

**Minutes of the Public Meeting of the Trust Board**  
**26<sup>th</sup> March 2024, 9.30am-1.00pm**  
**Meeting held virtually via MS Teams**

**Present:**

Crishni Waring, Chair  
 Ruth Marchington, Non-Executive Director  
 Hetal Parmar, Non-Executive Director  
 Alexander Carpenter, Non-Executive Director  
 Josie Spencer, Non-Executive Director  
 Angela Hillery, Chief Executive  
 Sharon Murphy, Director of Finance  
 Anne Scott, Director of Nursing, Allied Health Professionals and Quality  
 Jean Knight, Managing Director/ Deputy Chief Executive

**In Attendance:**

Tanya Hibbert, Director of Mental Health  
 Mark Roberts, Assistant Director Families, Young People & Children Services and Learning Disability and Autism Services (on behalf of Helen Thompson)  
 Sam Leak, Director of Community Health Services  
 Sarah Willis, Director of Human Resources and Organisational Development  
 Kate Dyer, Acting Director of Governance  
 David Williams, Director of Strategy and Partnerships  
 Kamy Basra, Associate Director of Communications and Culture  
 Bhanu Chadalavada, Medical Director  
 Lizelle Bernhardt, Head of Nursing and Allied Health Professionals Research (shadowing Anne Scott)  
 James Mullins, Interim Director of Nursing, Allied Health Professionals and Quality (shadowing Anne Scott as part of transition arrangements)  
 John Murray, Deloitte (observing as part of Well Led review)

TB/24/033	<p><b>Apologies for absence:</b>          Apologies for absence were received from Paul Sheldon, Helen Thompson and Liz Anderson</p> <p>The Chair welcomed Mark Roberts (deputising for Helen Thompson), Lizelle Bernhardt (shadowing Anne Scott), James Mullins, (shadowing Anne Scott as part of transition arrangements) and John Murray from Deloitte (observing as part of the Well Led review).</p> <p><b>The Trust Board Members (Paper A)</b>          This diagram introduced the Trust Board Members for Leicestershire Partnership NHS Trust (LPT)</p>
TB/24/034	<p><b>Service Presentation: DMH – Community Occupational Therapy Team</b>          Tanya Hibbert introduced the Community Occupational Therapy Team who worked with Mental Health Services for Older People. In attendance from the team was Rebecca Colledge, Lead Allied Health Professional for the</p>

Directorate of Mental Health (DMH), Emma Arthur, Operational Lead for Community Occupational Therapy Services and Shelley Crossland, Jo Goodman and Sarah Wilson, all Clinical Leads.

Emma Arthur introduced the service and her colleagues and described her own background and experience. Shelley Crossland then explained the role of an occupational therapist was to help older people undertake activities that are important to them, enhance their wellbeing and to keep them healthy; this included putting solutions in place to keep people safe and active, and helping to find opportunities for social contact and increasing confidence when meeting new people. All the needs of individuals are considered; physical, psychological, social and environmental and this support made a real difference in giving people a new sense of purpose, opening up new horizons and changing the way individuals feel about their future.

The profession of occupational therapy is founded on the belief there is a correlation between health, wellbeing and occupation. It recognises that people can influence their own health by being proficient in the occupations that allow them to explore and interact with their environment in an adaptive way. Locally, the registered occupational therapists that work in the service are responsible for the development and implementation of a collaborative, occupationally focused care plan. Together, with a co-hort of occupational therapy assistants, patients are helped to develop, improve, and maintain the skills needed for daily living and working. The occupational therapy assistants are directly involved in providing occupational therapy based interventions alongside, and supported by, the registered occupational therapists based within each of the Community Mental Health Teams (CMHTs).

**Patient Voice:**

Shelley Crossley introduced a film from a family (Sheila and her two sons David and Michael) which described their experience of the Occupational Therapy Team. The quality of life for all the family had improved through various support mechanisms including audio books for Sheila as she used to be a very avid reader, being available to the family to discuss problems and helping to structure a routine and living well. The family recognised and appreciated the role of community occupational therapists.

