

Minutes of the Public Meeting of the Trust Board
28th January 2025, 9.30am-12.45pm
Meeting held virtually via MS Teams

Present:

Crishni Waring, Chair
 Faisal Hussain, Non-Executive Director/Deputy Chair
 Josie Spencer, Non-Executive Director
 Alexander Carpenter, Non-Executive Director
 Hetal Parmar, Non-Executive Director
 Liz Anderson, Non-Executive Director
 Manjit Darby, Non-Executive Director
 Angela Hillery, Chief Executive
 Jean Knight, Managing Director/Deputy Chief Executive
 Sharon Murphy, Director of Finance
 Bhanu Chadavalavada, Medical Director
 James Mullins, Interim Director of Nursing, Allied Health Professionals and Quality

In Attendance:

Sam Leak, Director of Community Health Services
 Tanya Hibbert, Director of Mental Health
 Paul Williams, Acting Director of Families, Young People & Children Services and Learning Disability and Autism Services
 Sarah Willis, Director of Human Resources and Organisational Development
 David Williams, Group Director of Strategy and Partnerships
 Paul Sheldon, Chief Finance Officer
 Kate Dyer, Director of Corporate Governance
 Kamy Basra, Associate Director of Communications and Culture
 Sonja Whelan, Corporate Governance Coordinator (Minutes)

TB/24-5/177	<p>Apologies for absence</p> <p>Part apologies were received from David Williams and Paul Sheldon due to them needing to step out of the meeting. The Chair welcomed observers; Zena Harvey, Consultant Psychiatrist for Older Adults (shadowing Bhanu Chadavalavada) and Kelly Arthurs, Senior Nurse for Complex Care (shadowing Jean Knight), as well as colleagues in attendance for the service presentation.</p>
TB/24-5/178	<p>Mental Health Services – The Crisis Team</p> <p>Tanya Hibbert introduced members of the senior leadership team for crisis services and the urgent care pathway whose upcoming presentation aimed to give a better understanding of their service and the challenges faced. The team introduced themselves individually as Samantha Wood (Head of Service for Inpatients and Urgent Care), Mark McConnochie (Consultant Psychiatrist and Clinical Director, Urgent Care Service), Charlotte Bentley (Matron, Urgent Care Pathway including the Crisis Team), Helen Underdown (Team Manager, the Crisis Team), Olajumoke Fatuga (Project Manager) and Kelly Gibbons (Service Manager, Urgent Care Pathway).</p>

Service Presentation

The service presentation was delivered by Samantha Wood and provided an overview of the Crisis Resolution and Home Treatment Teams (CRT) and the quality improvement journey that had been undertaken so far.

The CRT provided care to individuals aged 18 years and over in an acute mental health crisis and at the point of requiring an inpatient admission. The CRT offered an alternative to acute hospital treatment through intensive community-based interventions spread across 4 geographical localities within Leicester, Leicestershire and Rutland (LLR). The interventions included 24/7 telephone advice and support, additional crisis support, emergency and urgent assessments and step-down assessments.

Some of the service challenges during 2023 and 2024 were described as high caseload numbers, demand in service, workforce recruitment and long-term sickness rates. Feedback from patients, family and carers was collected to identify and understand key areas of concern prior to quality improvement work taking place. Priorities for improvement were themed into five groups of leadership and workforce, systems and processes, workforce health and wellbeing, workforce professional development and estates, facilities and equipment.

Charlotte Bentley then gave examples of some of the outcomes from the themed quality improvement work such as enhanced clinical leadership, a centralised referrals management process, staff reflective practice sessions, dedicated support from the Health and Wellbeing Team, and refurbishment of CRT assessment rooms. Additionally, communication with staff had improved and information was shared with staff via different sources. All changes in the service were closely monitored to ensure clear clinical and operational oversight.

Staff Voice

A video was shown where team members expressed how changes made within CRT had reduced their workload pressure, increased quality time with patients to be able to undertake therapeutic work, and involvement in multi-disciplinary team meetings meant staff felt their opinions were valued. These positive changes enabled the service to better support patients at their most vulnerable time.

