

Minutes of the Public Meeting of the Trust Board
25th March 2025, 9.30am-1.00pm
Meeting held virtually via MS Teams

Present:

Faisal Hussain, Non-Executive Director/Deputy Chair (Chairing meeting)
 Josie Spencer, Non-Executive Director
 Hetal Parmar, Non-Executive Director
 Manjit Darby, Non-Executive Director
 Angela Hillery, Chief Executive (joined meeting at 10.08am)
 Jean Knight, Managing Director/Deputy Chief Executive
 Sharon Murphy, Director of Finance
 Bhanu Chadalavada, 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/24-5/200	<p>Apologies for absence</p> <p>Apologies were received from Crishni Waring, Liz Anderson and Alexander Carpenter. Part apologies were received from Angela Hillery. The Chair welcomed observers; Kristelle Craven, Allied Health Professional Research Leader (shadowing James Mullins), Catherine Holland, Assistant Director of Corporate Governance, several Allied Health Professional Fellows and any others who may be observing.</p>
TB/24-5/201	<p>Families, Young People, Children, Learning Disabilities and Autism Service (FYPCLDA)</p> <p>Paul Williams introduced this presentation which would focus on digital work undertaken within FYPCLDA. Representatives from the Digital Development Team and the Adult Eating Disorders Waterlily Inpatient Prevention Programme were in attendance. A video was then shown which incorporated the voice of patients and carers.</p> <p>This presentation described the strong digital offer within FYPCLDA which began with four websites delivering key public health messages and clinical information led by the Healthy Together Service. The digital team has eight team members funded by budgets from a range of FYPCLDA services who work together to support multiple services within the directorate; the websites have all been commercialised and are used by other trusts across</p>

the UK. The digital offer now included several other digital products and over the last 3 years the digital team and communications team have partnered with the University of Leicester and their media students; this led to a nomination for the undergraduate client led module at the Academic Employability Awards.

The presentation then focussed on three areas; digital health contacts in schools, digital waiting list reviews in Children and Adolescent Mental Health Services (CAMHS) and the guidance website.

The digital health contacts in schools was developed in 2017 to complete health assessments in years 7, 9 and 11. The contact allowed assessment of whole year groups and triage of those young people needing further support using a digital questionnaire, as well as allowing the team to ask multiple questions about health and wellbeing with red flag functionality to indicate any concerns. The users receive a care plan of advice and signposting based on answers given.

The digital team then worked with the CAMHS duty team to develop a contact to review young people on their waiting lists. This replaced face to face appointments which had been attracting poor feedback from families. The duty digital review had been in place for over 12 months and the feedback and data had evidenced it being a huge success from the initial pilot. Within the first six months, 351 digital reviews were sent out which saved 226 hours of direct clinical contact.

The guidance website is a secure website that requires a passcode to access videos and is an on-demand library of health resources that users can return to whenever they want to access information.

The Waterlily Inpatient Prevention Programme is a new service set up by the East Midlands Provider Collaborative to provide intensive treatment at home for patients with anorexia nervosa. The aim of Waterlily is to help those attending to restore weight, work towards recovery and provide an alternative to inpatient care for those unable to recover through weekly outpatient appointments. The programme provided meal supervision, psychological groups and other therapeutic interventions, all of which were delivered online using MS Teams. Patients are asked to complete questionnaires at the beginning and end of the programme in order to evaluate effectiveness and so far the data had demonstrated positive results. Patient experience feedback had also been positive. In addition, carers are offered bi-weekly calls and courses where they can learn skills to best support their loved ones. One carer (patient's father) felt the Waterlily programme was fantastic as it allowed his daughter to talk openly, give purpose, focus, drive and accountability and allowed her to re-educate herself to overcome her illness and get better.

The video ended and Paul Williams expressed that digital and virtual working was becoming central to all work in FYPCLDA and was featuring in efficiency programmes. There were of course challenges around digital poverty but this was being considered to try and overcome the challenge. The team were also starting to think about how digital and virtual programmes could be applied in other areas of the directorate. The team

then introduced themselves and their roles.

