

## Trust Board of Directors – 27 September 2022

### Chief Executive's Report

#### Purpose of the report

This paper provides an update on key national and local issues since the last meeting. The details below are drawn from a variety of sources, including local meetings and information published by the Department of Health.

#### Analysis of the issue

##### National Developments

###### *Her Majesty Queen Elizabeth II*

We at Leicestershire Partnership NHS Trust share in the nation's deep sorrow following the announcement of the death of Her Majesty Queen, Elizabeth II.

Our heartfelt condolences go out to the Royal Family during this time of immense sadness and grief.

The Queen dedicated her life to her duties and her tremendous commitment to public service during her reign is an example of the finest humility. Her legacy of compassion, dignity and integrity is something from which we can all draw great inspiration.

During this period National Mourning, we must continue to care and look out for one another.

###### *Coronavirus COVID-19*

As at 8 September 2022, it is positive to see that COVID-19 activity has decreased nationally. Acute respiratory infection incidents (outbreaks), positivity for pillar one laboratory confirmed cases (NHS swab testing) and hospital admissions rates are all down on previous weeks. COVID-19 vaccine coverage for all ages was 70.1% (dose one), 66.4% (dose two) and 52.2% (dose three), but over 80% in all cohorts over the age of 60 years old.

At the end of August, based on UK Health Security Agency advice, the UK Chief Medical Officers and NHS England National Medical Director have recommended to ministers the COVID-19 level moves from level 3 to level 2. Despite this positive position, national leaders caution that COVID-19 remains present in the community with certain strains in particular circulating.

As we make the transition from summer to autumn, children go back to school and many people return from a break from work over the summer period, our thoughts in the NHS and care sectors turn to preparations for the upcoming winter period. During this period we typically see an increase in the circulation of respiratory viruses (e.g., COVID-19, flu and colds) and urge everyone contacted to accept their COVID-19 booster vaccination and a flu vaccination.

###### *COVID-19 vaccination*

On 5 September, NHS England announced the launch of the NHS COVID-19 autumn booster vaccination programme. Around 26 million people across England will be eligible for an autumn booster over the coming weeks, which includes over 50s, those with a weakened immune system, health and social care workers, care home residents and housebound people, in line with guidance set out by the JCVI. The NHS will also be rolling out the flu vaccine and encouraging eligible people to take up the offer where possible. Eligible individuals may be offered the flu and COVID jab at the same time subject to supply, with the doses approved to be co-administered. The best way to protect yourself and your loved ones from serious illness this winter is to get the vaccine when invited to do so, as well as your annual flu jab if eligible. LPT teams will be vaccinating at a number of sites for staff and for the public.

## Monkeypox

Monkeypox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Cases of monkeypox infection were confirmed in England from 6 May 2022. The outbreak has mainly been in gay, bisexual, and men who have sex with men without documented history of travel to endemic countries. Up to 5 September 2022 there were 3,345 confirmed and 139 highly probable monkeypox cases in the UK: 3,484 in total (of which 3,320 were in England). On 1 September, the UK Health Security Agency confirmed that an individual had been diagnosed with a strain of monkeypox linked to recent travel to West Africa that is not the same as the current outbreak strain circulating in the UK. Contact tracing is underway and so far, no further linked cases have been identified.

By mid-August over 25k people had been vaccinated with the smallpox vaccine as part of the strategy to contain the monkeypox outbreak in the UK. Whilst the UK Health Security Agency has secured one of the highest number of doses in the world to manage the current outbreak, by 28 August all remaining stock had been allocated to the NHS. There are global issues with supply due to vaccine availability and the necessary time to produce more vaccines. Until the delivery of further doses in September, the NHS and local partners will continue to vaccinate in line with any residual supplies and to ensure that those who are not already in touch with services know where and how to access vaccination.

From 22 August, three NHS sites (in Manchester and London) introduced the safe and clinically approved approach known as 'fractional dosing' as part of a pilot designed to stretch existing vaccine supplies to protect more people. This approach has been commonly used in other worldwide outbreaks when vaccine supplies are constrained and is in use in the USA and elsewhere in Europe.

