

## Trust Board of Directors – 29 November 2022

### Chief Executive's Report

#### Purpose of the Report

This paper provides an update on current local issues and national policy developments since the last meeting. The details below are drawn from a variety of sources, including local meetings and information published by NHS England/Improvement, Health Education England, NHS Providers, the NHS Confederation, and the Care Quality Commission (CQC).

#### Analysis of the Issue

##### National Developments

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

At a national level, COVID-19 activity continues to decrease with the average hospital admission rate now at 5.41 per 100k population. We continue to see new variants of the virus emerge, though thankfully none of the new variants are currently designated 'variants of concern'. It remains important for those eligible to access a vaccination or booster vaccination as UK Health Security Agency advice is that 'vaccination remains our best defence against future COVID-19 waves'. I would urge those eligible to take up the opportunity to be vaccinated.

###### *UK Covid-19 public inquiry*

Earlier this month, the UK COVID-19 public inquiry released information on its third module, which will consider the impact of the COVID-19 pandemic on healthcare systems across the country, the healthcare consequences of how the government and the public responded to the pandemic, the capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic, the primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the pandemic, and healthcare-related inequalities (such as in relation to death rates, PPE and oximeters). The scope of this third module is available in more detail on the inquiry website: <https://covid19.public-inquiry.uk/document/module-3-provisional-outline-of-scope/>.

The publication of information on the third module builds on the release of information on the first and second modules earlier in the year, which focussed on resilience and preparedness and core UK decision-making/political governance respectively. Public Hearings are set to start in spring 2023.

For more information on the modules, including lists of core participants and information on preliminary Hearings, please see the inquiry website: <https://covid19.public-inquiry.uk/modules/>.

###### *Influenza*

Influenza is another infectious disease that can make some people seriously ill. We tend to see increased rates of flu in winter months and take steps each year to protect people and the services we provide from adverse consequences. As with COVID-19, one of the most effective things we can do is to ensure all those eligible receive a vaccination against flu. This could be from their GP surgery, a pharmacy offering vaccinations, a maternity service (for pregnant women), a school (for children) or a workplace (for NHS staff). Hospitalisation rates for flu are currently stable overall but are highest for those aged 75 and over and children under 5.

The co-delivery of Covid and flu vaccination is taking places at several sites each week. LPT staff continue to be encouraged to get both jabs, and roving teams are going onto wards to support vaccination within the wards.

### *Going further on our winter resilience plans*

On 18 October 2022, NHS England (NHSE) sent a letter to all NHS organisations and GP practices concerning winter resilience plans. Referencing key actions to improve operational resilience set out by NHSE in August, the letter describes further actions that should be taken over the coming weeks. These actions centre on the following areas:

- Better support for people in the community – reducing pressures on general practice
- and social care, and reducing admissions to hospital
- Deliver on ambitions to maximise bed capacity and support ambulance services
- Ensure timely discharge and support people to leave hospitals when clinically appropriate
- Winter improvement collaboratives – new, clinically led initiatives to identify the root causes of delays in each area

The letter reinforces the importance of existing guidance on infection prevention and control, vaccinating health and social care workers against both COVID-19 and flu and describes additional actions for elective and cancer care. Organisations are reminded that the NHS nationally continues to operate at Level 3 Incident Response and that local incident response arrangements will need to be maintained with robust escalation processes in place. Seven-day situation reporting to the national team on urgent and emergency started again on 31 October (having been previously used in the earlier stages of the COVID-19 pandemic).

The national team take the opportunity to thank all organisations, their staff and those who work with them for their continued hard work. To access a copy of the letter please visit the NHS England website:

<https://www.england.nhs.uk/publication/going-further-on-our-winter-resilience-plans/>.

### *Industrial action*

Several unions representing nursing staff working in the NHS have balloted their members on taking industrial action over pay. Earlier this month, the Royal College of Nursing confirmed that its members would be taking industrial action before the end of this year at Trusts where relevant legal requirements have been met in relation to the ballot. We understand that Unison's ballot closes on 25 November and await the outcome.

