Joint Working Group) AAA Highlight Report: 11</b></p>

	<p><b>November 2024 (Paper J)</b> Faisal Hussain introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> <li>• No alerts.</li> <li>• Advisory section included research and innovation as the planned work was behind schedule.</li> <li>• Assurance items included the workstream delivery plans (quality improvement and social value) which had attracted lots of engagement and there had been huge amounts of work ongoing around the group value phase 3 and joint governance.</li> </ul> <p>Bhanu Chadalavada updated colleagues that meetings had taken place between Northamptonshire Healthcare Foundation Trust (NHFT), LPT and the University of Leicester where a number of projects had been agreed in terms of research and innovation and the Leicester Economic Health Partners Network continued to support the work. David Williams reinforced that discussions were taking place around training, education and joint roles and although rated as amber, a lot of productive work was taking place behind the scenes.</p> <p><b>Resolved:</b> The Board received the report for information and assurance.</p>
TB/24/163	<p><b>East Midlands Alliance Common Board Paper (Paper K)</b> David Williams introduced this report which provided a summary of the wide range of work happening across the East Midlands. Of particular highlight as a good example of the benefit of collaboration was working together across organisations with a focus on safety to ensure learning, sharing of ideas and consistent ways of working.</p> <p>Josie Spencer asked if there was a national hold on the physicians’ associate (PAs) work and whether that would be an impact on the funding and development of the roles outlined in the report. In response, it was advised that, given concerns raised by the British Medical Association and some other Royal Colleges, a national review had been commissioned to consider if any improvements needed to be made. Locally, the roles were still being supported and LPT currently have between 9-12 student placements and employs 3 within the trust all of whom were receiving more regular supportive meetings. No confirmation had yet been received for when the review would be complete. David Williams added that NHFT would be hosting the GMC CEO later this week so there would be an opportunity for discussions.</p> <p>Josie Spencer offered thanks for the support being made available to the PAs currently, given they must be feeling disillusioned at the moment in terms of their career path.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/164	<p><b>Step Up to Great (SUTG) Q1/Q2 Delivery Plan Report (Paper L)</b> David Williams introduced this report which provided an update for the Board on the progress with the delivery of SUTG for the first and second quarters of this financial year 2024/25. Key areas where further work was progressing was around delivery of objectives, sustainability and the link to social value, and improving workforce, recruitment numbers and ways of working.</p>

	<p>Manjit Darby was pleased to see the great work taking place but referred to the earlier dashboard conversation and commented on how the totality of the delivery plan could be more outcome focused rather than being focused on actions. David Williams acknowledged the challenge and provided the staff survey and Our Future Our Way work as current examples of this and how those connections would help move forward with the new strategy and the new way of working.</p> <p>Faisal Hussain asked how the board received assurance around the work of key partners. David Williams confirmed assurance came through a variety of different routes and gave health inequalities as an example where engagement in LLR feeds up to the LLR Integrated Care Board (ICB) and a health inequalities presentation was due at the next LLR ICB which would show the impact that LPT was having on the system. Colleagues would also see examples feed through system meetings they attend and feedback from stakeholders regarding engagement with the development of our new strategy had been positive.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/165	<p><b>Quality and Safety Committee AAA Report: 29 October 2024 (Paper M)</b>          Josie Spencer introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> <li>• Alert items included the challenges around community nursing - a report would be received at the February QSC to offer oversight of how the issues were being managed.</li> <li>• Advisory items included the workforce disruption/staffing risk that had now been mitigated with regard to the safeguarding team, the sexual safety group was still awaiting publication of the national policy training, leaflet and guidance prior to producing the LPT policy, and the backlog of work around Learning from Deaths, particularly in the directorate of mental health, had been significantly reduced.</li> </ul> <p>Sarah Willis offered an update that the sexual safety, sexual misconduct in the workplace policy had been publicised. The policy was being tailored for LPT and will be adopted and published in January as a live policy for LPT. In addition, e-learning training was now available for staff.</p> <p>Sam Leak reassured Board members there were no safety concerns regarding the community nursing team and the service was seeing an improvement in escalation levels, a drop in caseloads, and a decrease in metrics such as medication errors; those metrics would be submitted to QSC to provide assurance back to the committee.</p> <p>Crishni Waring queried whether there were any early warnings of a problem with the service and how the problem was detected. Sam Leak advised, with Josie Spencer’s support, that the triangulation between pressure ulcer numbers, the vacancy rate and what staff were saying led to a deep dive of the service, which in turn enabled a programme of next steps.</p> <p><b>Resolved:</b> The Board received the report for information and assurance.</p>
TB/24/166	<p><b>Safe Staffing Monthly Report (Paper N)</b></p>