## *New Prime Minister, Cabinet and Ministerial Team*

On 6 September 2022, the Rt Hon Elizabeth Truss MP accepted Her Majesty the Queen's invitation to form a new government having been elected leader of the governing conservative and unionist party following an election over the summer. Ms Truss used her first statement as Prime Minister to confirm three early priorities, which included making sure that people can get doctors' appointments and the NHS services they need.

The Prime Minister has appointed a cabinet that includes Rt Hon Dr Thérèse Coffey MP as Secretary of State for Health and Social Care and Deputy Prime Minister, the Rt Hon Robert Jenrick MP as a Minister of State in the Department of Health and Social Care, Will Quince MP as a Minister of State and both Neil O'Brien MP and Dr Caroline Johnson MP as Parliamentary Under Secretaries of State.

## *Increasing capacity and operational resilience in urgent and emergency care ahead of winter*

On 12 August 2022, NHS England wrote to Chief Executives of Integrated Care Boards, NHS Trusts and Foundation Trusts, on its plans for the upcoming winter period. The letter confirmed eight, national core objectives and described the actions that will be taken to achieve these objectives.

1. **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
2. **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
3. **Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
4. **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
5. **Reduce crowding in A&E departments and target the longest waits in ED**, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
6. **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.

7. **Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the ‘100 day challenge’.
8. **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

For more information on NHS England’s objectives and plans please visit the NHS England website:

[https://www.england.nhs.uk/wp-content/uploads/2022/08/B1929\\_Next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winte.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/08/B1929_Next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winte.pdf)

### *Progress with elective recovery plan*

On 8 September 2022, national figures show that the number of patients waiting for tests and checks has fallen for the third month in a row and is at the lowest level since the NHS launched its elective recovery plan. Further progress has been made on the longest waits with the number of people waiting more than 18 months down by almost a third compared to January. The NHS is aiming to eliminate 18 month waits by April 2023 except where the patient chooses to wait longer, or for very complex cases requiring specialist treatment.

For more information on the delivery plan for tackling the backlog of elective care, please visit the NHS England website: <https://www.england.nhs.uk/coronavirus/publication/delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care/>

### *Guidance on the preparation of integrated care strategies*

On 29 July 2022, the Department of Health and Social Care published guidance on the preparation of integrated care strategies, in which it confirms statutory requirements for the way in which Integrated Care Partnerships (ICPs) develop local strategies involving a range of stakeholders. These strategies confirm the choices made by ICPs on how to meet the local population’s health and wellbeing needs, with reference to local priorities and specific issues affecting groups within that population determined through existing evidence of local needs (e.g., Joint Strategic Needs Assessments) and information sourced to fill gaps in the ICP’s knowledge and understanding.

The national guidance encourages ICPs to do things differently than before, embracing the principle of subsidiarity (making decisions at the right level), but focussing on the wider determinants of health and on reducing geographic disparities in health outcomes. New ICP strategies should be in place by December 2022 to inform the development of the Integrated Care Board (ICB) five-year forward plans by April 2023.

For more information on this guidance, please visit the Department of Health and Social Care website:

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies>

### *Health and wellbeing boards – draft guidance for engagement*

On 29 July 2022, the Department of Health and Social Care published draft guidance for engagement on health and wellbeing boards confirming their role following the publication of the Health and Care Act 2022 and the white paper ‘Health and social care integration: joining up care for people, places and populations’ (in February 2022). The draft guidance also describes how Health and Wellbeing Boards should work with ICPs. (Feedback was sought on the draft guidance to inform the final version to be published subsequently.)

From the draft guidance it is clear that the existing roles and responsibilities of Health and Wellbeing Boards will remain in situ, working as a committee of local authorities to promote joint working with responsibility for producing JSNAs and a joint health and wellbeing strategy. Membership remains as before, save that all ICBs in the footprint are required to be members of boards (in place of Clinical Commissioning Group representatives). The draft guidance also sets an expectation that local partners (i.e., ICBs, ICPs and Health and Wellbeing Boards) should develop ways of working that make sense locally and are guided by common principles.