Emma Arthur then advised the team was made up of twelve occupational therapists and seven occupational therapy assistants. Over the past 12 months the service had accepted 398 new referrals, the team had been allocated 236 new patients and discharged 301. Waiting list management and robust referral criteria had been developed to ensure patients are seen in a timely manner in order of need. The team worked alongside CMHT colleagues with patients who may have a cognitive impairment and/or functional mental health diagnosis, however, the team predominantly work with dementia patients in the later stages of their journey to risk assess and manage home situations to tailor packages of care alongside adult social care colleagues. The occupational therapy team uses a combination of functional assessments and occupational therapy specific assessments – these models of practice have been used over 40 years and assist therapists in recommending activities to help maintain abilities, protect a person's safety and reduce care needs. As a result of identifying a gap in service for patients

on referral to treatment pathways, the team had previously expanded its remit to work with Young Onset Dementia Service (YODAS) who typically only see patients under the age of 65. The functional and observational assessments carried out supported the conclusion of a definitive dementia diagnosis and contributed to sub-typing the dementia. Latterly, these assessments had expanded to include patients over the age of 65. Alongside clinical duties, the team also actively participated in service development initiatives and supporting occupational therapy, paramedic and nursing under graduates.

### **Staff Voice:**

Jo Goodman acknowledged the wonderful staff within the team who strive to deliver a service that reflects the trust vision of high-quality compassionate care and wellbeing for all. The team worked in an open and transparent way, supported each other, and understood how all worked both individually and as a team. The team worked alongside staff with neurodiverse needs from different cultures and religions and staff with physical health difficulties and one of the team members had taken on the role of neurodiverse champion for the service. The team were proud of their working relationships with different professional groups on complex cases although recognised the need to further develop relationships with developing neighborhoods. Collaboration and quality improvement projects were all taking place and learning was shared not just across the occupational therapy team but with the wider older persons team. Recent feedback from staff about working in the service included the words/phrases: supportive, friendly, fun, inclusive, caring, rewarding but under-resourced, compassionate and challenging at times but rewarding and welcoming.

Finally, quotations from two staff were shared:

Occupational Therapy Assistant: *'Returning to work in LPT after 20 years is a little like returning home, although much has changed and my role is very different, the support and welcome that I have received from both the MHSOP (Mental Health Services for Older People) Occupational Therapy (OT) Team and MHSOP City West Team have been brilliant'.*

Occupational Therapy Student: *'Thank you for giving me the opportunity to do my placement with your team. Everyone in the team made me feel welcome. Within these weeks of my placement I have gained a valuable insight into mental health services and this will really help me with my future career options. The tutorials, my little project on falls, feeding back at the MDT and shadowing other professionals within the CMHTs have added so much to my knowledge and built my confidence. To Ruth and Sharon - your approach was unique; I learnt without pressure. The breakfast and lovely gifts on my last day made me feel valued. I am grateful'.*

In conclusion, Jo Goodman felt this feedback was reassuring that the service was getting it right for staff but acknowledged there was always more to do in the continuous cycle of reviewing, feedback, learning, and developing the service for the benefit of patients and carers and to ensure the team was a service where staff wanted to work and continue with such passion and commitment.

Sarah Wilson then gave an overview of the strengths, opportunities, aspirations and results from a team SOAR analysis; the major strength being an established team with members having joined from different backgrounds, each bringing vast and varied experience that is shared with new staff who then choose to stay and make it their specialist chosen career path.

The Chair thanked the team for such a fantastic presentation and invited questions.

Josie Spencer thanked the team for being so positive given the challenges they faced and asked if more detail could be provided on the quality improvement projects mentioned. Emma Arthur provided the pilot into the memory service as an example which started as a project when a gap in service was identified. It started as one occupational therapist in the memory service which has been expanded to two occupational therapists covering east and west localities. The team was now putting together a business plan to secure some recurrent funding to embed the service.

Angela Hillery thanked the team, remarked on the passion and compassion of the team and asked that Sheila and her family be thanked also. Angela Hillery then asked what benefits would be gained through the transition to neighborhood teams and in addition, asked if there was any more Trust Board could do to support. Emma Arthur responded that it would offer opportunities from the planned treatment and recovery teams to work in a more consolidated and localised way alongside partner services. The challenge is staff resource and making sure the team has the relevant skill set of staff but this is where 'growing your own' would play a part.

Alexander Carpenter reflected on the compassionate care in practice and the positive culture and team ethos and, as the Trust Health and Wellbeing Guardian, was pleased to hear of the team time out as well. It was clear the team delivered both physical and mental health interventions and therefore how the team collaborated with other teams across the trust and externally was enquired about. Faisal Hussain endorsed all the comments about compassionate care and further asked about the link and/or challenges with the voluntary and community sector. Shelly Crossland explained how the team historically and continually networked with other teams and partners to facilitate, support and prevent referrals back into the service and to ensure a holistic service.

Both James Mullins and Anne Scott thanked the team especially around their positive culture and suggested showcasing the team on a national and local basis to help with recruitment and retention. With regard to evidence based research, it was also suggested that the team link in with Lizelle Bernhardt (shadowing Anne Scott).

Sarah Willis commented on the team being a great example of leadership behaviours which was a great story for staff and the 'Our Future Our Way' work and invited the team to the upcoming compassion and leadership conferences to showcase their work.