Mark McConnochie added how essential it was to obtain feedback from patients and family members to help provide the care they want and how reacting to the feedback and making improvements had brought a meaningful difference to patients.

Patient Voice

A patient described how helpful the CRT 24/7 support had been in being able to talk to somebody. Also, being able to quickly see a doctor to discuss their care had been really positive. In addition, as they were struggling financially, CRT had helped with transport costs to get to appointments. The flow therapy treatment had completely changed their life as they were functioning and sleeping much better and undertaking a course had helped the patient understand the different elements involved in

mental health and how to work towards managing their own mental health better. The patient had now started a new job and felt much happier overall.

Mark McConnochie then stressed the importance of not only hearing from patients directly but also other external bodies. A number of visits had taken place to the service, and he referred to the NHS England (NHSE) visit in August 2024 where the improvement journey had been shared. Their feedback affirmed how much they were impressed by the passion of those involved in the quality improvement project. In addition, within the team, Mr Ashok Bhawsar who was an acute recovery worker in CRT had won the Trust's 'Delivering Exceptional Care' award in October 2024 and this embodied the behaviours and characteristics of staff who put patients at the centre of all we do. A further review from the Leicester, Leicester and Rutland Integrated Care Board (LLR ICB) in December 2024 included feedback which acknowledged the team effort and solid leadership and drive.

The Chair thanked the team for their presentation which clearly set out their challenges and improvement journey and invited questions.

Josie Spencer thanked the team and queried whether the improvement journey could have started earlier and whether there were any early warning signs. Tanya Hibbert responded this had been work in progress for many months and interventions and support mechanisms had been put in place prior to this focussed quality improvement work.

Faisal Hussain asked if the Board could do anything to continue to support CRT with its improvement journey and whether there was integration across various services for example mental health cafes. Liz Anderson stated some of this journey aligned with the associate status work behind the scenes with the University of Leicester, which was based on having learning and team working at the heart of everything, and CRT was a very good example of an interprofessional collaborative team that listens to patients, that work and care about one another and that improve service outcomes. Liz Anderson then asked whether the service was going to capture this and create a case study.

Angela Hillery thanked the team for their presentation, acknowledged challenges existed and appreciated the openness, suggesting the high impact components that made the difference could be captured in order to share, adopt and spread the learning where necessary. Also mentioned was a recent Midlands and East CEO session where Mark McConnochie shared some innovation around the transcranial flow device being used in the depression pathway which was well received and proved how a good team will innovate.

Samantha Wood informed colleagues that the Health Informatics Service had been responsive and very helpful in supporting system changes, in particular, when needing access to good information and data for analysis. Some of the high impact components included empowering staff to take ownership, having supportive clinical discussions/work environments and the leadership team respectfully challenging each other.

	Tanya Hibbert and Kamy Basra would ensure the learning from this was captured and shared.
TB/24-5/179	Questions from the Public There were no public questions.
TB/24-5/180	Declarations of Interest (Paper A) There were no declarations of interest in respect of items on the agenda. The Chair had previously updated the trust system that she had no further role with the Care Quality Commission (CQC) but this had not been updated within the report so was declaring here for transparency. Resolved: The Board received this report and noted the declarations of interest contained within.
TB/24-5/181	Minutes of Previous Public Meeting held 26 November 2024 (Paper B) The minutes were approved as an accurate record of proceedings. Resolved: The Board approved the minutes.
TB/24-5/182	Matters Arising (Paper C) All actions were complete and approved for closure. Resolved: The Board received this report and approved the closure of actions.
TB/24-5/183	Trust Board Workplan and Terms of Reference 2024-25 (Paper D) Kate Dyer presented the Workplan and Terms of Reference for information following comments received at the previous Trust Board meeting. Manjit Darby asked whether there was any statutory reporting in terms of the People and Culture Committee and whether this needed to be included on the workplan. Kate Dyer clarified that as part of the review of Level 1 committees and delegated items, the Board would receive updates on statutory requirements through respective highlight reports. Liz Anderson then queried whether the balance between research and learning to achieve associate status was emphasised enough. In response it was pointed out there was a significant focus on this at the Joint Working Group and the development work around governance may change how such topics are covered in future. Resolved: The Board received this report for information and supported the changes identified.
TB/24-5/184	Chair's Report (Paper E) The Chair presented this report which summarised Chair and Non-Executive Director activities and key events relating to the well-led framework since the last Board meeting. The volume of activity with partners and stakeholders was highlighted. Resolved: The Board received this report for information.