ICBs must involve Health and Wellbeing Boards in the development of their five-year plans within which ICBs must confirm how they will make progress with the Health and Wellbeing Board(s)’ joint health and wellbeing strategy. The latter is something on which Health and Wellbeing Boards will be consulted by ICBs when ICBs prepare their annual reports.

To access a copy of the draft guidance, please visit the Department of Health and Social Care website:

<https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement>.

### *Guidance on ICPs working with adult social care providers*

Published on 29 July 2022, the Department of Health and Social Care's guidance on the expected ways of working between ICPs and adult social care providers sets out several 'advisory principles' to help ensure that adult social care providers are involved as essential partners.

1. All system partnerships should work together collaboratively to achieve better population health and wellbeing outcomes
2. Adult social care providers are critical partners in improving health and wellbeing outcomes
3. ICPs and adult social care providers should collectively support the whole adult social care voice to be heard
4. ICPs should promote place-based integration
5. ICPs should facilitate sharing good practice across places and systems

To access a copy of this guidance, please visit the Department of Health and Social Care website:

<https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships/expected-ways-of-working-between-integrated-care-providers-and-adult-social-care-providers>

### *Health overview and scrutiny committee principles*

Guidance published by the Department of Health and Social Care on 29 July 2022 clarified that ICBs and ICPs are now within the scope of Health Overview and Scrutiny Committees. These committees retain all their existing legal duties (reviewing and scrutinising planning and provision of health services in their area), ensuring requests for evidence are proportionate and reasonable, and undertaking their duties with reference to joint local health and wellbeing strategies. Joint Health Overview and Scrutiny Committees may need to be established where issues cut across local authority boundaries. As with the guidance for ICPs, the guidance for Health Overview and Scrutiny Committees also contains five principles for ways of working between partners, which are:

1. outcome focused
2. balanced
3. inclusive
4. collaborative
5. evidence informed

For a copy of the guidance, please refer to the Department of Health and Social Care's website:

<https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles>.

### *Better Care Fund framework 2022-23*

On 19 July 2022, the Department of Health and Social Care published a policy framework for the Better Care Fund, designed to better join up health and social care for those people who need it most. The framework for the 2022-23 financial year commits over £7bn to enable people to stay well, safe and independent at home for longer. It will introduce capacity and demand planning for intermediate care services to help the health and social care system prepare for winter. Specifically, local authorities will be asked to develop capacity and demand plans for intermediate care covering both admissions avoidance and hospital discharge across health and social care to help the system prepare for winter.

This year's framework builds on initiatives developed during the pandemic, strengthening the integration of commissioning and delivery of services in providing person-centred care. It also continues to support system recovery from the pandemic. Through the framework, local areas are asked to meet two overarching objectives:

- to enable people to stay well, safe and independent at home for longer; and
- to provide the right care in the right place at the right time.

To access a copy of the Better Care Fund Framework for 2022-23, please visit the government website:

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2022-to-2023>.

### *Patient Safety Incident Response Framework (PSIRF)*

On 16 August 2022, NHS England published the Patient Safety Incident Response Framework (PSIRF) and supporting guidance, which is aligned with the NHS Patient Safety Strategy. When it starts to come into force in September 2022, it will replace the previous Serious Incident Framework 2015. PSIRF makes no distinction between ‘patient safety incidents’ and ‘serious incidents’, i.e., it removes the ‘serious incident’ classification and associated threshold. PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement. It seeks to affect a shift from what was often seen as an investigation framework to an improvement framework.

PSIRF is a contractual requirement for organisations like LPT operating under an NHS standard contract with its commissioners. It has four aims:

- compassionate engagement and involvement of those affected;
- a system-based approach to learning;
- considered and proportionate responses;
- supportive oversight focused on strengthening response systems and improvement

The joint Director of Patient Safety for our LPT/NHFT Group is leading specific work within LPT to ensure we meet the requirements of the new framework, which includes the development of a patient safety incident response policy, a plan and a mechanism to help address inequalities in patient safety.