Sarah Tebbett (Digital Clinical Lead), was a nurse by background and was responsible for team line management, clinical safety and liaising with other teams and services within the directorate.

Oliver Kyle (Digital Engagement Lead), was responsible for the day to day practical work of supporting services to develop and deliver their digital offer which included video production, exploring ways that services can improve productivity and efficiency, and delivery of effective public health messages via the suite of websites.

Sandra Marshall (Project and Clinical Lead for Waterlily), had been involved in the development of the Waterlily programme which worked across two trusts. The programme started as a pilot but was now a recurrent service and Sandra was responsible for the day to day running, monitoring and leading of the service but also the roll-out to other areas within the East Midlands Provider Collaborative.

Zuzanna Stimler (Assistant Psychologist), was responsible for the delivery for psychological assessments and interventions and evaluating the service and outcome measures.

Claire Jackson (Specialist Mental Health Nurse) was based within the Waterlily team/Northamptonshire Healthcare Foundation Trust facilitating groups and was the senior clinician for patients with a focus on physical health monitoring, care planning and risk assessments for patients on the programme.

The Chair thanked the team for a fantastic presentation which clearly demonstrated the value of the service but also the innovation which sat alongside it that made it relevant and accessible for young people. The Chair asked how recruitment to the programme, given it was across the East Midlands Provider Collaborative, had progressed. Sandra Marshall advised the recruitment for Waterlily had progressed well. Sarah Tebbett advised that posts were popular for roles in the digital team so there was never any issues with recruitment. The roles were funded from services but line management and central support was from the digital team.

Jean Knight commented this was a great example of not only productivity but also how services were being tailored to meet the needs of the population as we know many of our younger people are far more digitally enabled. Jean Knight then asked what co-production was utilised when developing the programmes. Sarah Tebbett explained, in terms of the school based contacts, how the team went into schools and talked to young people about how to word questions in the right way, what the questionnaires should look like and similarly, what the websites should look like. There had been lots of engagement with the Youth Advisory Board and local parent/carer forums. With respect to the Waterlily programme, carer representatives and experts by experience sat on the initial project group, engagement took place with patients on wards through focus groups and this was where the Waterlily name came from. Feedback still takes place to ensure continuous improvement.

	<p>Sharon Murphy enquired whether there was potential to roll this out across different directorates within the organisation and if there were any barriers to doing so. Paul Williams confirmed it was possible to roll-out to other services beyond FYPCLDA across both physical and mental health services. Sarah Tebbutt explained that digital poverty was less of a concern in some areas, for example in schools, as schools provide the equipment and wi-fi access but in areas where it was a concern, the team always provide the opportunity for those who cannot take part digitally to access services in other ways and the team were always thinking about how to address disparities, health inequalities and digital poverty.</p> <p>In response to a question from Tanya Hibbert about people undertaking courses online versus face-to-face, it was noted that the Waterlily team were looking to undertake some benchmarking and analysis to understand success rates although due to the many variables involved this would take some time to produce meaningful data.</p> <p>Claire Jackson informed Board how she worked collaboratively across Leicestershire and Northamptonshire with referrals also being taken from Nottinghamshire, Lincolnshire and Derbyshire. Working collaboratively with other teams had broadened her knowledge and skill set and developed multidisciplinary working that focusses on patient centred care across the team.</p> <p>Bhanu Chadalavada commented on how this fantastic work would improve access and early intervention particularly with the Waterlily programme and further asked whether the school-based model led to an increase in capacity and if the workforce model was reviewed as a result. Sarah Tebbet explained the school-based model was developed as a way to offer contacts to whole groups of children with the size of workforce available, as a way of adapting and working differently to offer more, with the same number of staff.</p> <p>The applicability of this outside of the FYPCLDA directorate and using the core digital team as one resource moving forward was central to thinking about any future service developments, expansion opportunities and workforce modelling.</p> <p>The Chair thanked the team once again for their presentation and asked that thanks, on behalf of the Board, be relayed to the rest of the team.</p>
TB/24-5/202	<p>Questions from the Public</p> <p>There were no public questions.</p>
TB/24-5/203	<p>Declarations of Interest (Paper A)</p> <p>There were no declarations of interest in respect of items on the agenda.</p> <p>Resolved: The Board received this report and noted the declarations of interest contained within.</p>
TB/24-5/204	<p>Minutes of Previous Public Meeting held 28 January 2025 (Paper B)</p> <p>The minutes were approved as an accurate record of proceedings.</p>