TB/24-5/185	<p>Chief Executive's Report (Paper F)</p> <p>Angela Hillery introduced this report which provided an update on current local issues and national policy developments since the last meeting. Key points highlighted were:-</p> <ul style="list-style-type: none"> • Thanks were offered to all staff and volunteers across the organisation particularly with the challenging winter season. • Covid and flu vaccination uptake was encouraged. • The CQC was embarking on its change programme and had a new Chief Executive, but it was important to note that service inspections were still taking place. • Contributions to national and regional engagement exercises regarding the 10-Year Health Plan continued. • The Devolution White Paper was working its way through Local Authority partners to understand the intent. • Thanks were offered to those involved in the work undertaken at St Lukes Hospital. • The winter wellness campaign to create new online winter wellness materials, particularly for the under 5s continued. • Thanks were offered to the Raising Health Charity which had enabled contributions/gifts to those staying in hospital over the Christmas period. <p>The Chair particularly enjoyed reading about the truck stop event which offered mental health support to parts of our community that do not always access services and Manjit Darby was interested in the NHS trial to support people in work and the importance of promoting roles so people recognise their own worth. Angela Hillery agreed it was fundamental to focus on employment and understand its relationship to mental health and healthy living and how to grow roles as a result.</p> <p>Resolved: The Board received this report for information.</p>
TB/24-5/186	<p>Environmental Analysis (Verbal)</p> <p>Angela Hillery reported that the Operational Planning Guidance was still awaited and that changes were anticipated within the Integrated Care Board (ICB) following the current Chief Executive indicating her plans for retirement. Also mentioned was a recent ICB development session where the focus was on the integrated neighbourhood team and development – this was fundamental to LLR transformation, and Angela Hillery would be participating in a Midlands event on the neighbourhood health agenda in February. The work being undertaken in mental health around neighbourhoods was also shared at a recent meeting with Healthwatch colleagues.</p> <p>Jean Knight advised that some excellent Health and Wellbeing Board sessions had taken place across LLR over the last 2 months, in particular Leicester City focused on lived experience and a scheme called 'Dear Albert' which supported people suffering from substance misuse into recovery; this aligned nicely with another presentation on changing futures, that focused on disadvantaged people within the community and demonstrated how working together made such a difference and the important role of the voluntary sector. In addition, some positive service</p>

	<p>visits had taken place over the last month and those outcomes were discussed at the Executive Management Board (EMB). Key themes from the service visits included the environment and the impact on staff - and proactive steps had been taken to manage this. Smoking for patients and the impact on staff and patients was another theme which Bhanu Chadalavada was taking forward and lastly the overwhelming sense of pride and dedication that was shown from our staff and their real desire to improve outcomes for our patients.</p> <p>Bhanu Chadalavada reported that the General Medical Council (GMC) had started registering physician associates and within mental health there was continued emphasis on suicide prevention for higher risk groups and targeted interventions.</p>
TB/24-5/187	<p>Board Assurance Framework (Paper G)</p> <p>Kate Dyer presented this report which contained twelve strategic risks of which seven were currently scoring as high risk. This had increased since last month due to the proposed increase in risk score for BAF12 digital transformation. A further change was highlighted as the reduction in current risk score for BAF09 health inequalities from twelve to eight.</p> <p>Alexander Carpenter referred to BAF12 and BAF03 where a discussion had taken place at the Finance and Performance Committee (FPC). With reference to BAF03, FPC had agreed to keep the score as reflected due to the forecast delivery being on plan but wanted to highlight that FPC was in active discussion around the risks it managed.</p> <p>With regard to BAF09 reducing to eight, Josie Spencer felt we were in a good position currently but wondered if the next iteration may want to have a health inequalities risk worded in a slightly different way. Following discussion, it was recognised the wording was appropriate in terms of the current risk but greater focus on outcomes aligned with the ICB would be helpful going forward.</p> <p>Sarah Willis referred to BAF06 (recruitment, workforce and agency usage impact) and explained a detailed discussion had taken place at PCC about whether or not to reduce the risk on the basis that significant improvements in relation to recruitment to nurse vacancies had taken place but also consistent improvements in reduction of agency off-framework use and further reductions in relation to price cap. The outcome of those discussions was not to reduce the risk currently as the trust still remained an outlier around agency use so the need for high level focus remained, but this would be considered in future months. Manjit Darby added the challenge would be the management of the actual risk moving forward and how the risk being captured needed to be thought about carefully.</p> <p>Josie Spencer suggested that the February Quality and Safety Committee (QSC) review the position of BAF11 (patient safety work) given the amount of evidence and improvements in systems. Liz Anderson suggested reviewing the wording of BAF02 to include 'learning together', as learning was much more than quality improvement and drives the change in quality.</p>