The Chair thanked the team once again.

TB/24/035	<p><b>Declarations of Interest Report (Paper B)</b> No further declarations of interest were received in respect of items on the agenda.</p> <p><b>Resolved:</b> The Board received this report and noted the declarations of interest contained within.</p>
TB/24/036	<p><b>Minutes of Previous Public Meeting held 30 January 2024 (Paper C)</b> Chief Executive's Report (page 6) referred to the recent CQC Inspection in mental health – this should read '<i>acute wards</i> in mental health'.</p> <p><b>Resolved:</b> Subject to the above amendment, the minutes were approved by the Board.</p>
TB/24/037	<p><b>Matters Arising (Paper D)</b> All matters arising had been actioned and the Board approved closure.</p> <p><b>Resolved:</b> The matters arising were approved by the Board.</p>
TB/24/038	<p><b>Chair's Report (Paper E)</b> The Chair presented this report and made reference to her recent attendance at the Health and Wellbeing Roadshow at the Bradgate Mental Health Unit which also allowed the opportunity of meeting patients and staff. The Roadshow was a great opportunity to showcase all the wellbeing support available. The Chair had also joined the People's Council for part of their meeting where several points had been raised as they were keen to be engaged in making a difference to improving patient experience. In anticipation of Ruth Marchington stepping down, the Chair proposed and Josie Spencer had agreed, to take on the role of Senior Independent Director (SID) and NED Lead for Freedom to Speak Up (FTSU) from 1 June 2024 and handover arrangements were in progress. The NED recruitment was progressing with interviews due to take place on 19 April 2024. Finally, as part of the new Chair Appraisal Framework released by NHSE (NHS England), the Chair welcomed any feedback.</p> <p><b>Resolved:</b> The Board received this report and endorsed the appointment of Josie Spencer as Senior Independent Director.</p>
TB/24/039	<p><b>Chief Executive's Report (Paper F)</b> Angela Hillery introduced this paper which provided an update on current local issues and national policy developments since the last Board meeting. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• thanks were given to all staff who continue to work whilst pressures remained</li> <li>• any learning from the inpatient services review taking place in Nottinghamshire Healthcare (part of the East Midlands Alliance) would be logged</li> <li>• the mental health urgent care hub had been refurbished</li> <li>• 2000 people were interested in jobs within LLR (Leicester, Leicestershire and Rutland) at the careers event held on 9 March 2024</li> <li>• improvements from staff survey results were encouraging</li> <li>• congratulations were offered to David Williams on his role as the NHS Providers Strategy Directors Network Chair</li> </ul>

	<ul style="list-style-type: none"> <li>• thanks were offered to Brendan Daly who helped to achieve the Trust Veteran Aware Accreditation</li> <li>• the East Midlands Alliance Board on 7 March 2024 would be bringing together Chairs and CEOs to understand strategic intent later in the year</li> <li>• thanks were offered to all contributing partners at the Mental Health Collaborative away day held in February 2024</li> <li>• the Children’s Commissioner Report on Children’s and Young People’s Mental Health had mentioned local teams and LLR was quoted as a case study</li> <li>• Interesting discussions on group and shared leadership had taken place at a recent national panel of Chairs and CEOs</li> <li>• The national planning guidance had still not been received.</li> </ul> <p><b>Resolved:</b> The Board received this report for information.</p>
TB/24/040	<p><b>Audit and Risk Committee Highlight Report: 8 March 2024 (Paper G)</b> Hetal Parmar introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> <li>• ARC agreed to close a medium risk action around the ‘supporting timely recruitment review’ undertaken by the internal audit team. The underlying risks would be monitored through the organisational risk register (ORR).</li> <li>• ARC approved the internal audit draft plan for 2024/25 with a review of the plan in three to six months’ time.</li> <li>• ARC received good assurance on the process and oversight of LPT’s financial systems.</li> </ul> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/041	<p><b>Charitable Funds Committee: 19 March 2024 (verbal)</b> Faisal Hussain provided an update on the meeting held 19 March 2024. He advised that Carolyn Pascoe, Fundraising Manager, is retiring from the Trust and a recruitment process was in place for a replacement, however, Carolyn had agreed to stay in post on the Bank to enable continuity. The Terms of Reference had been updated and were now more focused and robust. The strategic priorities had been reviewed and the visibility of the Raising Health charity had increased through social media and increased applications being received. As a reminder, the purpose of Raising Health charity was about additional benefits not funded by core NHS funding eg health and wellbeing of staff, extra gifts, packages, events, or activities for patients .</p> <p>The Chair offered thanks on behalf of the Board to Carolyn Pascoe for all her work and to Faisal Hussain for taking on the role of Chair for the Committee.</p>
TB/24/042	<p><b>Organisational Risk Register (Paper H)</b> Kate Dyer introduced this report which was the year-end close down report ahead of the new Board Assurance Framework (BAF) starting on 1 April 2024. The four highest areas on the current ORR were capacity in community mental health teams, access to timely diagnosis and treatment for people with neurodevelopmental conditions, vacancy rate and agency usage, and recruitment pipeline. The report also described the mapping of key strategic areas to the new BAF.</p>