The majority of staff within the NHS have their pay set nationally as part of an agreement known as 'agenda for change', which takes account of the recommendations made to government by the independent NHS Pay Review Body. Pay scales were increased earlier this year following the government's announcement on the 2022/23 pay award.

Members of the RCN at LPT voted in favour of strike action, but too few participated in the ballot to authorise legal industrial action. Other unions are currently balloting their members or will do shortly for strikes or action short of strikes. The Trust has plans in place to manage the anticipated disruption to service delivery caused by industrial action. These plans are developing in response to information released from unions and the national team.

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

On 25 October 2022, Rt. Hon. Rishi Sunak MP became the Leader of the Conservative party and the UK Prime Minister taking over from Rt. Hon. Liz Truss MP. Mr Sunak's appointment brings with it changes in the Cabinet and ministerial teams as the new government is formed. Rt. Hon. Jeremy Hunt MP remains in post as Chancellor but the Secretary of State for Health and Social Care is now Rt. Hon. Steve Barclay MP. Joining Mr Barclay at the Department of Health and Social care are Rt. Hon. Will Quince, Helen Whately, Neil O'Brien and Maria Caulfield MPs and Lord Nick Markham. We welcome the appointment of the new ministerial team and with it the opportunity to continue our work to address the challenges faced by health and social care services across the country over the coming winter period.

For more information on the Department of Health and Social Care and its ministerial team, please visit the government website: <https://www.gov.uk/government/organisations/department-of-health-and-social-care>

### *CQC's new regulatory model*

I have reported previously that the Care Quality Commission (CQC) is developing a new approach to regulation that is smarter, is more responsive to risk, uncertainty and demand and helps to understand the quality of care in a local area (or healthcare system) to drive improvement and keep people safe.

The CQC has recently published more information on this new approach on its website, which describes changes to the gathering of evidence, frequency of assessments and assessments of quality.

**Gathering evidence.** Six new evidence categories have been introduced to help the CQC bring structure and consistency to its assessments. These categories are: people's experience of health and care services; feedback from staff and leaders; feedback from partners; observation; processes; and outcomes. Depending on the service type, level of assessment and timing of the assessment (e.g., on registration of a new service) the CQC will call evidence from one or more of the six categories. Site visits and the user of experts by experience, specialist advisors and executive reviews will remain a key part of the process.

**Frequency of assessment.** How often a service/organisation is assessed will depend on the information the CQC receives and the evidence it collects about the service/organisation more so than the type of service and/or a previous rating. There remains a role for planned activity, which will focus more on evidence collection activity. Responsive activity will be driven by risks, concerns or changes in quality, which could trigger action.

**Assessment of quality.** Outstanding, good, requires improvement and inadequate are set to remain as the four ratings the CQC will use in the future. The CQC will use a framework that gives a score for each required evidence category from 1 to 4, where 4 is that the 'evidence shows an exceptional standard of care' and 1 is where the 'evidence shows significant shortfalls in the standards of care'. The CQC has indicated that it will likely assess different areas of the framework on an ongoing basis, updating scores for different evidence categories at different times.

For more information on the CQC's new regulatory model, please see their website: <https://www.cqc.org.uk/about-us/how-we-will-regulate/assessing-services>.

### *Code of Governance*

A consultation on the proposed revised Code of Governance and supplementary documents ran over the summer has now been finalised. The Code has been updated to reflect:

- its application to NHS trusts (in addition to FTs), following the extension of the NHS Provider licence to them
- changes to the UK Corporate Governance Code in 2018
- the legal establishment of integrated care systems (ICSs) under the Health and Care Act 2022
- the evolving NHS System Oversight Framework, under which trusts will be treated similarly regardless of their constitution as a trust or foundation trust.