	<p>The Chair thanked all for their points well made and advised the launch of the new strategy would be an ideal opportunity to review and refresh risk wording.</p> <p>The increase in current risk score for BAF 12 and decrease in current risk score for BAF09 was approved and it was noted that QSC and PCC would be reviewing BAF11 and BAF06 respectively in terms of considering whether reductions in scores are warranted.</p> <p>Resolved: The Board received this report and approved the changes outlined.</p>
TB/24-5/188	<p>Audit and Risk Committee AAA Highlight Report: 13 December 2024 (Paper H)</p> <p>Hetal Parmar introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • No alert items. • Advisory items included the counter fraud mandatory training where discussion focused on the importance of staff having access to counter fraud awareness training as well as the annual update on Freedom to Speak Up activity where the committee agreed there was a good level of assurance for arrangements in place for staff to raise concerns, although it was noted there were some operational elements around barriers where more work was ongoing. • Assurance items included the follow up rate on audit actions which was excellent with teams focusing on the medium and high level risks. With regard to governance and risk, there was a high level of assurance on systems and processes in place to secure an effective governance risk framework. <p>The Chair commented on how the results of the staff survey would be interesting to see as the results tended to be an indicator of whether staff feel safe to speak up. Hetal Parmar reinforced that being able to triangulate data through the staff survey is what is needed and although the overarching framework is very good and the delivery outcomes are being evidenced, work was ongoing in order to move in the right direction. Angela Hillery stressed it was important to understand what success looked like for the Trust and this might be through investment in staff networks, staff inclusion or a range of other indicators that would provide that assurance. Josie Spencer also added that QSC was assured about the current position and what steps were being taken to continually listen and improve.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24-5/189	<p>Committee in Common (Joint Working Group) AAA Highlight Report: 13 January 2025 (Paper I)</p> <p>Faisal Hussain introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • No alert items. • Advisory items: the well led action plan referenced was about the actions for the Group rather than the individual trusts – both have their respective action plans underway with implementation already taking place. This was about the group actions being clearly articulated and formulated for presenting to respective Board meetings. There was a

	<p>follow up discussion about future ways of working for the Joint Working Group which continued to explore how to take the work forward. There was good feedback about the Group Strategy and how it had been developed particularly in terms of engagement with external stakeholders.</p> <ul style="list-style-type: none"> Assurance was provided around progress on key priorities and the focus around working in partnership to achieve University Hospital Status. <p>Josie Spencer asked about the current position of the group value work. Paul Sheldon advised that different projects were at different stages of development and maturity, but work was going on in the background and the challenges were acknowledged.</p> <p>Manjit Darby asked about the establishment of two PCCs and how the work of the Joint Working Group (JWG) fed into them respectively. The Chair advised that discussions had already taken place at both Board meetings about future developments where the need for more explicit detail had been recognised and this would be further discussed at the February Joint Board Workshop. Kate Dyer reinforced there was good oversight and discussion at Board and Faisal Hussain added that discussions at JWG indicated a real appetite not to be seen as a stand-alone committee in common but to better integrate and work across the separate committees in both organisations, looking for opportunities for group committees in common to come together if so desired or required to benefit the joint group improvement.</p> <p>In response to a query from Alexander Carpenter about governance for the group value, particularly the digital saving, the Chair acknowledged the need for clarity about governance and appropriate reporting and that it was integrated as part of the overall value programme.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/190	<p>Quality and Safety Committee AAA Highlight Report: 18 December 2024 (Paper J)</p> <p>Josie Spencer introduced this report and drew attention to the following:-</p> <p>Alert item:</p> <ul style="list-style-type: none"> the community nursing improvement work was not ready to be reported as planned but QSC would receive an update at its February meeting and was assured work remained ongoing. <p>Advisory items:</p> <ul style="list-style-type: none"> the committee received the 360 Assurance Seclusion report with a number of moderate assurance areas – a further deep dive would be received at its February meeting. in order to ensure adequate focus on both quality and safety issues, it was noted the intention to separate quality and safety into two separate forums and these would report separately from February 2025 onwards. the quality improvement plan around the independent safeguarding review had been refreshed and would be received at the February 2025 QSC.