	<p>In response to Crishni Waring and Faisal Hussain, Kate Dyer explained the BAF was not going to operate any differently to the ORR, but would be a different selection of risks. Training had been delivered to Chairs of meetings in the governance structure using the BAF and Corporate Risk Register (CRR) and a set of guidance notes were on the BAF as a reminder.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/043	<p><b>Risk Appetite (Paper I)</b> Kate Dyer introduced this report which provided the detail of the refreshed board appetite for risk management 2024/25. It was noted that the current refresh was determined by the Board at its development session in February 2024. Crishni Waring suggested that reflections on risk appetite at the end of each discussion item or the end of the meeting would be a useful live tool.</p> <p><b>Resolved:</b> The Board received this report and approved the risk appetite approach for 2024/25.</p>
TB/24/044	<p><b>Documents Signed under Seal Quarter 3 Report (Paper J)</b> Kate Dyer introduced this report which provided the detail on documents signed under seal during Quarter 3 of 2023/24.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/045	<p><b>Trust Board Terms of Reference and Workplan – Update for 2024/25 (Paper K)</b> Kate Dyer introduced this report which provided the refreshed Terms of Reference and Workplan. It was noted the workplan may be subject to some further work during the year to ensure alignment with NHFT where appropriate and to capture feedback from the well led review by Deloitte.</p> <p>Sharon Murphy noticed the ‘Approval of the Annual Financial Plan’ was not included – this would be added to the workplan.</p> <p><b>Resolved:</b> The Board received this report and approved the Terms of Reference and rolling Workplan.</p>
TB/24/046	<p><b>Step Up to Great Quarter 3 Update (Paper L)</b> David Williams presented this report which provided a summary on progress of objectives and highlighted the plans for quarter 4. Strong progress had been made throughout the year around objectives, the amber rated actions were all being overseen by the Executive Management Board and discussions on the long-term development of the trust strategy had commenced. In addition, this report showed the adoption of our four key goals within Step up to Great; Great Care, Great Outcomes, Great Place to Work and Part of our Community.</p> <p>In response to a question from Faisal Hussain about greater system working, David Williams confirmed that the Great Outcomes and Part of our Community goals were inherently about partnership working and key to delivering integrated care moving forward. Angela Hillery added there was a lot of good work being undertaken with the ‘amber’ areas being tracked and the move to the BAF would ensure clarity around risks.</p>

	<p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/047	<p><b>Step Up to Great Strategic Objectives 2024/25 (Paper M)</b> David Williams presented this paper which provided a summary of the revised objectives for the delivery of Step up to Great in 2024/25. Shown in Appendix One were the six board level objectives that fit into the four Goals; Great Outcomes, Great Care, Great Place to Work and Part of our Community.</p> <p>Ruth Marchington asked whether the assurances and controls also shifted up strategically and would become part of reporting to level 1 committees and further asked if the Board would have sight of the BAF prior to the level 1 committees taking place in April. Kate Dyer confirmed the BAF is mapped to level 1 committees and the linkage to the BAF would be via the refreshed governance table as part of the improvement journey and would look at opportunities for sharing the BAF. The importance of linking this with system objectives was also emphasised.</p> <p>David Williams confirmed that staff engagement would take place at the forthcoming Senior Leadership Forum with further staff engagement following afterwards. Crishni Waring commented she was pleased to see the role of the People’s Council reflected in the strategic objectives and mentioned the Terms of Reference of the People’s Council included opportunities for engaging with the Board.</p> <p><b>Resolved:</b> The Board received this report and approved the approach being taken.</p>
TB/24/048	<p><b>Joint Working Group Highlight Report: 22 January 2024 (Paper N)</b> Faisal Hussain introduced this report and declared there were no alert or advise items to highlight. Positive discussions were held around the next stages of the Together against Racism programme, the provider collaboratives and the work linking between LPT, NHFT and the East Midlands Alliance. The Joint Working Group (JWG) agreed it was important to ensure the work of the JWG was more widely recognised and understood across both trusts.</p> <p>Angela Hillery added that Paul Sheldon was leading work around the Group value programme which was important for financial planning. The programme was particularly looking at benchmarking and opportunities for any integration that may need to be considered. Sharon Murphy reported her attendance at a recent NHS Providers Director of Finance meeting where the importance of productivity was discussed, although a lot of the metrics were acute focused. However, LPT had volunteered to take part in a task and finish group which would help shape developing plans.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/049	<p><b>Quality and Safety Committee Highlight Report: 20 February 2024 (Paper O)</b> Josie Spencer presented this report and advised there were no alert items to highlight. The advise item was the new Statutory Guidance on Working</p>