For more information on PSIRF please visit the NHS England website:

<https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/>

### *NHS Terms and Conditions Pay Award 2022/23*

On 19 July 2022, the government accepted the recommendations in full from the independent NHS pay review bodies, which meant that over one million NHS staff would get a pay rise of at least £1.4k per annum pro rata with lowest earners to receive up to a 9.3% increase. Eligible dentists and doctors will receive a rise of 4.5%. This pay rise recognises the contribution of NHS staff while balancing the need to protect taxpayers, manage public spending and not drive up inflation.

For more information on the pay award, please visit the government website:

<https://www.gov.uk/government/news/nhs-staff-to-receive-pay-rise>

The new NHS pay scales effective from 1<sup>st</sup> April 2022 can be found [here](#) and staff will receive these in September’s pay.

### *Women’s Health Strategy*

On 20 July 2022, the government published the first ever Women’s Health Strategy for England to tackle the gender health gap to ensure diagnosis and treatment work for woman. It will ensure all doctors are trained to provide the best care to women by introducing mandatory specific teaching and assessment on women’s health for all graduating medical students and incoming doctors.

Women and girls across England will benefit from improved healthcare following the publication of this strategy, which includes key commitments around:

- new research and data gathering
- the expansion of women’s health-focused education and training for incoming doctors
- improvements to fertility services
- ensuring women have access to high-quality health information
- updating guidance for female-specific health conditions like endometriosis to ensure the latest evidence and advice is being used in treatment

In addition to several specific aims, the strategy will support the government’s ambition that national healthcare services consider women’s needs specifically and by default such that women can access services that meet their reproductive health needs throughout their lives.

For more information please visit the government website: <https://www.gov.uk/government/publications/womens-health-strategy-for-england>

### *Human papillomavirus (HPV) vaccine for adolescents*

On 5 August 2022, following a review of the evidence, the Joint Committee on Vaccination and Immunisation published a statement advising a move from two doses to one dose for the routine adolescent HPV vaccination programme. The HPV programme in the UK targets girls and boys aged 12 to 13 and aims to offer protection against cancers caused by HPV, including cervical cancer, cancers of the head and neck and cancers of the anus and genital areas.

This decision comes after several years of consideration by the committee and in the face of strong evidence in favour of the move. It aligns with recent advice from the World Health Organisation’s SAGE committee. Ultimately, the Secretary of State for Health and Social Care will decide whether to make any changes to the vaccination programme in due course after considering the advice from JCVI.

To access a copy of the JCVI statement, please visit the government website:

<https://www.gov.uk/government/publications/single-dose-of-hpv-vaccine-jcvi-concluding-advice/jcvi-statement-on-a-one-dose-schedule-for-the-routine-hpv-immunisation-programme>

### *UK Health Security Agency strategic remit and priorities for 2022*

On 12 August 2022, The Parliamentary Under-Secretary of State for Vaccines and Public Health wrote to the Chief Executive of the UK Health Security Agency setting out the government’s priorities for UKHSA during the 2022-23 financial year. Priorities were organised under three broad areas:

1. Reduce harm from infectious disease and other health security hazards, and achieve more equitable outcomes.
2. Prepare for future health security hazards so that our health, society, public services and economy are less impacted.
3. Strengthen health security capability to improve the effectiveness of our local, national and global response.

In addition to establishing priorities for the current year, the letter also thanked UKHSA staff for their efforts in setting up the new agency, in responding to COVID-19 (monkeypox, hepatitis C and HIV) and in building relationships with partners across the health and care system, government and the UK.

To access a copy of the letter, please visit the government website:

<https://www.gov.uk/government/publications/ukhsa-priorities-in-2022-to-2023/letter-from-maggie-throup-to-professor-dame-jenny-harries-ukhsa-chief-executive>

### *Dame Barbara Windsor Dementia Mission*

In August 2022, the then Prime Minister Boris Johnson launched a national mission to tackle dementia and double research funding to £160 million a year by 2024. The mission will be driven by a new taskforce, bringing together industry, the NHS, academia and families living with dementia. By speeding up the clinical trial process, more hypotheses and potential treatments can be tested for dementia and other neurodegenerative diseases.