	<p>James Mullins introduced this report which provided a full overview of nursing safe staffing during the month of September 2024, including a summary and update of new staffing areas to note, potential risks and actions to mitigate the risks to ensure safety and care quality are maintained. This report triangulated workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. Key points were highlighted as:-</p> <ul style="list-style-type: none"> <li>• Following the NHS England (NHSE) Directive for all NHS trusts to cease off framework use by July, it was noted there had been two off framework shifts during September within community health services. A deep dive has taken place and this is fed back to the monthly agency reduction meeting to identify any learning.</li> <li>• The nursing workforce has continued to grow and develop with an increase in whole time equivalent members; seven of which included internationally educated registered nurses</li> <li>• A six month review of falls data, themes and trends had been requested which would provide a good understanding of how falls are managed within the trust.</li> </ul> <p>Manjit Darby queried whether the People and Culture Committee (PCC) needed to receive this information as part of its work programme. Sarah Willis clarified that other governance groups were reviewing the safe staffing report on an operational level to inform the agency reduction plan. A further conversation outside of Trust Board was required and Manjit Darby, Sarah Willis and James Mullins would meet to discuss the best approach to ensure triangulation of data.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/167	<p><b>Patient Safety and incident Learning Assurance Report (Paper O)</b></p> <p>James Mullins introduced this report which provided assurance on LPTs incident management and Duty of Candour compliance processes. The process reviews systems of control which continue to be robust, effective and reliable, underlining the commitment to continuous improvement of keeping patients and staff safe by incident and harm reduction. This report also provided assurance on ‘being open’, numbers of incident investigations, themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated learning. Key areas were highlighted as:-</p> <ul style="list-style-type: none"> <li>• Since receiving three preventing future deaths reports from HM Coroner, following a thematic review of the learning from these, together with local intelligence, a series of improvement actions have been implemented via a Rapid Improvement Programme Board. This phase of the rapid improvement had now concluded, and the second phase was now underway.</li> <li>• There had previously been some challenges with capacity in the patient safety and investigation team but following weekly incident tracker meetings the team was on track to clear backlogs by the end of November 2024.</li> <li>• LPT had retained its accreditation from the Safety Incident Response Accreditation Network (SIRAN).</li> </ul>

	<ul style="list-style-type: none"> <li>• Special cause concern peaks noted for category 4 pressure ulcers in the last three months. A detailed review is taking place with outcomes and actions to be fed back to the strategic pressure ulcer group, patient safety improvement group and accountability framework meetings. Conversations have taken place recently between chief nurses within the system to look at collaborating on a system pressure ulcer quality improvement group with a focus on prevention and self care and this would be reported through to future QSC and Trust Board meetings.</li> <li>• Increase in total number of falls seen in August continued into September but October saw a drop.</li> <li>• Increase in reporting of medication incidents had been in direct response to a piece of work identified through reviewing the reporting from Wellsky.</li> <li>• Analysis of incident data had shown an increase in self-harm in community patients where a lot of this was related to the option chosen when calling 111. This had been reviewed and as of November only incidents of patient who are open to LPT services would be included.</li> </ul> <p>In response to a question from Kate Dyer about the SIRAN accreditation and understanding the new standards and compliance, James Mullins confirmed once any detailed feedback was received, it would be taken to EMB for consideration.</p> <p>Manjit Darby asked whether there had been a shift in staff feeling more confident about reporting incidents and whether there was a link with the Patient Safety Incident Reporting Framework (PSIRF) . James Mullins felt it was a mixture of things and explained how a lot of communications had been sent regarding the importance of reporting, how processes had improved and how there had been a continuous drive on the culture of reporting incidents and patient safety.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/168	<p><b>Complaints Annual Report (Paper P)</b></p> <p>James Mullins introduced this report which included feedback received by the Trust between 1 April 2023 and 31 March 2024.</p> <p>It was reported that 26,236 pieces of feedback had been received in relation to complaints, concerns, compliments and Friends and Family Test (FFT) which was a 3% decrease on the previous year. Concerns and comments remained in line with the previous year with a total of 495 received by the Patient Advice and Liaison (PALS) Service. The number of complaints received had increased from 198 to 239 in this reporting year. Key themes around negative feedback categories related to communication, appointments, clinical treatment and patient care. Positive feedback related to clinical treatment and patient care, communication and staff attitude. During the 12 months, there was 17% increase in the number of complaints but no specific factors contributed to this increase, however, through benchmarking with other organisations, it appeared there was a shift in public opinion in expectations and a reduction in satisfaction with the level of care provided by the NHS as a whole.</p> <p>Manjit Darby felt the report was very good and informative but would have liked to have seen information about who was complaining to ensure there is</p>