	<p>Together to Safeguard Children which needed to be reviewed to assess any implications for the trust. Assurance items were the Mental Health Act Delivery Group now providing assurance reports, working through the governance arrangements around staff safety and security following the signing of the Sexual Safety Charter, and the committee was pleased to see the full implementation of the National Standards of Healthcare Cleaning (NSoHC) being achieved. The local and national focus on sexual safety was highlighted by both Angela Hillery and Crishni Waring.</p> <p><b>Resolved:</b> The Board received the report for information and assurance.</p>
TB/24/050	<p><b>Care Quality Commission Update (Paper P)</b>  Anne Scott presented this report which provided assurance on the Trust's compliance with the Care Quality Commission (CQC) fundamental standards and an overview of current inspection activities. Key inspection activity within LPT was highlighted as:-</p> <ul style="list-style-type: none"> <li>• In January 2024, two core service inspections took place, and the trust continues to be engaged and responsive in the process including participation in the factual accuracy process prior to publication of the findings.</li> <li>• The CQC new single assessment framework process that started in February 2024 means any future inspection activity for LPT will be carried out under this new framework.</li> <li>• During January and February 2024, there have not been any CQC Mental Health Act Inspections</li> <li>• One external visit had taken place from the Fire Service to Stewart House</li> <li>• A programme of quality visits had been undertaken internally which included 15 steps walk rounds, board rounds and valuing high standards accreditation work.</li> </ul> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/051	<p><b>Safe Staffing Monthly Report: January 2024 (Paper Q)</b>  Anne Scott introduced this report which provided a full overview of nursing safe staffing during the month of January 2024, including a summary and update of new staffing areas to note, potential risks and actions to mitigate the risks to ensure safety and care quality are maintained. This report triangulated workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. Salient points were highlighted as:</p> <ul style="list-style-type: none"> <li>• A continued high usage of agency and temporary staff across inpatient areas in order to meet safe staffing needs</li> <li>• A senior nursing review continues to triangulate metrics where there was a high percentage of temporary worker/agency utilisation or concerns directly relating to increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care.</li> <li>• Through the senior nursing review of incidents some risks and challenges had been identified with clinical continuity and oversight of standards, however, senior clinicians are working to minimise and mitigate these risks.</li> </ul>

- Flat lift training compliance has improved which is starting to show a positive impact with patient care.
- The Registered Nurse (RN) and Health Care Support Worker (HCSW) vacancy positions have slightly decreased which is positive as we continue to grow and develop our nursing workforce through a positive recruitment drive.
- In previous 6 months the HCSW turnover did gradually increase, however, it was verbally reported that a deep dive had been undertaken to review and understand this better with the development of a new group and several actions are now in place to address this specific issue. HCSW Ambassadors were supporting the onboarding and retention of new starters.

In summary, whilst the trust is safely staffed, it uses a high percentage of temporary workforce but through triangulation and analysis it was noted there was some correlation of impact of staffing skill mix and competencies as a contributory factor in some incidents linked to key safety priorities.

Josie Spencer thanked Anne Scott for the useful update especially the work being undertaken with respect to HCSW turnover and was pleased to hear figures were improving. Ruth Marchington added the People and Culture Committee (PCC) was due to receive a quarterly progress report following a recent deep-dive and asked if the focus and feedback from the Strategic Workforce Group (SWG) would be on HCSW sickness levels given the figures looked high in this report. Also queried was the difference in figures between the Workforce and Agency Reduction Plan (based on NHSE submission) and the figures in this report. Sarah Willis clarified the Safe Staffing Report tracked vacancy levels and how much the trust used bank, agency and substantive staff. The Workforce and Agency Reduction Plan is what the trust set out to achieve in terms of recruitment over a year which is based on what it felt was sustainable and achievable; and being reported up through the Integrated Care Board (ICB), and regional and national workforce operational plans. To offer further assurance, Sarah Willis confirmed that detailed discussions are held at an operational level through executive meetings and the Strategic Executive Board (SEB) to monitor performance against targets and what has been submitted nationally – a lot of this detail would not be relevant to PCC. In terms of the HCSW turnover Sarah Willis confirmed that PCC would receive the details and any other escalated risks in relation to workforce, via the SWG highlight report.