	<ul style="list-style-type: none"> the committee had requested a focus on LeDer from a specific caseload perspective in the next quarterly Learning from Deaths report in order to understand the learning for the Trust. <p>Assurance item:</p> <ul style="list-style-type: none"> the self-assessment referred to under the Health and Safety Committee report related to the emergency preparedness audit and the final agreement was awaited from Leicestershire Health Resilience Partnership (LHRP). <p>Celebratory item:</p> <ul style="list-style-type: none"> two nurses had been nominated and shortlisted for the Nursing Times Awards. <p>Jean Knight provided an update that the LHRP had confirmed the self-assessment was fully compliant with the Emergency Preparedness, Resilience and Response (EPRR) core standards and therefore a proposal would be put to the next QSC that the BAF risk is reduced. Thanks were offered to all involved.</p> <p>There was a suggestion within the QSC Highlight Report that Trust Board receive a presentation on the Valuing High Standards Accreditation Programme and the Chair asked for this to be added to the Board development programme.</p> <p>Action: Valuing High Standards Accreditation Programme to be added to the Board development programme.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/191	<p>Safe Staffing Monthly Report (Paper K)</p> <p>James Mullins introduced this report which provided a full overview of nursing safe staffing during the month of November 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.</p> <p>The temporary workforce utilisation rate had decreased in November and there was a clear rationale when using the temporary workforce such as increased patient acuity and dependency on patients requiring one to one enhanced care. In the Directorate of Mental Health (DMH) there is high acuity and patient complexity which was being managed by the temporary workforce. The Registered Nurse (RN) vacancy position had seen a decrease since October 2024 and the turnover during this period was 6.9%. This figure was still below the trust target and work was on track to reduce this further. The Health Care Support Worker (HCSW) vacancy position was at 16.2% which was again a decrease since October and below the internal target for turnover. The nursing workforce continued to grow and develop with 24.8 whole time equivalent (WTE) bands 5-8a staff being employed in November and also 16.3 WTE HCSW being employed during the same period.</p>

	<p>Manjit Darby reflected on the knock-on effect in using a temporary workforce and whether changes in underlying establishment would make a difference to the use of temporary workers. In terms of safer staffing, James Mullins commented that acuity was continuously considered at regular establishment reviews and Tanya Hibbert further commented that additional observations and transporting patients to the LRI for physical health checks were also a contributing factor, however, it was also about ensuring resources were being used appropriately, at the right time, in the right place. Sarah Willis mentioned the reset of the workforce plan so all the factors would be part of that workforce modelling. The operational planning guidance was awaited and this would also impact on the workforce model. In terms of predicting future staffing levels, Paul Williams commented that system considerations/other models of care would be taken into account.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24-5/192	<p>Patient Safety Report (Paper L)</p> <p>James Mullins introduced this report, covering November and December 2024, which provided assurance that the Trust is meeting its responsibilities in terms of patient and staff safety. It focused on reviewing the systems of control in place to ensure they remain robust, effective and reliable, reinforcing the organisation's commitment to continuous improvement in safeguarding both patients and staff through incident management and harm reduction practices. Key areas were highlighted as:-</p> <ul style="list-style-type: none"> • The Patient Safety Improvement Programme had evolved from the previously implemented Rapid Improvement Programme to ensure safety measures are maintained and continually improved. • Three Patient Safety Incident Response Leads had been recruited, one in each directorate on a fixed term 12-month contract and these roles would support the ongoing management and monitoring of local investigations. • A Patient and Family Liaison Officer (PFLO) had been appointed, commencing in February, and would complement the work already in place to support and engage with families. • There had been a significant increase in violence and assault incidents within DMH and FYPC and these incidents were being reviewed at the Least Restrictive Practice Group for themes and to identify any learning. • There was normal variation for Category 2 & 3 pressure ulcers which shows anticipated levels but work was still ongoing to improve and reduce. • There continued to be an increase in reporting of medication incidents and as described in the November 2024 Trust Board Report, this is in direct response to teams working tougher to improve the number of omitted medicines for our patients. This has raised awareness and knowledge of the impact of late or omitted high risk medicines. • Full assurance was received from the ICB and other partners following a presentation given in December 2024 around patient safety. <p>Faisal Hussain made reference to the pressure ulcer work and felt with all</p>

