

LPT Trust Board 28 November 2023

Step up to Great Q2 Report

Purpose of the report

This item provides a quarterly progress report for the delivery of Step up to Great.

Analysis of the issue

Board are asked to note the excellent progress made against quarterly objectives attention is drawn to:

- High Standards including the development of the Great Nursing Care Standards coproduced with patients and carers and the Daisy Awards that recognise the nursing staff who are delivering high quality care across LPT.
- Transformation whereby all eight strategic programme are now in delivery supported by the PMO team.
- Reaching Out for example the publication of the new Social Value Charter and the success of the Sector-Based Workforce Academy Programme (SWAP) with the aim of upskilling local people wanting to apply to work for the NHS. S & P staff. Since the launch of the programme, we have had 7 students who have applied for roles at LPT/UHL and have been successful.

Decision required

- LPT Trust Board are asked to consider and note the contents of this report.

Governance table

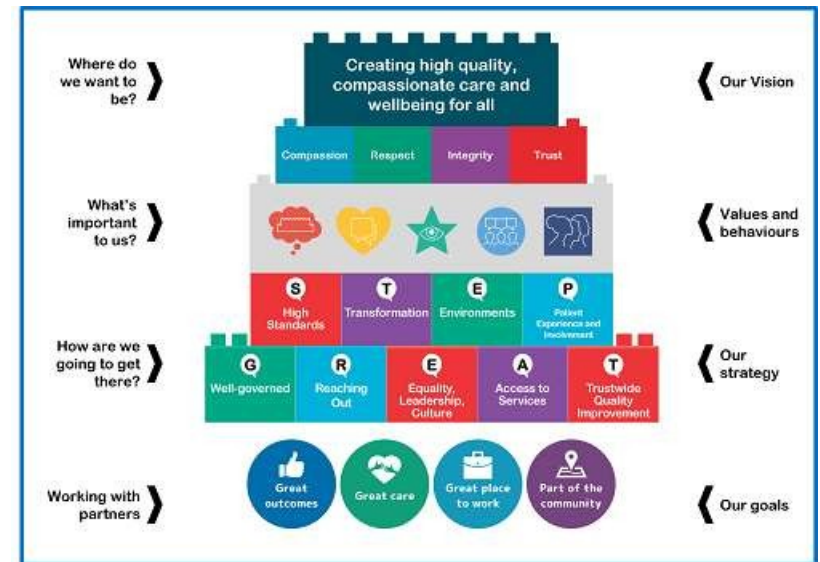
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| For Board and Board Committees: Paper sponsored by: Paper authored by: Date submitted: State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured: 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 | Trust Board | | |
| | David Williams | | |
| | Alison Gilmour | | |
| | 20 November 2023 | | |
| | N/A | | |
| | Assured | | |
| | One-off | | |
| | STEP up to GREAT strategic alignment*: | High Standards | X |
| | | Transformation | X |
| | | Environments | |
| Patient Involvement | | X | |
| Well Governed | | X | |
| Reaching Out | | X | |
| Equality, Leadership, Culture | | X | |
| Access to Services | | X | |
| Trustwide Quality Improvement | | X | |
| Organisational Risk Register considerations: Is the decision required consistent with LPT's risk appetite: False and misleading information (FOMI) considerations: | List risk number and title of risk | | |
| | Yes | | |
| | Nothing has been identified | | |
| Positive confirmation that the content does not risk the safety of patients or the public | Confirmed | | |
| Equality considerations: | No change or negative impact in our delivery | | |

STEP UP TO GREAT STRATEGY – 2021/24 & LEICESTERSHIRE PARTNERSHIP TRUST STRATEGIC PLAN – 2023/24

Qtr2 Highlight Report

(Jul; Aug; Sept 23)

SRO - David Williams, Group Director of Strategy & Partnerships



OUR VISION

Is to create high quality, compassionate care and wellbeing for all. We will continue working towards this vision, by developing a great organisation that is able to deliver great outcomes, with great people as part of our local communities.

Our goals



Great health outcomes

For everyone in every community across Leicester, Leicestershire and Rutland (LLR). Tackling health inequalities, working together to ensure there are safe, healthy places for people to live and work are important elements of the integrated care we can provide with others.



Great care

We want every service user and their family to have great care, we are playing our role in that by improving on the areas we know we need to improve on and seeking feedback and learning from our communities on other changes and improvements we can make.



Great place to work

Our 6,500 staff and volunteers provide services through over 100 in-patient and community settings, as well as in people's homes, across Leicester, Leicestershire and Rutland. We want to continue to develop LPT to be a great place to work and be an employer of choice. Having a great place to work helps us all to keep improving the quality of care we can provide.



Part of the community

With over 76,000 health and care employees in LLR we play an important role in our communities. The actions we take along with other providers, local authorities, universities etc. have a real influence on how we develop our communities. Through our strategy we are committing to think more about the impact on our communities and the decisions we can make to benefit them.

We will know we are successful when:

- We are consistently receiving positive feedback from the people who use our services and their carers. We will also be receiving assurance and positive feedback from our core regulators such as the Care Quality Commission (CQC) that we are providing a high standard of care.
- People can live at home for longer and better manage their health and well-being with support from health and care providers. People are supported to restore their health, wellbeing and independence after illness or hospital admission.
- Patients/service users and staff share positive experiences, demonstrating patient-centered and joined up high quality, safe care which is accessible when and where it is needed.
- Children, young people and their families share decision making with our staff and have easy access to the right support, at home and at school.
- Our Children and Young People (CYP) are accessing care when they need it.
- More support for people with a learning disability to improve their health and wellbeing is available in the community, our service users tell us they are happy with our services, and fewer people with a learning disability need to be admitted to hospital.
- Our service users with Autism have a positive experience of our services and are supported to live well in the community. They will wait less time to receive care when they need it and will be supported to stay out of hospital as much as possible.
- We have the technology and support for staff and our communities to access services digitally that improves care, with support and alternatives for those who cannot.
- We have welcoming, clean and safe buildings that reduce the risk of harm to patients and improve their privacy and dignity.
- Patient involvement is at the core of everything we do and outpatient satisfaction, and feedback reflects this.
- We feel clear and confident about how we are governed, and we use these practices consistently across the Trust. When we are an outstanding Well Led organisation, delivering best practice governance across our Group and system, demonstrating agile and effective decision making.
- We are positively contributing to local communities to help reduce inequalities.
- We value inclusive, compassionate behaviours and show pride in our collective leadership and in our Trust.
- We are delivering services that meet people's needs and are accessible to all, evidenced through meeting our local and national targets.
- All our people are empowered to lead and make improvements in their everyday work. When performance and outcomes are measured and monitored in a systematic manner that leads to quality improvements being delivered and sustained.