Faisal Hussain asked what mitigating plans were in place to address the high utilisation of temporary workforce and the emerging correlation in terms of incidents. Anne Scott confirmed senior nurses, through their daily huddles, created safe staffing on wards and had robust mitigation plans in place across all three directorates.

Further to attendance at a recent People's Council meeting, Crishni Waring enquired whether there was confidence in how consistently patient and staff experience with incidents was triangulated. Anne Scott confirmed there was high confidence, and partners with lived experience supported the triangulation and feedback work. However, it would be helpful to consider how to embrace the People's Council members in this work.

	<p><b>Resolved:</b> The Board received the report for information and assurance.</p>
<p>TB/24/052</p>	<p><b>Six Month Safe and Effective Staffing Review (Paper R)</b>  Anne Scott introduced this report which provided a six-month overview of nursing safe staffing covering July 2023-December 2023. Key points were summarised:-</p> <ul style="list-style-type: none"> <li>• As of 31st December 2023, the vacancy rate overall for registered nursing (RN) was 24.8%, which is the same position compared to June 2023. RN turnover for nurses in December 2023 was 7.3% and has been consistently around this percentage in the previous 6 months.</li> <li>• The vacancy rate for health care support workers (HCSW) has decreased from 26.5% at the end of June to 23.9% at end of December 2023. It is noted that HCSW turnover has gradually increased over the last 6 months, and in December 2023 the turnover rate was 10.04%</li> <li>• Average Care Hours Per Patient Day (CHPPD) for inpatient areas across July 2023 to December 2023 was 11.7 which is a slight increase compared to the previous 6-month reporting. 11.7 CHPPD remains above average (compared to a peer median of 10.7 and national average of 10.3) due to high acuity areas with a higher-than-average staff to patient ratio such as Agnes, LD Short breaks and Beacon Unit.</li> <li>• There is an increase in RN and Health Care Support Worker (HCSW) fill rate on days and nights compared to the previous six months. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.</li> <li>• On average 40.6% of all planned shifts were filled by temporary staff, an increase of 2.5% from 38.1% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 19.4% which is a slight increase from the previous 6 months average of 19.15%</li> <li>• Trust Agency Reduction Group continues to meet every 2 weeks with a current focus on eliminating off-framework use and improving rostering performance. This has resulted in Equality Impact Assessments (EQIA's) being approved for ceasing the use of Thornbury RN's (except for CHC community nursing) and HCSW's.</li> <li>• The annual nursing safe staffing establishment reviews are ongoing and continue to participate in NHSE nursing and midwifery retention programme which remains a key priority.</li> <li>• Community nursing transformation work is progressing within the community health service directorate and have successfully piloted one of the first national community safe staffing tools which is now being extended and currently assessing the infrastructure required for a 2-year implementation programme across all community hubs.</li> </ul> <p><b>Resolved:</b> The Board received the report for information and assurance.</p>
<p>TB/24/053</p>	<p><b>Patient Safety Incident and Serious Incident Learning Assurance Report (Paper S)</b>  Anne Scott introduced this report which provided assurance on LPTs incident management and Duty of Candour compliance processes for the months of January and February 2024. The process reviews systems of control which continue to be robust, effective and reliable, underlining the commitment to continuous improvement of keeping patients and staff safe by incident and</p>

harm reduction. This report also provided assurance on 'being open', numbers of incident investigations, themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned.

- Teams continued to work together to improve the ability to review and triangulate incidents with other quality and safety data.
- Teams are mapping intelligence from recently published national reviews to ensure learning is being applied across the trust.
- Continued to work collaboratively with change leaders to help shape the definition of psychological safety across the trust.
- Continued to build and develop learning processes as the new Patient Safety Incident Response Framework (PSIRF) is embedded
- Investigation compliance with timescales is improving.
- Number of reported incidents continues to average.
- Continue to see normal variation in numbers of Category 2 and 3 pressure ulcers developed or deteriorated in our care.
- Special cause of concern noted for December 2023 with Category 4 pressure ulcers which is currently being reviewed to understand any emerged learning.
- Noted areas of improvement across teams with the management and prevention of pressure ulcers and the improvement group has identified targeted priorities.
- Number of falls incidents remains static although a spike was reported at the Beacon Unit in February 2024 which is being investigated more fully.
- Deteriorating patients work is progressing well.
- The trust self-harm and suicide prevention group is developing and considering mapping national priorities internally to align with the NHSE suicide prevention strategy and self-harm toolkit
- The Learning from Deaths group continue to review the learning from the review of the Norfolk and Suffolk learning from deaths process and strengthening our processes.
- The Medical Examiner process has been extended to primary care which will provide improved access to the data for our patients cause of death and therefore greater opportunity for learning.