	<p>the learning, training and huddles in inpatient settings he was hoping to see special cause improvement and wondered why this had not been the case given there was greater control in inpatient settings compared to community settings. Faisal Hussain also asked, in relation to the medication incidents, why this was now a special cause concern and wondered if staff turnover was a factor.</p> <p>Sam Leak advised that two Tissue Viability Nurses (TVNs) were now on the wards and this had resulted in less pressure ulcers on the wards. Within community nursing, although improvements in numbers were not being seen, patients were being discharged much sooner, keeping older and more ill patients at home who could develop pressure ulcers so the data needed looking at around this. In terms of the medication errors, there was more reporting due to increased awareness. The out of hours response as DHU have been providing more support to the front end of the pathway for emergency and urgent care, there has been a decrease in response time that has led to a few incidents of harm which have been investigated and as a result, a trial has been put in place for an on-call process for transcribing and prescribing on our wards. This trial started yesterday and was already showing an improvement in response times.</p> <p>For clarity, the pressure ulcer data shown covered community services and inpatient areas and the level was low so this was positive.</p> <p>Manjit Darby asked if the new patient safety framework was giving better intelligence on some of the triangulation of data that allowed us to think about cause and effect. James Mullins confirmed there was still work to do but through the new templates the focus was much more on learning and causal factors. In future iterations of the report the possibility of showing numbers of incidents by levels of harm on the graphs would be included so focus would be on the harm from incidents not just the quantity of incidents.</p> <p>Action: Report format to be reviewed.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24-5/193	<p>Finance and Performance Committee AAA Highlight Report: 23 December 2024 (Paper M)</p> <p>Alexander Carpenter introduced this report and drew attention to the following:-</p> <p>Advisory items:</p> <ul style="list-style-type: none"> FPC received an update on the work underway on digital transformation and there was good discussion and an acknowledgement that work was in progress however there was still work to do to ensure a cohesive plan that delivers on the strategic objectives of the trust. Given the strategic importance moving forward this influenced the BAF score discussed earlier on the agenda. A deep dive on the digital plan was therefore suggested at a future Board development workshop. SNOMED at the Point of Care Project was not currently achieving the plan set for quarter 2, 2024-25 – the scope and project plan were currently being refreshed with a view to refocusing efforts in quarter 4 to