In summary, the key changes are:

- A focus on the approach to system working, collaboration and integration – this is already a requirement in the Oversight Framework so the Code would strengthen this

- Assessing and monitoring the culture of an organisation – this sets out clearly the Board’s role in monitoring the culture of an organisation and addressing any areas requiring action – this fits with the work the board has initiated in relation to the wholly owned subsidiary
- Focus on equality, diversity and inclusion – which reflects the national push to ensuring organisations, and particularly their leadership is reflective of the local community. There is a new requirement for the board to have published plans “for how the board and senior managers will in percentage terms at least match the overall black and minority composition of its overall workforce, or its local community, whichever is the higher” and consideration of diversity is now included within the annual board evaluation.
- NHSE involvement in recruitment and appointment processes – this is a new requirement for FT Board level posts.

The updated Code of Governance for NHS Provider Trusts will come into force on 1 April 2023. It can be found on the NHSE website: <https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/>.

#### *Every Mind Matters mental health campaign*

In October, the government launched a new Every Mind Matters campaign, urging the public to ‘be kind to yourself’. The campaign calls on people to do small things which can make a big difference to their mental wellbeing and directs them to free tips and advice. By answering five simple questions through the Every Mind Matters website, people can get a personalised ‘mind plan’ giving them tips to help deal with stress and anxiety, boost their mood, sleep better and feel more in control.

I would encourage everyone to spend just a few minutes to answer the five quick questions to receive personalised tips on how to deal with stress and anxiety, boost mood, sleep better and feel more in control. Get your free mind plan today via the NHS website: <https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/your-mind-plan-quiz/>.

#### *State of Care 2021/22*

On 21 October, the Care Quality Commission (CQC) published its annual assessment of the state of health and social care in England. Based on its inspection activity, information received from the public and those who deliver care alongside other evidence, the CQC’s overall assessment is that the health and care system is gridlocked and unable to operate effectively.

The report finds that when people have been able to actually access the care they need, the quality of care at the point of delivery is mostly good. Health and social care staff across the country are working relentlessly to ensure people are kept safe.

Whilst the report finds that most people are still receiving good care when they can access it, too often, people are not able to access the care they need. For example, only 2 in 5 people are able to leave hospital when they are ready to do so, contributing to record-breaking waits in emergency departments following a decision to admit and dangerous ambulance handover delays.

Citing the repercussions of the COVID-19 pandemic as a contributory factor, the report highlights that many people are still waiting for the health and social care support and treatment they need. The report also finds that people continue to experience inequality of access, experience and outcomes across health and social care.

Considering the health and social care workforce, the report finds that across all services, providers are struggling desperately to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of people in their care.

To access the full report, please visit the CQC's website: <https://www.cqc.org.uk/publication/state-care-202122>

### *Community Mental Health Survey 2022*

On 27 October the Care Quality Commission (CQC) published the findings of its annual community mental health survey for 2022. This year's survey received feedback from over 13k people aged 18 years and over if they were receiving specialist care or treatment for a mental health condition between September 2021 and November 2021.

Overall, across the country, the CQC found that people's experiences of mental health services provided in the community remain poor, particularly in relation to access to care, crisis care, involvement in care and support and wellbeing. People who receive care via telephone, younger people (those aged 18 to 35) and those with more challenging and severe non-psychotic disorders were less likely to receive positive experiences.

Positively the survey did find that 96% of people said they knew how to contact the person that was in charge of organising their care and 88% of people said this person organised their care either 'quite' or 'very' well. Every Trust receives information on their own survey results each year and we are currently comparing our own performance with the national picture described above.

For more information on the outcomes of this year's national survey, please visit the CQC's website:

<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey>.

### *Who I am Matters*

On 3 November the Care Quality Commission (CQC) published a report into the experiences of being in hospital for people with a learning disability and autistic people. 'Who I am matters' is the CQC's review of how acute hospitals support people with a learning disability and autistic people focussed on what people experience when they need physical healthcare and treatment in hospital. The report stems from the multi-agency review into the death of Oliver McGowan at Southmead Hospital in Bristol in 2016.