Sam Leak commented that the benchmark data was now available for Category 2, 3 and 4 pressure ulcers and LPT was within the median range, however, the trust is committed to no Category 4 pressure ulcers within our care and the team were working hard to understand what to do differently to achieve this.

Hetal Parmar mentioned he enjoyed reading the very insightful patient stories and asked firstly, if it would be possible to have a summary which extracts the core points and secondly, if there is a process to understand the impact learnings have had from patient stories. Anne Scott stated the patient stories came from the directorates and would take the suggestion back to them.

There were some outstanding actions contained within this report and Crishni Waring asked if there were any concerns around overdue actions. Anne Scott confirmed work was being undertaken in teams both at corporate and directorate levels to identify actions that needed closing, to include ensuring

	<p>learning is embedded and actions are being monitored well. Jean Knight added the Accountability Framework Meeting (AFM) has oversight of incidents and directorate heads of nursing attend to talk about outstanding actions and any concerns or support required.</p> <p><b>Resolved:</b> The Board received the report for information and assurance.</p>
TB/24/054	<p><b>People and Culture Highlight Report: 20 February 2024 (Paper T)</b></p> <p>Ruth Marchington introduced this report and advised of three alert items:</p> <ul style="list-style-type: none"> <li>• Workforce and Agency Recruitment Plan; recruitment being below planned target for consultants, admin (freeze in place), nursing associates, healthcare assistants and bank healthcare assistants.</li> <li>• Recruitment productivity; backlog had been cleared and the committee was expecting to see improvement at its next meeting.</li> <li>• Agency reduction; annual spend had moved above plan within community nursing teams and CHS were considering mitigating steps to meet the year-end target.</li> </ul> <p>These all related to the current ORR but two would be moving to the new Corporate Risk Register (CRR) so Ruth Marchington was interested to see how that worked going forward with the new framework in place. Kate Dyer explained the new risk on the BAF was around the use of workforce strategy to achieve plans. There would not be any significant change in the way the PCC operates and it will still remain sighted on areas of risk. The recruitment pipeline oversight will move out of the BAF but other areas will remain.</p> <p>Both Jean Knight and Sarah Willis clarified there was not a freeze on admin vacancies but a vacancy control process. This impacted on the workforce plan so the ambition to achieve zero vacancies for the admin workforce had been released thus meaning the trajectory would not be met.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/055	<p><b>NHS Staff Survey 2023: Summary of Findings (Paper U)</b></p> <p>Sarah Willis introduced this report and outlined the response rate was the highest in three years and above the national average. All People Promise indicators had increased from 2022 with six out of the nine indicators scoring higher than the national average and out of 101 questions, most scores had either increased or stayed the same. Of particular note was people recommending LPT as a place to work and to receive care had both increased. Key areas that had significantly improved included LPT being a compassionate and inclusive organisation, staff feeling valued, health and wellbeing, line manager support and staff less likely to leave LPT. Areas for improvement included team connectivity, discrimination and harassment, work pressure and burnout, feeling safe raising concerns and staffing and change leaders are reviewing results to feed into action plans. The bank staff response was higher this year although health and safety and flexibility was still not as good compared to substantive staff. It was pleasing to see that staff have reported their sexual safety is better than the national average.</p> <p>Alexander Carpenter reflected on the positive improvements coming through and the focus on co-production and feeding back through teams; using this</p>