For more information on the mission please visit the government website:

<https://www.gov.uk/government/news/prime-minister-launches-dame-barbara-windsor-dementia-mission--2>

### *Call for evidence on inequality in medical devices*

An Independent Review commissioned by the Department for Health and Social Care, and led by Professor Dame Margaret Whitehead, has launched a call for evidence to discover if and how medical devices and technologies may be exacerbating inequalities in healthcare. Academics, researchers, health professionals, engineers and device developers, as well as patients and general public, are invited to contribute.

The Independent Review aims to improve equity in medical devices and help tackle existing healthcare disparities, ensuring people can receive the best-possible care throughout their patient experience regardless of their ethnicity or gender. Through this call for evidence it is hoped to hear from those who work most closely with medical devices such as oxygen measuring devices and infrared scanners and other medical software and hardware, including databases and instructions for medical devices. The review chair will issue the panel's report to the Secretary of State for Health and Social Care setting out clear options for consideration by spring 2023 with interim findings expected in winter 2022.

For more information please visit the government's website: <https://www.gov.uk/government/news/views-being-sought-to-tackle-discrimination-in-medical-devices>

### *Consultation on proposed changes to the NHS pension scheme*

On 28 August 2022, the Department of Health and Social Care launched a consultation on the proposal to extend the NHS pension scheme to allow retired staff to retain pension benefits if they return to the workforce. The proposal would make it easier for skilled professionals returning to the NHS to deliver high quality care to patients. It is expected to bolster the workforce ahead of winter.

Since March 2020, certain 'retire and return' rules in the pension scheme have been suspended to allow retired staff to return to work or increase their working commitments without having the payment of their pension benefits suspended. The measures are currently set to run until 31 October 2022 and the consultation will gather views from the public and stakeholders on whether to extend the measures to 31 March 2023.

The consultation closed on 12 September and we await the government's feedback. To access the consultation materials, please visit the government website: <https://www.gov.uk/government/consultations/nhs-pension-scheme-proposed-amendments-to-continue-the-suspension-of-restrictions-on-return-to-work>

### *Community nurses trial smart goggles*

Over the summer, Northern Lincolnshire and Goole NHS Foundation Trust started a trial of smart glasses, built by ThirdEye using technology developed by Concept Health (a company founded by a GP), which will be worn by community nurses on home visits to free up time with patients. As long as a patient consents, the smart glasses can transcribe the appointment directly to electronic records and enable staff to share live footage directly with hospital colleagues to get a second opinion, saving nurses time spent on administration and avoiding the need for further appointments or hospital admissions. Thermal imaging capability within the glasses will also help assess how wounds and injuries have healed. The pilot is one of 17 projects across 16 healthcare organisations to receive a share of £6 million of the Digital PODAC Unified Tech Fund – set up by NHS England to unlock the potential of digital technologies to support the delivery of care within the ambulance and community health service sectors.

### *Expansion of home testing kits for bowel cancer*

During August, the government expanded its home testing programme by rolling out home-testing kits for bowel cancer to 58-year-olds in England for the first time. People will be automatically sent a Faecal Immunochemical Test (FIT) once eligible, which can detect early signs of bowel cancer by precisely recording the presence of any blood in just a tiny stool sample. FIT kits can be conveniently carried out at home by putting a sample in a small tube and returning it by post to the NHS for further tests.

People concerned that they may have missed their invitation can call the free bowel cancer screening helpline for advice on 0800 707 60 60. Information on bowel cancer and the screening programme can be found on the [NHS.UK website \(www.nhs.uk/conditions/bowel-cancer-screening/\)](https://www.nhs.uk/conditions/bowel-cancer-screening/).

### *Continuous glucose monitors for type 1 diabetics*

NHS England patients with Type 1 diabetes will now be eligible for life-changing continuous glucose monitors. The wearable device sends information to a mobile app and allows diabetes patients to keep track of their glucose levels at all times without having to scan or take a finger prick test. Thanks to the NHS agreeing on a new cost-effective deal with manufacturers DEXCOM, these otherwise expensive devices will now be available for NHS patients on prescription at a similar price to their flash monitor counterparts. It is hoped that the wider rollout of the technology will help diabetes patients manage their condition better – reducing hospitalisations and associated diabetic illnesses which will ultimately ease pressure off the NHS.