	Resolved: The Board approved the minutes.
TB/24-5/205	<p>Matters Arising (Paper C) Both actions were confirmed as complete and approved for closure.</p> <p>Resolved: The Board received this report and approved the closure of actions.</p>
TB/24-5/206	<p>Trust Board Workplan 2025/26 (Paper D) Kate Dyer presented a refreshed Workplan which identified the proposed changes. No questions or queries were received.</p> <p>Resolved: The Board received this report and supported the changes identified.</p>
TB/24-5/207	<p>Chair's Report (Paper E) The Chair presented this report which summarised Chair and Non-Executive Director (NED) activities and key events relating to the well-led framework for the period February/March 2025. An update since submission of the report was that Melanie Hall who is a NED at Northamptonshire Healthcare Foundation Trust (NHFT) will join Leicestershire Partnership NHS Trust (LPT) as a NED from 1 June 2025 to replace Alexander Carpenter who would complete his 3-year term as LPT NED at the end of May 2025.</p> <p>Resolved: The Board received this report for information.</p>
TB/24-5/208	<p>Chief Executive's Report (Paper F) 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"> • The operational planning guidance continued to be a focus and thanks were offered to all involved in the work to date. • The national priorities were listed in the report but it was important to note there were lots of other priorities to deliver. • There had been a lot of national changes since the last Board with new people coming on board to manage the transitional period. Both the CEO and Chair attended a recent NHS England (NHSE) event where the announcement of the NHSE movement and 50% cuts in integrated care boards was made but no further information was currently available. • The 10-year plan would be an opportunity for not just LPT but the NHS as a whole. • From an organisational perspective, points to celebrate from the national staff survey results were the increased response rate overall, meaning the staff voice was very valid and significant and LPT was now above national average for all the nine people promise indicators. • The work towards a new Group strategy had been completed and thanks were offered to all who contributed. • Thanks were offered to colleagues that helped LPT become top rated for cleanliness in the country amongst mental health trusts (scoring 100%) and joint top for privacy, dignity and wellbeing (score 99.11%).

	<ul style="list-style-type: none"> • A Health and Care Jobs and Careers event had taken place on 8 March 2025 where lots of enquiries were received. <p>Jose Spencer commented on the fantastic achievement of the staff survey results, noting the need to keep momentum going to get through the difficult times ahead, and the cleanliness rating which she had evidenced on recent service visits.</p> <p>Resolved: The Board received this report for information.</p>
TB/24-5/209	<p>Environmental Analysis (Verbal)</p> <p>Angela Hillery reminded colleagues that the Integrated Care Board (ICB) CEO would be retiring in June so there was a need to understand that in the context of the announcement of 50% cuts and leadership in place to support the next period.</p> <p>Jean Knight reported that 35 executive service visits had taken place since the last Board meeting and actions were being collated and considered further.</p> <p>The Leicestershire Health and Wellbeing Board (HWB) had held excellent discussions particularly around the Leicester, Leicestershire and Rutland (LLR) dementia strategy and a review of progress in terms of the best start in life from the health and wellbeing strategy. Similarly, the Leicester City HWB also held excellent discussions around the Leicester health and wellbeing survey and its results. There was a great presentation on the suicide prevention strategy and within the meeting there was a focus on children and young people. There was also discussion around the waits for ADHD for both assessment and treatment and the impact it was having on future prospects of young people so it was important to note that these conversations were taking place.</p>
TB/24-5/210	<p>Group Strategy (THRIVE) 2025-26 (Paper G)</p> <p>David Williams presented the final version of the new Group strategy which had evolved over the last 12 months and been shaped around what people thought was important to them and what they wanted the strategy to prioritise. It had been developed by staff, service users and stakeholders and would span 2025-2030. The Group strategy is titled <i>Together we thrive</i>. Our Mission is <i>Making a difference together</i> and our Vision is <i>Together we thrive, building compassionate and wellbeing for all</i>.</p> <p>As an aside, it was noted that the stakeholder group initially formed to shape the strategy had reflected on the benefit of meeting to share and learn together so would continue to meet but on a less frequent basis.</p> <p>The Chair provided positive feedback from a recent People's Council meeting where the level and style of engagement had been complimented and asked for this to be conveyed back to the team.</p> <p>Josie Spencer felt the strategy was well thought out, flowed well and was visual so hoped people would engage with it but queried whether the strategy would be reviewed once the 10-year plan was publicised. David Williams confirmed the strategy would be reviewed again in summertime to</p>