To gain a more in-depth understanding of people's experiences when they went into hospital, the CQC set up an expert advisory group comprising people with lived experiences, their families and carers and other stakeholders. Evidence was collected from eight hospital trusts (including Kettering General Hospital NHS Foundation Trust).

Overall, the CQC found that people with a learning disability and autistic people are often not being given the quality of care and treatment they have a right to expect when they go to hospital. A lack of effective systems for identifying people with a learning disability and/or autistic people was highlighted as a particular challenge for hospitals. As a result, hospitals were often not always aware of an individual's needs and cannot put in place the reasonable adjustments that people should be able to expect. Hospital environments themselves (often noisy and bright) were found to have an adverse impact in addition to some staff who lacked the skills, knowledge and understanding to provide people with individualised care and treatment.

Whilst the CQC heard isolated examples of how hospitals had worked with people with a learning disability and autistic people to improve service, they did not see evidence that their involvement featured prominently or regularly. The CQC concludes that hospitals should exploit opportunities to learn from both positive and negative experiences to drive improvement. It notes that the CQC itself has not always been listening as well as it could have been to the voices of people who use services – a lesson driving the introduction of the organisation's new single assessment framework.

To access the full report, please visit the CQC's website: <https://www.cqc.org.uk/publication/experiences-being-hospital-people-learning-disability-and-autistic-people>.

### *PEOPLE FIRST*

In October the Care Quality Commission (CQC) published 'people first' as a practical resource designed to help system leaders and service providers embed the principles of person-centre, urgent and emergency care within (and between) integrated care systems and to encourage innovation and share examples of good practice. Developed from the outcomes of the CQC's urgent and emergency (UEC) workshop held in May 2022 and attended by over 250 leaders from health and care. Divided into ten sections, the report shares the views of current system leaders on the pressure and challenges that the sector faces followed by actionable suggestions and good practice examples. The aim of the publication is to inspire other system leaders to effect positive change.

To access the resource, please visit the CQC's website: <https://www.cqc.org.uk/publications/people-first>

### *NHS England Operating Framework*

On 12 October 2022, NHS England (NHSE) published an operating framework setting out how it will operate in the new structure created by the Health and Care Act 2022. Co-created with 300 system leaders, organisations and stakeholders, the framework describes the roles that NHSE, Integrated Care Boards (ICBs) and providers will play alongside partners in the wider health and care system. It shows how accountabilities and responsibilities will be allocated to improve local health and care outcomes in a way that maximises taxpayer value for money.

The framework describes NHSE's purpose as to lead the NHS in England to delivery high-quality services for all. It clarifies how NHSE will deliver value to the wider health and care system by focussing its activity in eight areas:

1. Set direction
2. Allocate resources
3. Ensure accountability
4. Support and develop people
5. Mobilise expert networks
6. Enable improvement
7. Deliver services
8. Drive transformation

The framework sets medium term objectives for NHSE as:

- Stop avoidable illness and intervene early
- Shift to digital and community
- Share the best
- Strengthen the hands of the people we serve
- Support our local partners

These objectives are set in pursuit of the following outcomes:

- Longer healthy life expectancy
- Excellent quality, safety and outcomes
- Excellent access and experience
- Equity of healthy life expectancy, quality, safety, outcomes, access and experience
- Value for taxpayers' money
- Support to society, economy and environment

For more information on the NHS England Operating Framework, please visit the NHSE website:

<https://www.england.nhs.uk/publication/operating-framework/>

### *Maternity and neonatal services in East Kent: 'Reading the signals' report*

On 19 October 2022, the government published the report of the independent investigation led by Dr Bill Kirkup on maternity and neonatal services in East Kent. Commissioned by the Minister of State for the Department of Health and Social Care in February 2020, the report aims to set out the truth of what happened, so that maternity services in East Kent can begin to meet the standards expected nationally, for the sake of those to come. This report identifies 4 areas for action. The NHS could be much better at:

- identifying poorly performing units
- giving care with compassion and kindness
- teamworking with a common purpose
- responding to challenge with honesty

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

<https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report>

### *Guidance for delegation and joint working arrangements*

On 28 September 2022, NHS England (NHSE) published statutory guidance setting out how NHS bodies can legally delegate or jointly exercise some of their functions under the Health and Care Act 2022. There are four main options for NHS bodies: 1 – NHSE and Integrated Care Boards (ICBs) work together; 2 – multiple ICBs work together; 3 – functions are delegated/jointly exercised by/between NHS providers and/or with commissioners; 4 – functions are jointly exercised with local authorities.

Whilst NHSE is recommending no new formal delegations are established this year, it is likely that some of these new arrangements will come into force next financial year. Decisions on whether or not to exercise joint functions rest with the accountable organisation. We are expecting some further engagement with NHSE later this year on the implementation of these delegation/joint exercise approaches.

### *MHRA Yellow Card Scheme*

On 7 November 2022, the Medicines and Healthcare products Regulatory Agency launched the seventh annual medicines safety week #MedSafetyWeek to promote the vital role played by every healthcare professional, patient, and carer who reports a suspected side effect or adverse incident. The Yellow Card scheme is the MHRA's single system for collecting suspected side effects of medicines and adverse incidents involving medical devices. These side effects and adverse incidents are then collated and swiftly investigated by the MHRA. Anyone can report suspected side effects and adverse incidents to the Yellow Card scheme. Reports can be submitted in several ways:

- Online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)
- Via the free Yellow Card app (available for [Android](#) and [Apple](#) devices)
- By phone on 0808 100 3352
- By paper forms available at pharmacies and GP surgeries

Healthcare professionals and providers can also use local clinical systems to make a report, such as MiDatabank, SystemOne, or VISION.

For more information on the campaign and yellow card scheme, please visit the government's website:

<https://www.gov.uk/government/news/every-report-to-mhras-yellow-card-scheme-helps-improve-the-safety-of-medicines-and-medical-devices-for-all>.

### *NHS Digital merger with NHS England*

On 21 October 2022, the government announced that plans to merge NHS Digital with NHS England would be accelerated to early January 2023 to support its plan for patients. This will streamline data sharing processes across the NHS, benefitting patients while ensuring rigorous data protection safeguards remain in place. Improved data sharing will ensure patients get more streamlined care and can make more informed choices about how and where they access care. The government believes that accelerating these plans will lead to faster improvements in cooperation between the key digital bodies of the NHS by bringing them under one roof for the first time. This will ensure the health and care sector is fully equipped to face the future and deliver for patients.

### *Additional funding for research centres*

On 14 October the government announced that over £800m of funding would be allocated by the National Institute for Health and Care Research (NIHR) to specialist research facilities bringing together scientists to create an environment where experimental medicine and patient safety research can thrive. Nearly £790m of this funding has been awarded to 20 NIHR biomedical research centres (BRCs) across England over the next five years to drive innovation in the diagnosis and treatment of illness. £25m over the next five years has been awarded to 6 NIHR patient safety research centres (PSRCs) to help improve understanding and resolution of patient safety challenges. Amongst the 20 BRCs set to receive funding are those in Cambridge, Leicester and Oxford.

### *MHRA consultation on engagement with professionals*

On 13 October 2022, the Medicines and Healthcare products Regulatory Agency (MHRA) launched a 14-week consultation for healthcare professionals and their professional bodies to share their views on safety communications and safety reporting systems. MHRA is keen to understand how professionals wish to receive vital safety information, how they would like to be engaged and to provide feedback on the Yellow Card safety reporting system. The consultation closes at 23:45 on 18 January 2023. For more information and to contribute to the consultation please visit the government website: <https://www.gov.uk/government/consultations/consultation-on-how-mhra-communicate-with-healthcare-professionals-to-improve-medicines-and-medical-devices-safety>.