For more information please visit the NHS England website: <https://www.england.nhs.uk/2022/08/nhs-to-roll-out-life-changing-glucose-monitors-to-all-type-1-diabetes-patients/>

## Local Developments

### *ChatAutism text messaging innovation up for national award*

LPT's ChatAutism text messaging service is in the running for a gong at this year's prestigious Nursing Times Awards in the Technology and Data in Nursing category. Following the success of LPT's award-winning ChatHealth services, the Trust's Specialist Autism Team (SAT) launched the new service in November (2021) to bolster its support for autistic people aged 14 and over, including adults. It is the first and only service in the United Kingdom offering text-based healthcare for autistic people. The service is safe and easy to use. Support can be accessed by texting 07312 277097 and a response will be sent within 24 hours during Monday to Friday. So far, ChatAutism has supported more than 50 different cases. Feedback from those who have used the service has been overwhelmingly positive. Winners will be announced on 26 October.

### *LPT is re-accredited as Veteran Aware*

LPT has successfully completed its Veteran Aware three-year re-accreditation, following a formal review by the Veterans Covenant Healthcare Alliance (VCHA). We received our formal re-accreditation status from the VCHA in July (2022). The VCHA is a group of NHS healthcare providers in England, committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant. LPT has a dedicated Armed Forces Network, which works hard to raise awareness of the issues faced by those in the military community and is putting together a plan of improvements to help support veterans and the loved ones of those who are currently serving in the armed forces to get the support they need. This includes developing ways for health professionals to identify those who have served using their health records, engaging with local barracks to raise awareness of services available to military dependants and delivering training packages for staff to help educate them about some of the experiences and issues veterans may face.

### *Building works at Rutland Memorial Hospital*

The Trust is carrying out major refurbishments to Rutland Memorial Hospital in Oakham. The £1m of work will include significant roof repairs, new electrics, and remodelling to replace disused bathrooms with useful storage space. The boilers will be replaced, asbestos removed, and some office space turned into space for outpatient treatment. The patient areas will be redecorated towards the end of the project. Due to the nature of the work, the inpatient hospital ward will be relocated temporarily to Loughborough Hospital between 22 August and January 2023. Rutland Memorial is one of the older hospitals in LPT's estate. It was built as a memorial to those who died in the First World War and opened in 1925, and so pre-dates the NHS by many years.

### *ChatHealth is a finalist in AHSN's Innovate Awards*

LPT's confidential ChatHealth messaging platform is a finalist in an NHS England awards programme, to recognise excellence in health and care innovation, in the Innovation Spread category. Initially developed in 2012, ChatHealth's safe and secure technology and best practice has been rolled out across the Trust to enable service users in Leicester, Leicestershire and Rutland to reach healthcare professionals via confidential messaging. Around 70 other NHS Trusts and healthcare organisations have adopted the shared technology and best practice to implement ChatHealth-powered messaging services across their own localities. In 2021-2022, a combined total of 87,132 messaging conversations took place nationwide, between healthcare professionals and service users via ChatHealth. Winners will be announced on 29 September. Further information about ChatHealth and a list of ChatHealth messaging services ran by local NHS services, can be found at [www.chathealth.nhs.uk](http://www.chathealth.nhs.uk)

### *First international nurses graduate*

A group of nurses recruited from around the world to care for patients in Leicester, Leicestershire and Rutland have celebrated after passing their final hurdle. The 30 men and women received "graduation" certificates from Leicestershire Lord Lieutenant at a special ceremony at County Hall. All 30 are now working in hospitals and inpatient units for LPT. The 30 arrived in November 2021. Another 48 are set to follow in their footsteps this calendar year, as part of LPT's wider plan to address the local and national shortage of registered nurses. You can see video highlights of the graduation ceremony here: <https://youtu.be/iKqwnev2LqE>



### *Culture improvement programme*

We have launched recruitment programme to add to our existing change champions, with the ambition of involving even more change leaders to support improvements in our culture at LPT – so that LPT continues to be a great place to work and deliver care. The change leaders will focus on codesigning improvements with staff and service users around staff experience, quality improvement and patient safety. This is one of the priority areas in our Step up to Great strategy under Equality, Leadership and Culture.