Key commitments:

- We will deliver safe care and reduce harm.
- We will reduce variation and create a safety learning culture.
- We will transform our patients' experience of care - making no decision about them, without them.
- We will create the conditions for quality.

Aims:

- We will demonstrably improve compliance against Health and Social care core standards and CQC registration requirements.
- Development of an implementation plan for the local National Patient Safety Strategy- includes pressure ulcers, deteriorating patient, self-harm, IPC, suicide prevention and least restrictive practice.
- Implementation of the Shared Decision-Making Framework

Lead Director: Director of Nursing, Dr Anne Scott

| Key Actions 23/24 | Qtr2 Plan 23/24 | Qtr2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr3 Plan 23/24 |
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| All clinical teams to complete self-assessment at foundation level with Valuing High Standards Accreditation(VHSA) as part of the Foundations 4 High Standards Programme | Scope with enabling teams' opportunity for them to complete self- assessment at foundation level with VHSA. | <ul style="list-style-type: none"> • Foundation self-assessment completed across DMH and FYPC/LDA. CHS finalising assessments. • VHSA tool adjusted, discussed, and next steps presented to Executive Management Board • FYPC/LDA certificates presented to directorate for achieving Foundation Level. Directorate has identified two teams for full accreditation. • CHS recommending foundation self-assessment level for all teams. CHS in-patient services identifying wards for full accreditation. • DMH certificates presented to directorate for achieving foundation level. DMH identifying two teams for full accreditation. • VHSA Standards and Handbook updated with agreed adjustments. • New quality lead recruited to support VHSA accreditation and quality, compliance, and regulation team. <p>Impact: <i>Through the VHSA services are better able to self-identify areas for quality improvement which is helping reduce variation in care and creating the right conditions for quality care.</i></p> | | <ul style="list-style-type: none"> • Update communications with directorate feedback and actions. • Create an online VHSA community for key messages and feedback. • Support directorates on next steps for improvement plans for gaps in standards and self-assessment. • Invite key seniors, leads, and service users to accreditation assessment. • Undertake full accreditation with identified teams and celebrate their achievement. • Gather feedback and experience from assessors to develop VHSA assessor training. |
| To develop and launch Foundations for Great Nursing Care Standards | <p>Hold a synthesis and co-design workshop.</p> <p>Draft standards developed Consultation and engagement.</p> <p>Finalised Foundation Nursing Standards</p> | <ul style="list-style-type: none"> • Foundations of Great Nursing Care – Draft standards have been developed by a series of co-production events in quarter 2 and I and We statements are being developed by patients and carers and staff to develop outcome measures. • Daisy Award – The award was launched on 11th May 2023 and the first honouree received their award in July 2023 and the nomination and award process continues monthly. <p>Impact: <i>The DAISY award recognises nursing staff who are delivering high quality care, this will help with retention and feeling valued within the workplace. The Foundations for Great Nursing Standards engagement sessions is helping ensure the programme is codesigned and meaningful for our service user and staff.</i></p> | | <ul style="list-style-type: none"> • Finalise the I and We outcome measures and following further consultation launch standards in Q3. Identify 2 areas of nursing care to apply and implement standards. • Enhance the communication plan to increase the number of nominations. |
| To improve clinical process measures for mental health observation, deteriorating patient and pressure ulcer prevention to improve associated patient outcomes and reduce harm | Doing' phase – introduction of the tests of change | <ul style="list-style-type: none"> • Mental Health Observations (MH Obs) – Inpatient services in LPT and NHFT have agreed the following areas to develop into quality improvement tests for change. <ul style="list-style-type: none"> ○ Inpatient pathway review ○ Nighttime observation – safety vs therapeutic relationship and sleep hygiene ○ Training and competences – use of technology • Recognition and care of the deteriorating patient Analysis of data relating to patient safety and patient experience data analysis complete. • Pressure ulcer prevention, care, and treatment Patient safety and patient experience data analysis complete. Project aim agreed. | | <ul style="list-style-type: none"> • MH Obs - Session planned for early November to plan change tests and commence in November/ December 2023. • Recognition and care of the deteriorating patient group to meet in October and will use fishbone/driver diagram to understand key focus and change ideas. • Pressure ulcer prevention, care, and treatment group to meet in October/November to analyse test of change (patient/family questionnaire). |

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| | | <p>Impact: Working across the group is enabling learning and sharing to strengthen change ideas and evidence-based interventions which should impact on improved safety and patient outcomes.</p> | | |
| Development of quality & safety dashboard to enhance lens on closed cultures, early warning triangulation and heat map across all Trust services | Data Protection Impact Assessment (DPIA)/Build/development of dashboard | <ul style="list-style-type: none"> • Exploration of data sources and key metrics with DTS/BI colleagues and to start the outline design of the dashboard. <p>Impact: improvement in patient safety outcomes and patient experience</p> | | <ul style="list-style-type: none"> • Co-production group will meet in November to explore the metrics to agree how we get the most effective use of them and what the dashboard will look like. |
| Development of Trust patient safety plan in alignment with Step up to Great Strategy and national patient safety strategy | Draft plan presented to applicable committees and groups for consultation and agreement | <ul style="list-style-type: none"> • Output from culture survey now complete and four key areas established. • Change leaders session complete and areas of interest for each change leader agreed. <p>Impact: Having a clear Patient Safety Plan which includes the PSIRP will ensure we take a systematic approach to ensuring patient safety is front and center of care delivery.</p> | | <ul style="list-style-type: none"> • The group will meet in November to start to plan the areas of focus and how we psychological safety across the organization. |
| Current Risks | Lack of BI resource to develop Quality Dashboard | | Mitigating Actions | Prioritised through IM and T programme, Executive Oversight. Manual triangulation of information in place. |



Key commitments:

- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neuro.
- Work in partnership to develop and deliver a strategic plan to ensure the Best Start for Life and the importance of the 1001 first critical days.
- Increase the focus on Learning Disability.
- Establish Neurodevelopmental Transformation Programme and Leicester, Leicestershire and Rutland (LLR) Autism service (children, young people and adults).
- Respond to the outcome of the public consultation on mental health services and support.
- Lead a clear digital plan that makes sure digital transformation is owned by the Trust.

Aims (CMS):

- Remain focused on ensuring safe high-quality delivery of care by reviewing our clinical staffing models.
- Develop and implement a Winter plan that is integrated into system delivery.
- Progress our Ageing Well accelerator work.
- Address our waiting lists, particularly in relation to continence and Neurodevelopmental.