	<p>escalate delivery activity.</p> <p>Celebratory items:</p> <ul style="list-style-type: none"> The number of participating staff in the Director of Nursing Fellowship Programme had increased from six nurses in cohort one to thirteen nurses and Allied Health Professionals in cohort three. <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/194	<p>Finance Report – Month 9 (Paper N)</p> <p>Sharon Murphy introduced this report which provided an update on the Trust financial position for the period ended 31 December 2024. Key points were highlighted as:-</p> <ul style="list-style-type: none"> The £1m deficit at Month 9 being reported was on plan - most of the known risks highlighted previously around pay awards band 2 to 3 regrading and opening additional capacity throughout winter had now crystallised and were included in the year-to-date position. All operational directorates, except for learning disabilities and hosted services were overspending, with the most material service being DMH which was over spending by £1.6m. The monthly escalation meetings with DMH continued. The forecast outturn was positive in that there were no new pressures this month so all current assumptions around delivery and delivery mitigations must hold, and on that basis, we continue to forecast a breakeven position. Agency spend continued to show positive performance – it was expected this would be a key area of focus again in 2025-26 planning. £10.7m capital had been spent so far which was approximately £1m below plan. One outstanding issue related to the IFRS16 allocation and the potential underspend of around £1m and whether this could be used on our business as usual capital - this had been escalated to the Integrated Care System (ICS). There was a forecast decrease in cash balance at year-end and an adjustment had been requested to our external financial limit (EFL) with NHSE – this showed how much more cash was being spent this year than income coming in – this was the first time that LPT has ever adjusted its EFL. The System position of not delivering the financial plan continued and a revised forecast was being drawn up to inform NHSE. The PA Consulting work had now concluded and this had not identified any additional actions for the 2024-25 financial year that would materially change our position but it had highlighted some areas for each organisation and the System as a whole to focus on for 2025-26 – and this was being progressed. In relation to the 2025-26 planning process, the guidance was now expected later this week. NHSE had already released some benchmarking data to help with planning processes. The key deadline was 27 February 2025 for a headline submission with a final submission on 27 March 2025 which the Board will need to approve. Once the planning guidance is issued, updates would be provided.

	<p>Given the wider pressures on the System, Hetal Parmar asked about the possibility of going further than a breakeven position. Sharon Murphy advised that in order to deliver the current forecast of breakeven, everything would need to 'hold true' and at this moment in time we could not commit to going further than breakeven, however if circumstances change, then we would support the System as much as we can.</p> <p>Angela Hillery commented on the challenging financial position in that there had been a lot of focus internally around value which had been helpful and had clearly given some strong foundations but as alluded to earlier, there is more to do and 2025-26 and beyond would be more challenging.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24-5/195	<p>Performance Report – Month 9 (Paper O)</p> <p>This report, presented by Sharon Murphy, provided an overview of the trust's performance against Key Performance Indicators (KPIs) for December 2024.</p> <p>The information contained within the exception reports matrix summary showed nine special cause concerns and there had been no movement in the number or the actual services in that category for six months so they would be the areas of focus. It was positive however to see that the normalised workforce turnover has moved to a special cause improvement. There was an increase in the number of out of area placements which was due to the pressures in mental health services and that number would increase as we go to the end of the year as the PICU unit refurbishment starts this week and this will require full patient decants. A new metric was also highlighted as the initial health assessment following a request from the Accountability Framework Meeting (AFM) for more visibility. In terms of the over 52 week waits, performance was broadly consistent with previous months and the adult community mental health team (CMHT) continued to improve. All areas within the report were reviewed in detail at the AFM.</p> <p>The Chair referred to the increased scrutiny on mental health waiting lists and the associated data being shared nationally and asked about the quality of our own waiting list data. Sharon Murphy confirmed the Trust had a Data Quality Group which was a continual work in progress in terms of validations and the processes which support that; a lot of work internally within the group takes place to ensure there is clarity about consistency and application of standard operating procedures within teams. An audit was currently taking place on data quality validation and once published, the report would provide the external assurance on our processes around data quality.</p> <p>Resolved: The Board received and approved this Performance Report.</p>
TB/24-5/196	<p>People and Culture Committee AAA Highlight Report: 11 December 2024 (Paper P)</p> <p>Manjit Darby introduced this report and advised the Workforce Development Group was now operational which would take away some of the operational detail that PCC were looking at to allow it to have the</p>

	<p>strategic oversight. The excellent performance in relation to the staff survey response rate was also highlighted and thanks were offered to all involved.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/197	<p>Review of risk – any further risks as a result of board discussion? No further risks were identified as a result of the discussions in today's meeting.</p>
TB/24-5/198	<p>Any Other Urgent Business No other business.</p>
TB/24-5/199	<p>Papers/updates not received in line with the work plan: n/a</p>
<p>Close – date of next public meeting: 25 March 2025 at 9.30am</p>	