	<p>as valuable insight to enforce current plans and mechanisms already in place. Faisal Hussain referred to the WRES data and the increase in bullying and harassment of minority ethnic background staff and asked about work being done to look at the hotspots for this. Sarah Willis advised the zero tolerance programme had been re-launched and the next phase of the programme was to embed and work in directorates to support staff to use the programme in a better way. Culture cafes had also been launched this year across the trust at front-line level which is an opportunity to keep staff connected part of the programme. Angela Hillery mentioned the opportunity the Reach network provided for sharing stories, experiences and learning and Anne Scott advised of a network she had specifically developed to look at interview skills and career development which had just closed down as staff were reporting there were so many more forums for raising issues and receiving support at a directorate level that they could now attend.</p> <p>Faisal Hussain commented that looking at the staff survey results and discussions held at Board today, it was testament to the work of staff networks in LPT and how they had strengthened over the past few years and their prominence in celebrating and marking international days; all of which have positively contributed to the direction of travel, so offered thanks to all those networks and board sponsors.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/056	<p><b>Finance and Performance Committee Highlight Report: 20 February 2024 (Paper V)</b></p> <p>Alexander Carpenter presented this report and advised:</p> <ul style="list-style-type: none"> <li>• Capital allocation and planning process for 2024/25 - there is significant demand on capital allocation both at a system level and internal level and ongoing work was looking at the impact moving forward.</li> <li>• The position on agency spend which in January was the highest value seen in a number of months - there is a lot of work focusing on agency spend but the trajectory is not going in the right direction.</li> <li>• The financial sustainability of the Beacon Unit is under review with ongoing discussions taking place with the collaborative around the funding model and the final report is expected at the next FPC meeting.</li> <li>• A discussion was held on the Green Plan which will have some impact on the capital allocation but FPC had oversight of this.</li> </ul> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/057	<p><b>Finance Monthly Report – Month 11 (Paper W)</b></p> <p>Sharon Murphy introduced this report which presented the financial position for the period ended 29 February 2024 (Month 11). Following receipt of the industrial action funding for action taken between December 2023 to February 2024, the trust was now reporting a break-even position for the year against plan and also forecasting a break-even position overall for the 2023/24 financial year. The Estates expenditure run-rate reduced slightly in Month 11 which was positive, however, the draft plan for 2024/25 looks like a similar expenditure run-rate so the team were working with estates to address controllable spend areas. In Month 11 there was a £2.5m spend on agency which was the lowest value for a couple of months, however within that there was off framework and price cap breaches which were higher than</p>

	<p>planned – this is a key area of focus. The trust will not achieve the agency reduction plan for 2023/24, mainly due to the additional 52 beds within CHS and also investments that were not factored into the original plan. However, it was positive to note that expenditure had reduced by 5.7% overall from 2022/23. The draft revenue plan submitted for LPT showed £5m deficit; the System had a significant deficit plan submitted. Work is ongoing across all organisations and further NHS scrutiny is expected. The final submission is expected on 2 May 2024 but planning guidance still hadn't been received.</p> <p>In terms of capital, £11m spend on operational capital limit with a forecast outturn of £16m – there were no expected risks to delivery currently. Technical accounting issues were also highlighted within the report following the IFRS16 implementation - it had come to light there was an underspend as a system against the IFRS16 capital allocation so NHSE advised it should be spent on operational capital. The System and LPT have done their best to mitigate that underspend and so LPT have managed to bring forward £1m worth of schemes from 2024/25 plan into the 2023/24 plan. The plan for the 2024/25 financial year looks like the allocation will be around £11m so a big reduction on this year – this will be a significant risk for both the System and LPT and is being kept under review. The capital plan for LPT has been reviewed with executives and some amendments made and will be submitted to SEB in April.</p> <p>Angela Hillery offered thanks to the finance team for the work in producing this position given how busy the team are and reminded colleagues of the significant non-recurrent element of efficiency in this particular year and the need for focus in 2024/25 generally. Anne Scott stated that all of the savings and cost improvement programmes are subject to robust quality impact and equality impact assessments.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/058	<p><b>Performance Report – Month 11 (Paper X)</b></p> <p>This report, presented by Sharon Murphy, provided the Trust's performance against Key Performance Indicators (KPIs) for February 2024, Month 11. To begin, Sharon Murphy stated that the change to restrictive practice data reporting from Month 10 discussed at the last Board meeting was proving more complex than first thought to undertake the mapping and improvement work, however, work was ongoing and would be reported in , 2024/25.</p> <p>The Executive Management Board (EMB) has reviewed the draft metrics for 2024/25 which reflects the known changes in planning guidance and internal trust priorities and so there will be more of a focus on patients waiting for treatment. Special cause improvements, common cause and special cause concern items contained within the report were summarised.</p> <p>Crishni Waring commented on the improving average length of stay in community hospitals and asked how this benchmarked. Sam Leak explained that we benchmarked as upper quartile, and this was due to reviews having taken place to move patients back home with increased packages of care and support.</p> <p>Angela Hillery advised that feedback from NHSE was that LLR are the best</p>

	<p>performing ICB in the region for mental health metrics which was predominantly around the out of area and other improving metrics.</p> <p><b>Resolved:</b> The Board received this report for information and assurance.</p>
TB/24/059	<p><b>Review of risk – any further risks as a result of board discussion?</b> No further risks were identified as a result of the discussions in today's meeting.</p>
TB/24/060	<p><b>Any Other Urgent Business</b> No other urgent business was raised.</p>
TB/24/061	<p><b>Papers/updates not received in line with the work plan:</b> n/a</p>
TB/24/062	<p><b>Public questions on agenda items</b> No public questions had been received.</p>
<p><b>Close – date of next public meeting: 28 May 2024</b></p>	