Lead: Tim O'Donovan Transformation and Service Redesign Manager

| Key Actions 23/24 | Qtr. 2 Plan 23/24 | Qtr. 2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr3 Plan 23/24 |
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| Planning & delivery of the eight transformation priority programmes as agreed by Senior Exec Board (SEB) (Feb 2023) and further embed ways of working and strengthening links between Transformation and all SUTG bricks. | Delivery of Trust wide transformation priorities in line with defined programme plans and monthly reporting to Transformation and Quality Improvement Delivery Group | <ul style="list-style-type: none"> • All 8 strategic programmes are now in Delivery. • PMO team are supporting DMT and project meetings where capacity allows. • Monthly highlight reports for all programmes are being received at TXQI, with a deep dive into a single programme each month. | | <ul style="list-style-type: none"> • Delivery of Trust wide transformation priorities in line with defined programme plans and monthly reporting to Transformation and Quality Improvement Delivery Group |
| Embedding the integrated transformation, Quality Improvement (QI), PMO approach across Leicestershire Partnership Trust (LPT) | Undertake effectiveness review of Transformation and Quality Improvement Delivery Group PMO dashboard established to monitor delivery. Transformation training need analysis to determine needs across Trust. Full Implementation of the recommendations of programme resource review | <ul style="list-style-type: none"> • TXQI effectiveness review rescheduled for Q4 to allow the new TXQI Delivery group to establish itself before we review. • PMO Dashboard established and updated monthly after TXQI. • Standardised documentation in use across the trust. PMO supporting project roles in other areas to promote consistency and share learning. • PMO Staff Network established. • PMO and QI framework are being developed alongside the NHSE major service handbook review. • PMO framework live on Staffnet, which refers to QI methodology. | | <ul style="list-style-type: none"> • Establish and launch LPT project management training programme |
| Scoping new ways of working with Integrated Care Board (ICB) and group partners | Hold monthly review meeting with ICB PMO Hold monthly review meeting with NHFT PMO & Transformation | <ul style="list-style-type: none"> • Regular meetings established with both system and NHFT PMO teams. • Exploring opportunities such as UHL PMO and how we can effectively support the partnership/ collaboratives more effectively. | | <ul style="list-style-type: none"> • Implement any alignment opportunities through ICB and NHFT with LPT integrated framework and approach |

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| Support new ways of working across strategy, planning and transformation | Further engagement across Trust & ICB | <ul style="list-style-type: none"> • As a result of joint working with strategy, planning and transformation a business delivery group has now been established. • PMO are supporting all directorates with priority setting for 24/25. • PMO linking with Strategy and Partnerships to support the Joint Working Group and the associated workstreams. • SUTG version of the new PMO template created to ensuring consistency. | | <ul style="list-style-type: none"> • Proposal for new ways of working |
| Current Risks | None identified | | Mitigating Actions | |



Key Commitments

- Make the Trust a better place to work by ensuring staff are safe and healthy, physically and mentally well and able to work flexibly.
- Take action to ensure our Trust engages staff well.
- Recruiting and retaining our people.

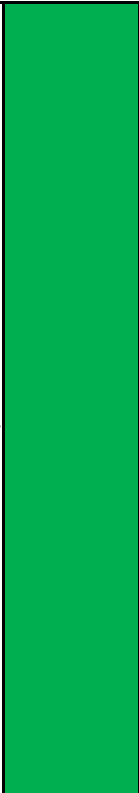
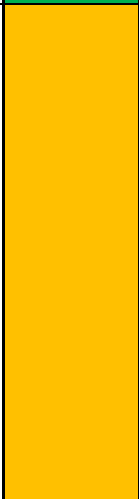
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- Take action to ensure our Trust engages staff well.
- Recruiting and retaining our people.

Aim:

- We value inclusive, compassionate behaviours, and show pride in our collective leadership and in our Trust.

Lead Director: Sarah Willis Director of HR and OD

| Key Actions 23/24 | Qtr2 Plan 23/24 | Qtr. 2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr. 3 Plan 23/24 |
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| <p>Culture, leadership and inclusion programme Co-design improvements in our culture – led by our change leaders and supporting a speaking up and learning culture and wellbeing. Continue to co-design with our people improvements to our culture, inclusion and leadership in order to create high quality, compassionate care and wellbeing for all We will continue to embed our Leadership Behaviours Culture, leadership and inclusion programme – including raising concerns and patient safety/recommending LPT as a place to receive care • People Promise exemplar • Health and wellbeing – focus on financial wellbeing and mental health</p> | <p>OFOW -Focus group sessions Board interviews Roadshows HWB Roadshows continue. People promise exemplar updates</p> | <ul style="list-style-type: none"> • Board interviews/Roadshows • HWB Roadshows continue. • People promise exemplar updates. • CLP Programme OFOW Discovery Phase concludes. OFOW Synthesis Event 14th July 2023, producing 4 core culture and leadership priorities and 2 golden threads for LPT to focus. <ul style="list-style-type: none"> ○ Career development ○ Psychological safety ○ Managing expectations ○ Commitment to prioritise health and wellbeing. ○ Golden Threads: Leadership behaviours and Feedback ○ Celebrating Excellence awards • Outcomes of success are evidenced through people plan progress review undertaken. • Staff Survey improved. • Turnover decreasing • More retire and returns. • Increase in flexible working. • Recruitment campaigns are attracting. • Increased recruitment • Increased numbers of staff in new roles • Staff tell us they value the health and wellbeing offer. • Valued stars, celebrating excellence nominations have grown. <p><i>Impact: Provides opportunities for staff to influence change and improve the culture of the organization.</i></p> | <p style="background-color: green; color: white; text-align: center;">RAG</p> | <ul style="list-style-type: none"> • Delivery phase of CLP OFOW programme • Aligning PSIRF, OFOW, FTSU priorities • Staff survey engagement • HWB Roadshows continue. • People promise exemplar updates focused on CLP delivery phase |