### *Health inequalities research*

The government is set to invest £50m to 13 local authorities across the UK to tackle inequalities and improve the health of the public. The National Institute for Health and Care Research (NIHR) will enable the 13 authorities to set up pioneering Health Determinants Research Collaborations (HDRCs) between experts and academics to address knowledge gaps in local services. It will be used on areas such as facilitating research to better understand and introduce interventions to help with childhood obesity, COVID recovery, mental wellbeing and drug use. For more information please visit the government's website: <https://www.gov.uk/government/news/50-million-to-tackle-health-inequalities-through-research>

### *Funding to explore regulation of digital mental health tools*

The Charity Wellcome has awarded £1.8m to the Medicines and Healthcare products Regulatory Agency (MHRA) and National Institute for Health and Care Excellence (NICE) to explore and produce guidance on regulating digital mental health tools. There has been a large increase in the number of digital mental health tools on the market in recent years. However, these products present regulatory challenges such as whether they are medical devices and, if so, which risk classification should be applied. MHRA and NICE intend to engage with and learn from people with lived experience, subject experts and patients to inform their conclusions as well as working with international partners to help drive share learning and consensus in digital mental health regulations globally. For more information please see the government website: <https://www.gov.uk/government/news/mental-health-funding-of-18m-welcomed-by-mhra-and-nice-to-explore-regulation-of-digital-mental-health-tools>.



### *Importance of childhood vaccinations*

New data nationally shows that vaccination coverage for young children fell last year for virtually all childhood vaccination programmes. The UK Health Security Agency (UKHSA) is therefore urging parents and guardians to ensure their children are up to date with all their routine childhood immunisations including polio and measles, mumps and rubella (MMR). The World Health Organisation (WHO) recommends that 95% coverage is achieved for all childhood immunisation programmes to help prevent the spread of avoidable serious diseases across the world. Compared to this 95% international standard, only 89.2% of children at 24 months in the UK had completed their first dose of the MMR vaccine last year. For more information on childhood vaccinations, please visit the NHS website: <https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/>.

### *HIV drugs*

Thanks to a series of national deals struck by the NHS, 87,000 people currently being treated for HIV and 61,000 people receiving preventative treatment, will be able to receive the latest HIV drugs, wherever they are in England, with the benefit of improving treatment and reducing transmissions.

This includes the first long-acting injection for HIV, cabotegravir and rilpivirine, which can take the place of daily tablets and with less frequent doses required in eligible patients. These trailblazing new national deals will put the NHS in England at the forefront of the fight against the virus and on course to become the first country in the world to stop new cases of HIV before 2030. For more information please see the NHS England website: <https://www.england.nhs.uk/2022/10/nhs-turbocharges-efforts-to-end-new-cases-of-hiv-with-drug-deals/>.

### Local Developments

#### **LD vaccination clinics**

Trust staff continue to oversee further specialist Covid clinic for people with learning disabilities which have received widespread publicity and acclaim. The next one will occur at a new venue for the Trust, the Highcross shopping centre, Leicester city centre, on November 24. People with a learning disability are more likely than the general population to become very poorly if they catch coronavirus.

#### **Dr Rachel Winter**

Dr Rachel Winter, honorary consultant in old age psychiatry at LPT, has won the Royal College of Psychiatrists Higher Psychiatric Trainee of the Year Award. She has undertaken a masters' degree in medical education and co-founded a recruitment to mental health careers initiative to inspire students to consider a career in mental health and to help widen participation to medicine.

#### **Allotment therapy**

LPT has set up a scheme for military veterans with mental health needs to meet and work with each other in an allotment setting. The project has been supported by Leicester City Council, local construction businesses Olivetti and CR Civils, and Virgin O2 Together Fund via an application from LPT's charity, Raising Health. Its opening featured on BBC East Midlands Today.