	<p>consider any further changes that may be required and, in response to other questions, confirmed an extensive communications plan was in place to embed the strategy and resources would be circulated for teams to use to help them interpret, understand and take forward the strategy. The move to the new strategy would be a natural evolution from the old strategy. Kate Dyer thanked the team for engaging with the governance departments so closely and confirmed work was underway to ensure the strategy would align with committees from April 2025. Sarah Willis acknowledged the support from the communications teams in both trusts and the change leaders across the organisation who have been and will be key in helping to embed this new strategy.</p> <p>The Chair thanked all for the huge amount of work and co-production that had been undertaken to develop this strategy and noted the close down report for the old strategy, Step up to Great, would be received at the May Board meeting.</p> <p>Resolved: The Board received and approved this final version of the new Group Strategy, <i>Together we Thrive</i>.</p>
TB/24-5/211	<p>Committee in Common (Joint Working Group) AAA Highlight Report: 10 March 2025 (Paper H)</p> <p>Faisal Hussain introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • No alert or advisory items to highlight. • Assurance items included the well led action plan and group trust board proposal following close down of the Joint Working Group. • The celebratory item was the joint LPT/NHFT headline performance data which was shared with the group for the purposes of identifying opportunities for partnership working. <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/212	<p>Group Trust Board Proposal (Paper I)</p> <p>Kate Dyer introduced this report which outlined the evolutionary next steps for the governance of the Group model and recommended moving from a 'committees in common' approach to a joint Trust Board meeting. It was noted that joint meetings would not affect organisational sovereignty.</p> <p>Resolved: The Board received this report and approved the joint Trust Board approach for governing the Group.</p>
TB/24-5/213	<p>Board Assurance Framework March 2025 (Paper J)</p> <p>Kate Dyer presented this report which contained strategic risks and was presented as part of a continuing risk review process. There were two reductions in current risk score during the last two months requiring board approval; BAF03 financial position 2024/25 (from 16 to 8) and BAF05 EPRR (from 12 to 8). There are twelve strategic risks on the 2024/25 BAF, of which six remain at a current high score at year end and movement across the year had shown a decrease in score for five risks. The 2024/25 BAF will be closed at 31 March 2025 and the 2025/26 BAF will be operationalised from 1 April 2025 where ongoing monthly executive director oversight would continue.</p>