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| <p>Deliver Equality, Diversion and Inclusion (EDI) Plan - as data informed Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) action plans include reverse mentoring, cultural intelligence learning sets, mandatory diverse interview panels, and increasing listening activities</p> | <p>Update WRES & WDES actions following staff survey results and workforce data analysis including sign off of WRES and WDES action plans at Trust board...</p> <p>Progress Together Against Racism with Group with a specific focus on inclusive talent management and Zero Tolerance campaign/support</p> <p>LLR Active Bystander programme being delivered in May/June with LPT colleagues trained and helping with the creation of inclusive and just cultures across Directorates.</p> <p>EDS 2022 implementation underway (grading and development of improvement plans linking to WRES/WDES for domains 2 and 3)</p> | <ul style="list-style-type: none"> • Inclusive Decision-Making Framework: we have worked with the ICB to create a new and improved Equality Impact Assessment template and toolkit. Resources are on StaffNet. We are running training sessions (dates in eNews) and a recording will also be made available. • Equality Delivery System: we have been gathering evidence for our EDS submission to demonstrate how we are meeting the key competencies across the three domains (commissioned services across LLR, health and wellbeing, and inclusive leadership). In November, a stakeholder engagement event will be held to score ourselves against the criteria, ready for the national submission. • British Sign Language training: we have launched BSL training for forty colleagues across LLR health and social care. Each cohort will attend 10x 2hr sessions to build up their basic BSL skills. • Reasonable Adjustments Task & Finish Group: A group has been established to look at the reasonable adjustments and Access to Work process, to make improvements based on feedback received from our staff networks. • Zero Tolerance Project Group: building on feedback from staff listening events, this group will take action to promote reporting of abuse, and ensure all staff know what support is available for them. • Patient Protected Characteristics: pilot to commence to improve reporting rates using a simple form for patients to complete. • Group Together against racism joint workshop and master classes • Disability Equality Learning Sets: We have developed Disability Equality Learning Sets to develop managers and colleagues when thinking positively about different abilities. • Transgender Awareness sessions: our popular Transgender Awareness sessions are continuing in October and November. <p><i>Impact: By including the views and experience of our staff we aim to create equality for the whole of the workforce and those using our services.</i></p> |  | <ul style="list-style-type: none"> • Continue to deliver EDI plan, WRES WDES action plans. • Continue to deliver Together against Racism through our group model. • Commence EDS assessment |
| <p>Workforce agency reduction plan Continue to maintain quality and patient safety by developing our workforce and reducing our reliance on agency</p> | <p>Progress workforce and agency reduction plan monthly monitoring</p> <p>Progress updates on medical workforce plan</p> | <ul style="list-style-type: none"> • Actions to reduce agency spend include reduction of on framework rates, phased out routine use of off framework agency workers for HCA/HCSW shifts, now only used as a supplier of absolute last resort with DRA process and associated checks and balances in place to assess where break glass to utilise off framework has been enacted; Directorates have bespoke targeted agency reduction plans; improvements in lead times on rosters being signed off giving more time to fill shifts with bank; • Recruitment plans across Registered Nursing, HCA, Administration and Consultant workforces continue and are currently on track to achieve 97% or higher of this year's opening workforce plan, although there is still some significant work to do in the balance of the year to recruit further HCA workforce and vacancies remain high due to further increases in establishment. • Specific work been undertaken around time to hire and recruitment processes/system to support current very high levels of recruitment including risk summit, Gold call command and control structure put in place, undertaken procurement work to secure a new recruitment system; ongoing International Nursing Recruitment and action log of recruitment/onboarding QI actions in place. • Medical workforce plan is established. Seeing positive progress over the last quarter with retention of trainees and attraction of additional international medical graduates who offer a |  | <ul style="list-style-type: none"> • Progress workforce and agency reduction plan monthly monitoring, Directorate level agency reduction plans, further actions to reduce off framework registered nursing agency usage. • Progress updates on medical workforce plan • Procure a new recruitment system and start implementation of it. • Further recruitment in line with Trust workforce plan to HCA vacancies and support additional bed capacity in CHS. |

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| | | <p>pipeline of staff who can be developed into future consultant roles.</p> <p>Impact: <i>Stabilization of the workforce will reduce risks and improve services for patients as well as the reduction in agency costs which will support financial cost saving and Trust commitments.</i></p> | | |
| <p>Current Risks</p> | <p>A high vacancy rate for registered nurses, AHPs, HCSWs and medical staff, is leading to high temporary staff usage, which may impact on the quality of patient outcomes, safety, quality and experience.</p> <p>High agency usage is resulting in high spend, which may impact on the delivery of our financial targets for 2022/23 (ORR: 84, 85)</p> | <p>Mitigating Actions</p> | <p>Workforce and agency reduction plan developed.</p> <p>Agency reduction workstream in place.</p> <p>Biweekly Gold call structure focused on short term actions to support time to recruit and candidate experience.</p> | |



Key Commitments:

- To capture and use the learning from patient feedback and engagement to inform and influence how the Trust delivers and designs its services, including Implementation of the new Friends and Family Test system across the organisation.
- Deliver continuous development of patient/carer participation and involvement.

Aim:

- We will make it easy and straight forward for people to share their experiences.
- We will increase the numbers of people who are positively participating in their care and service improvement.
- We will improve the experience of people who use or who are impacted by our services.

Lead Director: Anne Scott Director of Nursing.

| Key Actions 23/24 | Qtr2 Plan 23/24 | Qtr. 2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr. 3 Plan 23/24 |
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| Implementation of the Trust's Lived Experience Leadership | <p>Lived Experience and Patient Safety Partners undertake induction and mandatory training</p> <p>Allocate Lived Experience Partners to: Directorate Level Groups Mental health transformation People's Council Patient Safety Quality Improvement and Transformation Delivery of service for Involvement Centre; Recovery College; Peer Support Workers and Arts in Mental Health</p> | <ul style="list-style-type: none"> Successful recruitment of 16 Lived Experience Partners which includes 2 Patient Safety Partners, recruitment process due to be completed by end October 2023. Reward and Recognition for Service Users and Carers Policy reviewed and updated – now adopted. The People's Council has now re-established and is currently developing a work programme and the introduction of new Lived Experience Partners. Peoples Council met with Trust Board via development session in August 2023 Delivery against recommendations of the Closed Culture Review recommendations - QI projects below either in PDSA stage or change ideas stage: <ul style="list-style-type: none"> Griffin PICU Ward (Psychiatric Intensive Care Unit) – improving 1:1 therapeutic engagement between nurses and patients. Agnes Unit (inpatient Adult Learning Disability) - supporting staff to use therapeutic engagement during supportive observations with patients. MHSOP non-verbal patients – Short Observational Framework for Inspection (SOFI observation tool) – being tested to capture experiences of people who are experiencing dementia. CINNS Neurological patients – co-design event being planned with patients and carers to co create tools to capture feedback for people with communication, neurological needs. MHST children and young people – testing new collection methods to make it more YP friendly. Demographic patient experience data review has been conducted and we have discovered that we do not have the systems and processes in place to look at experience data from different demographics, to look at the data in its entirety across the Trust. Currently looking at baseline data and change ideas to see how we can improve the data, and methods for improving the capturing of feedback, particularly from BAME demographics. | | <p>Induction for Lived Experience Partners to commence. Lived Experience Partner commences with directorates. Lived Experience Patient Safety Partners commence.</p> <p>People's Council Community Summit to take place and meetings agreed for remainder of 23/24.</p> <p>Work programme and meeting schedule for Council to be agreed for 23/24 and 24/25.</p> <p>Projects all on LifeQI and will continue with delivery</p> |
| <p>Develop Community of Practice of Patient Experience and Involvement across the Trust</p> <p>Design and Implement staff training and</p> | <p>Commence delivery of training programme</p> <p>Facilitate Synthesis and Design phase of Change Leaders Programme in</p> | <ul style="list-style-type: none"> Patient Experience and Involvement Staff training programme has now been finalised, and content agreed. Change leader's priorities have been agreed in relation to patient experience and mapping work completed for delivery phase of programme. The graphic facilitation training programme commenced for a cohort of 5 staff. | | <ul style="list-style-type: none"> Launch of training programme and delivery commences. Delivery group phase of Change Leaders commence. Community of Practice for Graphic Facilitators |