### *15 Steps and PLACE reviewers recruited*

Our patient involvement team have recruited service users and other members of the public to help us in our ambition to put patient voice and experience at the centre of service improvements, including improved environments and getting the first impressions right for receiving great care. This is part of our Lived Experience Framework for patient involvement.

### *Staff health and wellbeing*

Staff health and wellbeing remains a continued priority – from a recruitment and retention perspective. We have been delivering a range of face-to-face health and wellbeing roadshows to reach staff and offer support. We have also outlined a range of financial wellbeing support and Golden Tickets to spend on team health and wellbeing which have been funded by our charity Raising Health.

### *AGM*

We held our Annual General Meeting on 6 September through an MTeams Live event, and were pleased to see over 120 people in attendance. The Annual Report was presented, outlining our highlights, achievements and progress over the last year. Copies of the Annual Report, the Annual Report Summary, Quality Account, and a film of our highlights can be found on our website on this page: <https://www.leicspart.nhs.uk/about/what-we-do/>

### *Improved NHSE rating*

I am pleased to share with you that NHS England have written to us to say that due to our Trust's improved position in the delivery of national objectives over the last two years we no longer require an intensive level of oversight and support. This is great news and a credit to the hard work of all of our LPT family.

NHS England has statutory accountability through an NHS Oversight Framework for both ICBs and NHS providers. Each trust and ICB (integrated care board) is allocated to one of four 'segments' which indicate the scale and general nature of support needs, from no specific support needs (segment 1) to requirement for mandated intensive support (segment 4). Following our Requires Improvement CQC rating in 2019, LPT has been in Segment 3, which involved receiving significant bespoke support to help us improve our performance. Our improved position and performance over the last two years has now moved us down to Segment 2, which is where the majority of other Trusts sit – meaning we are no longer assessed as requiring significant support needs by NHS England.

Entering Segment 2 reflects NHS England's confidence in our Step up to Great journey. They are assured that that our improvement strategy and plans have the support of system partners, and we will be connected to more flexible support through peer support, clinical networks and the wider universal support offered by NHS England as needed.

I am proud of the LPT family and thank all colleagues for their continued hard work and commitment, our collective efforts have been recognised nationally. We know we have more to do, and we will remain focused on continuing to 'create high quality, compassionate care and wellbeing for all' across Leicester, Leicestershire and Rutland.

Relevant External Meetings attended since last Trust Board meeting

August 2022	September 2022
National Mental Health Trusts CEO Meeting	St Andrews CEO
BAME Networks Leads Meeting (NHFT/LPT)	Cllr Dempster and ICB CEO
NHS Providers	Regional Medical Director NHSI
Alberto Costa (MP)	CQC Lead
Midlands CEO Meeting	LPT / UHL facilities management transfer welcome session
South Asian Heritage Month with NHFT	CIC joint working group
LLR ICB	LLR NHS CEO's and Chairs
LLR NHS CEOs / Chairs	Mental Health Trusts CEO Event
Cllr Harvey	Winter Board Meeting
CEO advisory group (MH)	UEC Pathway Patient Safety Risk Summit
LLR System Flow	LLR Quality System Review Meeting (QSRM)
East Midlands Alliance CEO Meeting	Leicester City Board
LLR NHS CEO Meeting	
St Andrews /East Midlands Alliance Interview (HSJ)	
Dr Luke Evans (MP)	
Midlands Regional and National MH deep dive	
NHS Providers Roundtable – Health inequalities in the backlog recovery	
System Partnership Meeting	
Head of Leadership and Lifelong Learning for London EDI	
ICB Development session	

**Proposal**

It is proposed that the Board considers this report and seeks any clarification or further information pertaining to it as required.

**Decision required**

None.

## Governance table

<b>For Board and Board Committees:</b>	Trust Board 27 September 2022	
<b>Paper sponsored by:</b>	Angela Hillery, Chief Executive	
<b>Paper authored by:</b>	Kate Dyer, Deputy Director of Governance and Risk	
<b>Date submitted:</b>	20 September 2022	
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	None	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	n/a	
<b>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	Routine board report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	Yes
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	none
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Confirmed	
<b>Equality considerations:</b>	None	