	<p>the reach of the population and to understand any issues of inequity of access to services. James Mullins would feed this back to the team.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/169	<p><b>Finance and Performance Committee AAA Report: 29 October 2024 (Paper Q)</b></p> <p>Alexander Carpenter introduced this report and drew attention to one advisory item about the system position being escalated to level 4.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/170	<p><b>Finance Report – Month 7 (Paper R)</b></p> <p>Sharon Murphy introduced this report which provided an update on the Trust financial position for the period ended 31 October 2024. Key points were highlighted as:-</p> <ul style="list-style-type: none"> <li>• Income and expenditure – trust is reporting a year-to-date deficit of £1.2m at the end of October which was in line with plan.</li> <li>• Overspends in all areas except for Learning Disability services.</li> <li>• The run rate had decreased in most areas except for the directorate of mental health where overspend increased by £280k in month 7 as a result of the non-delivery of the large Cost Improvement Programme (CIP) scheme.</li> <li>• Enabling overspend increased by £86k as a result of high legal fees which continue to be a concern.</li> <li>• There is a pressure to the forecast outturn in estates position with non-delivery of CIP schemes expected which could lead to a forecast outturn of £480k overspend – it was noted the team were working hard to mitigate this position and escalation meetings had taken place and the position is being closely monitored.</li> <li>• The totality of the forecast outturn for operational services is £3m overspend and in addition there are material strategic issues around the Band 2 to 3 regrading, an ICB contract gap and also potential 2024/25 pay award shortfall, this amounts to £10m pressures being managed at month 7. To offset this pressure, £10m mitigations had been identified (shown in Appendix H). £4.5m of those mitigations are amber or red rated.</li> <li>• If all mitigations deliver as expected and no new pressures emerge between now and year-end, the breakeven forecast outturn remains.</li> <li>• Capital delivery at month 7, spent 52% of overall plan so steady delivery taking place.</li> <li>• Confirmation received around active funding of £540k for the Belvoir Ward refurbishment which means the ability to balance the capital plan. A deep dive into the capital planning position was ongoing to provide assurance to NHSE in month 8.</li> <li>• The LLR financial position remained off track at month 7 and as a result have been placed into NHSE escalation which means an intervention and improvement regime where consultants will undertake a review of areas such as grip and control processes within organisations and a scope of improvement actions would then follow.</li> </ul>

	<p>Crishni Waring referred to learning and guidance from a NHSE national paper which looked helpful in setting out learning from different areas and asked about the plan to test against it and report on it. Sharon Murphy explained these questions were included as part of the interviews for the consultants, held last week, and it was expected this would be part of the process and would form part of regular reporting.</p> <p>Josie Spencer stressed the importance, when the new consultants come in about how expectations are managed regarding what they can or cannot do within the agreed timeframe and also being clear from a quality point of view, how the processes would be equality and quality impact (EQIA) assessed. Sharon Murphy clarified part of the expectation of the approach being undertaken is around giving NHSE further assurance in the system as much as what the trust can do internally. Normal processes within each organisation would support any changes suggested and that would include the EQIA process.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/171	<p><b>Performance Report – Month 7 (Paper S)</b> This report, presented by Sharon Murphy, provided an overview of the trust’s performance against Key Performance Indicators (KPIs) for October 2024.</p> <p>Reported was nine special cause concerns - of the over 52 week waits, six out of the fourteen services had seen reduced numbers of waiting, the exception reports continued to develop so more information was now being captured and monitored and all areas are reviewed in detail at the Accountability Framework Meeting (AFM), and there was nothing further to escalate to Board.</p> <p>Manjit Darby queried the need to be clear about the trust wide compliance in the report and the work to ensure every service line is compliant. Sharon Murphy explained the service level information was reviewed at AFM in detail for each of the services with executives being held to account for delivery whilst this report showed compliance against trust wide targets.</p> <p><b>Resolved:</b> The Board received and approved this Performance Report.</p>
TB/24/172	<p><b>Charitable Funds Committee AAA Highlight Report: 17 September 2024 (Paper T)</b> Faisal Hussain introduced this report and drew attention to:-</p> <ul style="list-style-type: none"> <li>• No alert or advisory items to highlight.</li> <li>• The financial position was reviewed and the overall fund balance for Quarter 1 closed at £2.574m, with a forecast closing cash balance of £632k.</li> </ul> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/173	<p><b>People and Culture Committee AAA Highlight Report: 30 October 2024 (Paper U)</b> Manjit Darby introduced this report and drew attention to:-</p>

	<ul style="list-style-type: none"> <li>• Alert item around high vacancies but actions were continuing to address and progress.</li> <li>• Advisory issues surrounded occupational health waits and international recruitment process.</li> </ul> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/174	<p><b>Review of risk – any further risks as a result of board discussion?</b> No further risks were identified as a result of the discussions in today's meeting.</p>
TB/24/175	<p><b>Any Other Urgent Business</b> No other business.</p>
TB/24/176	<p><b>Papers/updates not received in line with the work plan: n/a</b></p>
<p><b>Close – date of next public meeting: 28 January 2025</b></p>	