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| <p>development programme. for coproduction and engagement Lead Change Leader Programme in respect of Patient Experience and Involvement.</p> | <p>relation to Patient Experience and Involvement</p> <p>Deliver graphic minuting training to cohort of Lived Experience Partners and staff.</p> <p>Scope opportunities for co-delivery of</p> | <ul style="list-style-type: none"> • Patient Leadership Programme agreed for Lived Experience Partners • Patient Leader delivery partners identified for codelivery of training programmes including restraint and Experience Based Co Design. • Joint Open Space event with Leicestershire County Council took place to inform the development of coproduction mental health at Place level in Leicestershire. | | <p>commences.</p> <ul style="list-style-type: none"> • Patient Leadership Training delivery • Mental Health Coproduction groups commence. |
| <p>Design and implementation of Carers Strategy and implementation plan</p> <p>Review, revise and embed carers training package for staff Develop offer that forms part of the Carers Passport and embed across Trust.</p> <p>Cocreate a Carers Charter in partnership with buddy Trust.</p> <p>Review and consider implementation of Triangle of Care</p> | <p>Embed carers passport and awareness across Trust.</p> <p>Development of Carers Charter</p> <p>LA Training offer for staff on Young Carers</p> <p>Roll out Carers Awareness training programme for staff.</p> <p>Commence delivery of Triangle of Care Standards roll out.</p> <p>Phased rollout - Delivery of LLR Carers Strategy</p> | <ul style="list-style-type: none"> • LPT staff carers awareness training has been developed in presentation format. Training to be delivered alongside a lived experience patient partner, train the trainer style and through LPT Ulearn programme. • LPT Staff carers Network The staff network continues to meet within LPT offering staff support, HR advice and promotion of LLR offers alongside peer support. • UHL/LPT LA young carers awareness training dates from August and November 2023 have been shared across LPT through comms and with service and clinical staff group leads for dissemination. Feedback from the August training was received positively. • LPT Involvement network Carers Focus Group Work has been ongoing with a cohort of carers over the last 9 months to understand carer experience and develop an LPT Carers Commitment. This is now in the final stages of sign off due to be launched across the Trust in October 2023. Staff awareness training has had oversight and feedback from members of this group. • LPT Carers Promise work is underway developing an LPT Carers Commitment/promise, this has included both staff and carer involvement and has been presented in easy read format as an inclusive communication tool. • Triangle of Care (TOC) Work is underway to progress the implementation and roll out of the programme across LPT. The national target to achieve the first stage self-assessment in all MH inpatient and crisis teams is being planned. Other areas of the Trust are looking into adopting this early within the first year as part of their commitment to the programme and ongoing work with carers. | | <ul style="list-style-type: none"> • Roll out across LPT within Q3. • Ongoing delivery • During Q3-4 the group will focus on influencing the TOC identification dashboards as work is planned to commence on patient record systems. • Launch of LPT Carers Commitment/Promise • Agree areas for phase one and commence assessment process with carers. • Commence work with SystmOne in relation to identification of carers. |
| <p>Build capacity and capability within directorates to capture, learn and improve using patient experience and involvement</p> | <p>Delivery of directorate groups & coproduction groups</p> <p>Quarterly reports to People's Council & Youth Advisory Board Commence Peer review programme for complaints, duty of candour and incidents.</p> <p>Training needs analysis with directorates to inform bespoke training offer for staff.</p> <p>Finalise Nursing Standards.</p> <p>People's Council & Youth Advisory Board meetings</p> <p>Director of Nursing Fellows Programme – delivery of support and codelivery with Lived Experience Partners</p> | <ul style="list-style-type: none"> • PLACE Assessments in partnership with patients and staff commenced. • 15 Steps Challenge training programme and recruitment campaign • In response to the ongoing theme of poor experience in relation to communication. An experience summit was held with the People's Council to review evidence and consider actions to support this work. • Codesign of Nursing Standards phase completed with 8 principles identified for wider engagement with staff and patients/carers. • DoN Fellows Quality Improvement Projects ongoing in partnership with patients and carers. Patients and Carer Partners invited to attend celebration event in October. • Planning commenced for the next cohort of DoN fellow programme and buddying with patients and carers for QI projects. | | <ul style="list-style-type: none"> • Ongoing PLACE assessments • Recruitment of new reviewers and commence visits. • Agree workplan and commence. • Commence wider engagement with staff, patients and carers on the draft principles including staff commitments and patient 'I' statements. • Celebration event • Commence recruitment of patients and carers for new cohort of DoN Fellows |

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| Current Risks | Directorate PCEG meetings within CHS and FYPC/LDA have been cancelled for the last two months due to apologies. If these meetings are not taking place the directorates do not have line of sight of patient experience in relation to their services and delivery against the Trust's Step up to Great priorities for Patient Experience and Involvement | Mitigating Actions | Concerns raised and discussed at Quality Forum. FYPC/LDA have raised with directorate DMT to agree action. CHS not action noted. |
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Key Commitments:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others.
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.
- We have a clear data quality framework and plan that guides our delivery of great data quality.

Aims:

- Providing leadership for ongoing improvement across our Well Led framework, informed by learning from others.
- Contributing to the delivery of joint governance objectives under the Group Model with NHFT.
- Contributing to the development of ICS governance and risk systems.