#### **LDA Collaborative**

We have signed and officially launched the new Learning Disability and Autism Collaborative for Leicester, Leicestershire and Rutland. The collaborative brings together health, local authority and voluntary sector partners to solve current challenges and ensure better health, better care and efficient use of resources. LPT's leadership in this area has been commended by NHS CEO Amanda Pritchard at a recent national conference.

### ChatAutism

Chat Autism has been extended to all adults and children in Leicester, Leicestershire and Rutland. ChatAutism is the first and only service in the United Kingdom offering text-based healthcare for autistic people, and builds on the success of our pioneering ChatHealth service for school-aged children.

### Staff survey

The annual staff survey closes on November 25. We have been promoting this using multiple internal channels. Completion rates are expected to be in line with last year's survey and remain above the national average.

### LPT's finance team wins three awards

Congratulations to the Trust's corporate finance team for winning the Finance Team of the Year Award in this year's East Midlands Healthcare Financial Management Awards. In addition, Chris Poyser, corporate finance manager, was awarded the Outstanding Leadership Contribution of the Year Award and Zoya Gina, finance apprentice, won Student of the Year Award.

### Celebrating excellence

Around 130 staff attended our annual awards, Celebrating Excellence. The event was hosted by BBC Radio Leicester's morning presenter Ady Dayman, and awards were presented to 13 teams or individuals who have delivered an outstanding experience to patients and colleagues. Congratulations to everyone shortlisted and nominated.

### Christmas fundraising appeal

We have launched our annual appeal to provide presents for all inpatients who are with us on Christmas Day. The initial response has been excellent despite the current economic climate and is receiving the support of our Youth Advisory Board to ensure presents for young people in CAMHS.

### MIDAS awards success

I was very proud to receive, on behalf of staff at LPT and NHFT, the Excellence in Executive Leadership Award for Inclusion in the NHS MIDAS awards. There is excellent work happening across the LLR system which was also recognised with the Inclusive ICS award – with particular thanks to our head of EDI Haseeb Ahmed for leading this alongside system colleagues. Well done also to Asha Day for receiving the EDI champion of the year award – our former BAME staff network chair and current lead for international recruitment. We are committed to ensuring equality, diversity and inclusion remains a priority for our staff and population.

### *Relevant External Meetings attended since last Trust Board meeting*

Chief Executive and Deputy Chief Executive external meetings

October	November
Carnall Farrah CEO	CIC Joint working group with NHFT
CEO working group Mental Health	Mental Health, learning Disability and Autism in Integrated Care Boards (National)
East Midland Alliance CEO Working	ICB Chairs, ICB CEO
Midlands NHSE CEO	NHS CEO's and Local Authority CEO's
NHS CEO's Meeting	MH Trusts Chief Executive (National)
LLR ICB Board	LLR ICB Development Session
LLR ICB Confidential Board	ICB System Executive Development Session
LLR Winter Board	NHS CEO meeting
National MH Programme Board	Winter Board
LLR ICB System Executive	LLR ICB System Executive Committee Meeting
CQC Engagement / relationship meeting	Health and Wellbeing Board Meeting
Rutland Place Collaborative Meeting	*Joint Board Together Against Racism

October	November
LLR Health & Wellbeing Partnership – Joint Development Session with iCB & HWBB members	*Meeting with Dr Bola Owalabi – National Director
	*Midlands and national MH Deep Dive
	*LLR MH Collaborative

## Proposal

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

## Decision Required

The Board is asked to consider this report and to decide whether it requires any clarification or further information on the content.

## Governance Table

<b>For Board and Board Committees:</b>	Trust Board 29 November 2022	
<b>Paper sponsored by:</b>	Angela Hillery, Chief Executive	
<b>Paper authored by:</b>	Angela Hillery, Chief Executive Kate Dyer, Deputy Director of Governance and Risk / Trust Secretary (LPT) Richard Smith, Assistant Director of Corporate Governance (NHFT)	
<b>Date submitted:</b>	22 November 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	