Lead Director: Kate Dyer Director of Corporate Governance

| Key Actions 23/24 | Qtr2 Plan 23/24 | Qtr. 2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr. 3 Plan 23/24 |
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| Well Led Self-Assessment Narrative developed by the Board. (Kate Dyer) | Well Led Self-Assessment narrative will be developed by the Board | <ul style="list-style-type: none"> • The self-assessment for 22/23 has been completed. The Trust Board will re-visit this later in the year. <i>Impact: Trust and its services will benefit from being a Well Led organisation.</i> | | <ul style="list-style-type: none"> • Complete – not included on Q3 plan |
| Well Led External Review procured and delivered. (Kate Dyer) | Well Led external review will be procured and delivered | <ul style="list-style-type: none"> • The strategic executive boards in both NHFT and LPT have agreed to proceed with the procurement for the well led external review. This is being reviewed by the procurement team in NHFT. Output: the external review parameters have been agreed and we are reviewing the procurement framework | | <ul style="list-style-type: none"> • Q3 to complete the procurement exercise and appoint an external reviewer. |
| Well Led Improvement Plan developed and approved. (Kate Dyer) | | <ul style="list-style-type: none"> • To be developed once the external review has been completed. | | <ul style="list-style-type: none"> • Commencement of this work is planned to take place during Qtr. 4. The improvement plan will follow through from the external review. |
| Delivery of the Data Quality Plan including the delivery of SNOMED at the Point of Care (Sharon Murphy) | Implementation of SNOMED Phase 2 Delivery of OPCS 4.11 (Clinical coding) | <ul style="list-style-type: none"> • OPCS 4.11 works have been completed <i>Impact: Improving data quality will ensure our services are addressing the needs of a local population, improve service delivery and outcomes for patients.</i> | | <ul style="list-style-type: none"> • SNOMED delivery of Phase 1 is still ongoing. • Phase 2 is being progressed. |
| Delivery of a robust data security and protection framework (Sharon Murphy) | Data Protection and Toolkit Final submission for 2022/23 | <ul style="list-style-type: none"> • Complete | | Q3 plan needs to show amendment to be referenced as Data Protection and Toolkit Final submission for 2023/24 |
| Enhancing the value programme will contribute to the long term financial sustainability of the Trust. (Sharon Murphy) | Develop 2023/24 work programme including links to clinical & estates strategies and prioritise pathways for review. | The group has continued to meet & review data. We have received a presentation from EMAHSN around the support that could be provided to support innovation, including pathway redesign. It is unlikely that the approach will contribute to the 2024/25 efficiency plan. | | Continue to refine process & assess how much the approach can be embedded & support medium term efficiency planning. |

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| Current Risks | Evaluating Value – lack of operational & clinical engagement in the programme due to conflicting priorities. SNOMED - Trust is not currently compliant with the statutory requirement for SNOMED coding at point of care (ORR no. 68) | Mitigating Actions | Trust’s executive team have reviewed & agreed with the programme’s approach, and this should assist with prioritising capacity for teams. The Trust has a refreshed delivery plan in place & support from all stakeholders & is in regular contact with NHSE. |
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Key Commitments:

- Ensure a sustainable local community.
- Create a sustainable planet.
- Support the reduction of poverty through employment and job creation, anchoring wealth in LLR through our procurement processes.
- Positively supporting economic and regeneration policies and practices that will support the most vulnerable within our society.

Aim:

- Support a sustainable local community in LLR.
- Positively support environmental, economic & regeneration improvements, policies and practices in LLR
- Supporting our most vulnerable in society; raising health equity across LLR

Lead Director: David Williams Group Director of Strategy & Partnerships

| Key Actions 23/24 | Qtr. 2 Plan 23/24 | Qtr. 2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr. 3 Plan 23/24 |
|---|--|---|-----|---|
| Review the current work with other NHS partners, local authorities and other stakeholders and identify areas of work where LPT can work with others to support our sustainable communities through the development of Anchor Organisations and Social Value | To develop and implement our Social Value Policy | <ul style="list-style-type: none"> • The Social Value Charter has been approved and launched across the Healthcare Group. • Agreed Research project with Manchester University to baseline key data sets to quantify social value across LPT (and NHFT) <p><i>Impact: Our Charter commitments will result in staff contributing towards the health and wellbeing of its local population as well as growing and expanding local businesses and contributing towards our sustainability commitments.</i></p> | | <ul style="list-style-type: none"> • Develop timetable to reintroduce We Citizen staff volunteer programme (engaging with VCS, recording activity, feedback mechanism, reporting metrics) • Confirm social value reporting template and metrics, begin populating template, (phased approach based on data availability) • Scoping and first draft of Social Value Procurement Policy (by Head of procurement) • Scope purpose and function of Social Value Champions |
| To have an agreed set of principles that set out our commitments to this aim, agreed through our Trust public board meetings | As part of our Social Value Charter and Pledges: Our recruitment and development plans focus specifically on how we can support local communities to work for us | <ul style="list-style-type: none"> • We have continued to work closely with Leicester College to deliver the Sector-Based Workforce Academy Programme (SWAP) with the aim of upskilling local people wanting to apply to work for the NHS. S & P staff. Since the launch of the programme, we have had 7 students who have applied for roles at LPT/UHL and have been successful. • Weekly LPT vacancies shared with college students with support and guidance given around applying for roles and preparing people for interviews. <p><i>Impact: The S&P team routinely supports volunteering opportunities at the psychiatric inpatient unit, contributing towards our SV commitments. This has a positive impact on staff wellbeing, helps to deliver high quality inpatient services and those directly using our services.</i></p> | | <ul style="list-style-type: none"> • A medium to long term strategic plan for the SWAP programme will have been developed based on cost benefit analysis • This will be supported by a stakeholder analysis informing how and where the SWAP programme could be extended across LLR. |
| We will as a member of the local authority and NHS group continue to work to reduce health inequalities in LLR and play a full role in agreeing a plan and implementing that plan to improve equity | Continue to work with the system plan and implement it. Look specifically at the inequalities for our population who have a learning disability and autism and publish our learning in our annual Learning Disability and autistic people (LeDeR) Research report | <ul style="list-style-type: none"> • The development of a Health Inequalities Framework. • The proposed outline of the framework has been presented and approved in principle. • The framework has also been presented within the senior leadership forum and gained volunteers from services to assist in the codesign of the framework; and has also gained endorsement from Health Equity Committee with Public Health and UHL asking to feed into the model where appropriate to do so. <p><i>Impact: Improved collaboration with LA will improve service for LDA cohort.</i></p> | | <ul style="list-style-type: none"> • The Health Inequality Framework will be codesigned within pilot areas across the Trust. • The relevant service line data will be disaggregated, and the presentation of the data will be codesigned with the Service Leads. |

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| <p>Current Risks</p> | <p>Continued engagement of partners – low risk – currently very strong Continued financial support in 24/25 through LDA NHS England funding – medium risk - as unconfirmed. Lack of BI resource to undertake data analysis Retention of key staff – medium risk – succession planning for leadership roles not directly funded by the LDA Collaborative is anticipated to be challenging due to local restrictions on recruitment due to the LLR system’s financial challenges. When combined with risk 2 this presents an increasing difficulty</p> | <p>Mitigating Actions</p> | <p>Continued innovation and positive leadership of agenda by multiagency team Planning for 24/25 being undertaken now assuming no increase in funding available. Risk of reduced ring fencing of LDA budget if mainstreamed currently unmitigated. LDA posts are currently being presented for recruitment through LPT. Active monitoring and anticipated escalation if required.</p> |
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Key Commitments:

- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care.
- A positive and effective working environment for all staff building on the learning from post Covid 'reset and rebuild' work.
- Greener NHS buildings and identifying our route to net zero.

Aim:

- Therapeutic environments that improve outcomes for people using services by supporting safe, joined up, person-centred care
- A positive and effective working environment for all staff
- Greener NHS buildings and identifying our route to net zero.

Lead Director: Paul Sheldon Group Chief Finance Officer

| Key Actions 23/24 | Qtr. 2 Plan 23/24 | Qtr. 2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr. 3 Plan 23/24 |
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| Privacy and dignity to the standard our patients deserve with new hospital buildings to meet the Trusts Strategy | Compliance with National standards for Food and Nutrition | <ul style="list-style-type: none"> • Staff training complete. • Facilities Manager Catering Lead is now in post and taking up the leadership role for the catering service quality improvement plans. LPT dietician involved in menu design. • Contract discussions are underway with NHS Supply Chain and the proposed new food supplier. • Existing sandwich supplier issued notice to LPT due to small volume delivery needs. New supplier identified via procurement. Taste testing sessions held across the Trust with overall positive feedback. Mobilisation planning complete. | | <ul style="list-style-type: none"> • Monitor training compliance. • Nutrition Group and LPT dietician involved in menu design. • Mobilisation planning started for onboarding of new supplier expected Jan 2024. • Monitor progress and implementation. |
| Improved staff morale by providing a high-quality estate | <p>Resolve transferred staff HR validation and compliance issues.</p> <p>Maintain high staff engagement.</p> <p>Invest in staff training.</p> <p>Support staff post FM Transformation.</p> | <ul style="list-style-type: none"> • LPT FM Transformation took place on 1/11/2022. At transfer, UHL did not provide essential HR data e.g. Right to Work, DBS, Training, Absence records, Grievances, Holidays etc. This meant LPT had to pick up all HR related actions for compliance. The responsibility now sits with LPT central HR. Much progress has been made, however some final checks due to non-presentation of documents by staff are hampering the few remaining staff checks. HR are progressing this matter. • Welcome notices, staff meetings, toolbox talks and newsletters have been undertaken and will continue. Manager visibility on wards with our frontline team is self-evident and well received by staff. • Essential staff training is via Ulearn. Not all staff have ready access, so arrangements have been made for staff to comply. Management training for specialist roles such as AP's, CP's etc. and compliance standards for food and catering, have been undertaken as required. • Regular staff engagement events have been successfully undertaken. Feedback at the events has been positive. | | <ul style="list-style-type: none"> • E&F HR supported by Business Admin to drive to completion the final checks. • Continue the high-quality engagement sessions and welcomes for new starters. • Maintain the current position. • Continue the high-quality engagement sessions and welcomes for new starters. • Issue escalated and noted. |

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| | Recruitment | Recruitment remains a key concern as onboarding time delays are deterring staff. (4-month delay). This impacts cleaning activity. E&F attending recruitment events. | | |
| Improve public health, sustainability and reduce climate change risks | Invest in Safety Group key areas to achieve statutory compliance: water, ventilation, electrical, waste and medical gases. Appoint AP roles. | <ul style="list-style-type: none"> Safety Groups are well established for Water, Ventilation and Waste. Significant progress made across key domains in all groups. Appropriate AP and CP roles appointed with training certified. New safety Groups for Med Gas and Electrical were established in Sept 2023. ToR drafted. Membership agreed. | | <ul style="list-style-type: none"> Training and refreshers continue as routine activity. Develop maturity of new Safety Groups. |
| | Author Estate Strategy and Estate Plan. | <ul style="list-style-type: none"> Estate Strategy completed October 2023. Estates Plan = Capital Plan available each month, shared at Capital Committee. Changes impacting the plan requiring continual updates get Dorm approvals. | | <ul style="list-style-type: none"> Review April 2024. |
| | Support Trust Sustainability activities to achieve NZC targets. | <ul style="list-style-type: none"> VCP holding Group appointment to Sustainability Manager. | | |
| | Optimise supply chain base for new E&F requirements. | <ul style="list-style-type: none"> Transition from waivers to frameworks progressing to plan – supported by Procurement colleagues. | | |
| Current Risks | <p>Inability to recruit to Sustainability Manager post.</p> <p>HR onboarding impacting agency costs and effectiveness of workforce.</p> <p>Changes to capital plan affecting Trust plans esp. Directorate plans.</p> <p>Presentation of Med Devices for compliance.</p> <p>Necessity to rectify legacy issues around statutory compliance requiring capital and revenue investment.</p> | | Mitigating Actions | <p>Recruitment freeze restricts ability to mitigate against these risks for LPT and NHFT.</p> <p>Issue escalated. EMB aware.</p> <p>Capital Cttee aware. EMB aware.</p> <p>IPC Cttee aware.</p> <p>Capital Cttee aware. EMB aware.</p> |



Key commitments:

- Improve access in a prompt, responsive and suitable manner.
- Ensure that the Standard Operating Procedures governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to access.

Aim:

- Improve access in a prompt, responsive and suitable manner.
- Ensure that the SOPs governing access are being adhered to consistently across all areas.
- Improving data quality and performance monitoring in relation to Access

Lead Director: Dr Bhanu Chadalavada Medical Director

| Key Actions 23/24 | Qtr. 2 Plan 23/24 | Qtr. 2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr. 3 Plan 23/24 |
|---|--|--|---------------------------|---|
| Re-establish Access Delivery Group with updated Terms of Reference (ToR) | Updated reporting focus agreed to include delivery against trajectories and service specific plans/outcomes | <ul style="list-style-type: none"> • Updated reporting has been implemented, resulting in a shorter more focused report shared with the Accountability Framework Meeting and Finance and Performance Committee. Impact – appropriate and updated/current ToR will support the effective work of the group | Yellow | Further work to be undertaken to re-consider Terms of Reference |
| Review, update, revise and implement Trust Access Policy | Complete review and issue updated policy | Review of Access Policy deferred pending the further review of the Terms of Reference of the Access Delivery Group and the scale and scope of review required. This action will now be timetabled for Q4 23/24 and Q1-3 24/25. | Yellow | Review of Access Policy deferred pending the further review of the Terms of Reference of the Access Delivery Group and the scale and scope of review required. This action will now be timetabled for Q4 23/24 and Q1-3 24/25. |
| Review and where necessary update Directorate Single Operating Procedures (SOPs) to ensure alignment to updated Access Policy | Review and update Access Policy | Governance and plans developed to update access policy | Yellow | Update Access Policy |
| Align commitment to improving data quality re access with wider Trust work on data quality to ensure consistency | Continue emphasis on robust data quality as part of wider work on this issue, led by the Integrated Information Team. | Data quality in relation to measuring and monitoring access times and numbers is supported by wider measures to address data quality. | Green | No further action required |
| Ensure effective performance management of waiting times/access targets, consistent with Executive Performance Meetings | Build updated access reports taking into account work in Q1 and re-establish regular submission to appropriate committees. | Following changes to the governance structure, Improving Access Reports are now routinely shared with the Accountability Framework Meeting (Executive Performance Reviews stood down) and the Finance and Performance Committee. Impact – appropriate reporting to support improved assurance with actions taken to address areas of concern. | Green | Q3 plan will be dependent on the outcome of the review of the ToR. |
| Current Risks | Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing services will mean that patients may not be able to access the right care at the right time and may lead to poor experience and harm. (ORR: 75) Increasing numbers of patients on waiting lists and increasing lengths of delay in accessing diagnostic services for ADHD and ASD and timely follow-up, mean that patients may not be able to access the right care at the right time and may lead to poor outcomes and harm (ORR: 91) | | Mitigating Actions | Access Policy implementation and monitoring Demand and capacity reviews Targeted business cases into ICB to address evidenced demand and capacity gaps. System-wide improvement plans including joint work with NHFT to assess group opportunities for improvement |



Key commitments:

- We will proactively work with Northamptonshire Healthcare Foundation Trust (NHFT) on a single approach for both Trusts, optimising the shared learning approach, building on the learning from post Covid 'reset and rebuild' work.
- We will set clear priorities for Quality Improvement initiatives.
- Widening the opportunities for more people to participate in research to inform future health and social care.

Aims:

- We will proactively work with NHFT on a single approach for both Trusts, optimising the shared learning approach.
- We will set clear priorities for Quality Improvement initiatives.
- We will ensure that the infrastructure supporting Quality Improvement is effective and sustainable.
- We will ensure that Quality Improvement is embedded.
- We will research.

Lead Director: Dr Anne Scott Director of Nursing

| Key Actions 23/24 | Qtr. 2 Plan 23/24 | Qtr2 Achievements (Practical Examples and expected outcomes) | RAG | Qtr3 Plan 23/24 |
|---|---|---|-------|-----------------|
| Strengthening the use of data for improvement as part of the new board performance report and trust wide use of statistical process control charts | Participation as part of project delivery group and support to the operational group. | <ul style="list-style-type: none"> • The new style board report has been well received by the Trust Board. • Wider data training being explored to ensure appropriate operational support is in place and potential increase in data analytical skills and knowledge (led by Sharon Murphy) <p><i>Impact: This ensures as a trust we are concentrating our improvement activities in the right place and responding to variation appropriately.</i></p> | Green | |
| Continue to build the trusts commitment to strengthening Quality Improvement (QI) capacity and capability through the delivery of the following: Trust board development session Implementation of the blended group training model inc Quality Service Improvement and Redesign and the development of an e-learning package as part of the Group priorities | E-learning package developed | <ul style="list-style-type: none"> • E-learning package development remains in development during quarter • Collaboration with the group is underway. NHFT comms plan in place for QI in a box and QI café. • The QSIR programme for LPT is still to be confirmed for LPT by NHFT after April 2023 cancellation of programme. 290 staff trained to date for 2023/24 (as of 27th Sept) <p><i>Impact: This ensures that we continue to grow our capability and capacity as an organization to undertake meaningful improvement for the benefit of all.</i></p> | Red | |
| Integrating planning strengthening governance oversight of QI through directorate governance reporting to Transformation and QI Delivery Group | Regular reporting established for Community. Health Services Directorate. | <ul style="list-style-type: none"> • Directorate reporting in place for ALL directorates and peer support in place delivered through a monthly community of practice. <p><i>Impact: Consistent oversight and understanding of QI projects within directorate to ensure line of sight from board to ward.</i></p> | Green | |
| Research: ensure continued commitment to participation in high-quality, multi-centre NIHR Portfolio research through the East Midlands Clinical Research Network, and as part of the forthcoming regional research delivery network | Performance Update to Assurance Structure Explore joint opportunities with NHFT | <ul style="list-style-type: none"> • New staff now in LPT Research Delivery leading to a significant increase in recruitment activity and a solid pipeline of Portfolio studies for the next three years. • Both organisations are participating in discussions with NIHR CRN-CC with regard to transition to RDN. Some potential financial risk as time progresses whilst clarity on future framework is established. • Both Trust secured one-off capital infrastructure from NIHR. <p><i>Impact: Improved oversight of Research & Development activity both internally and as a system partner.</i></p> | Green | |

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| <p>Research: support moves to attain Group University Hospital Trust Status to achieve long-term growth in local infrastructure and academic partnership</p> | <p>Implement and embed Working Group Widen university partnerships across both Trusts. Dev business plan for key roles</p> | <ul style="list-style-type: none"> • Draft Memorandum of Understanding under discussion led by Strategy & Partnerships. <p><i>Impact: Gaining University Hospital Trust Status will secure long-term growth of R&D.</i></p> | | |
| <p>Current Risks</p> | <p>University Partnership Steering Group competing priorities impacting on delivery. Move of QSIR from NHSE to AQUA will incur a subscription cost moving forward if LPT subscribe to QSIR</p> | | <p>Mitigating Actions</p> | <p>Additional action to identify key personnel within the University bring led by Strategy & Partnerships staff to support delivery of program of work.</p> |