	<p>Josie Spencer queried whether the score was too harsh for BAF06 (workforce) as recruitment and retention was good and there was less agency usage, and for BAF11 (patient safety) where there had been an ICB review with good feedback and other positive improvements. Sarah Willis explained there were still registered nurse vacancies which was impacting on agency use and whilst there had been a reduction in agency use, LPT was still an outlier and until LPT reached a point of not being an outlier felt the score needed to stay at 20, however, advised Board that the main focus areas for the next financial year would be to recruit to clinical nursing and medical consultant vacancies to address the challenging targets around reducing agency and bank spend. James Mullins also advised that although progress had been made around patient safety improvements, there needed to be more embeddedness of the culture, processes and systems.</p> <p>Josie Spencer further asked whether the BAF narrative should be reviewed considering the improvements made. Manjit Darby agreed the challenge would be capturing each risk and the wording used within the BAF. Kate Dyer responded that as the new approach of reporting by cause and effect becomes more embedded, it would balance how some of the risks are scored, bearing in mind some causes of risk were beyond LPT's control due to external factors having an impact.</p> <p>Resolved: The Board received this report and approved the reduction in risk scores for BAF03 and BAF05.</p>
TB/24-5/214	<p>Board Assurance Framework Refresh 2025/26 (Paper K)</p> <p>Kate Dyer presented this report which provided a guide to the development of the refreshed Board Assurance Framework (BAF) for 2025/26 aligned to the new group strategy 'THRIVE'. It also included close down detail for the 2024/25 BAF risks which have been mapped to the refreshed BAF. The principle risks for 2024/25 remain valid for 2025/26 and the next iteration of the BAF would go live from 1 April 2025. Two new risks were identified for 2025/26; one around digital disruption and one around sustainability. Two potential Group risks (digital transformation and research and innovation) were identified for oversight at the Group trust board.</p> <p>Manjit Darby reflected on the symbiotic relationship between finance, quality and workforce, how that effectively translated into the BAF and how to ensure the BAF was useful to the organisation. The Chair commented that risk management for the organisation had become a dynamic tool which was reactive to issues, able to respond in the way it needed, and felt the BAF was supportive and helpful in that process.</p> <p>Resolved: The Board received this report and approved the revised BAF, the mapping of BAF 2024/25 to the revised BAF 2025/26 and the addition of two new risks.</p>
TB/24-5/215	<p>LPT and Group Trust Board Development Programme 2025/26 (Paper L)</p> <p>Kate Dyer presented this rolling programme which outlined some of the core topics ahead recognising items would be added throughout the year</p>

	<p>as required. No questions or queries were received.</p> <p>Resolved: The Board received this report information and assurance.</p>
TB/24-5/216	<p>Governance Review: Level 1 Terms of Reference (Paper M)</p> <p>Kate Dyer presented this report which provided the outcome of a review of level 1 governance with revised Terms of Reference for the Quality and Safety Committee (QSC), the Finance and Performance Committee (FPC), the People and Culture Committee (PCC) and the Audit and Risk Committee (ARC). This ensures committees remain fit for purpose and ensure Board are sighted have been through respective committees last month.</p> <p>The Chair queried how committees ensured the patient/experts by experience voice was included and how this should be built-in going forward. Kate Dyer advised this had been considered and the thoughts from the Deloitte well led review had also been taken into account. For LPT, it was important that papers incorporated those voices where appropriate to do so and rather than a stand-alone item in Terms of Reference, it was being encouraged to reflect that voice where appropriate in assurance reports. The Chair felt that some partners may have a different understanding so requested this be fed back via the Patient Involvement Team and in addition, as a representative himself, would also feed back to the People's Council.</p> <p>Action: Feedback to be provided via Patient Involvement Team and People's Council.</p> <p>Resolved: The Board received this report and ratified the revised terms of reference.</p>
TB/24-5/217	<p>Audit and Risk Committee AAA Highlight Report: 7 March 202 (Paper N)</p> <p>Hetal Parmar introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • Advisory item - work was ongoing with respect to counter fraud training being added to the mandatory training list and action had been taken to benchmark how LPT performed against the wider market. • Assurance item – thanks were offered to colleagues in the 360 Assurance internal audit team for all their work auditing different areas. • Celebratory items - implementation rate for first follow ups was 94% and there was substantial assurance on cash and treasury management; this was the highest level of assurance possible. <p>Resolved: The Board received this report for information and assurance.</p>
TB/24-5/218	<p>Quality and Safety Committee AAA Highlight Report: 18 February 2025 (Paper O)</p> <p>Josie Spencer introduced this report and drew attention to the following:-</p> <ul style="list-style-type: none"> • Advise items - update received on the Care Quality Commission (CQC) Nottingham Healthcare Review where NHSE had recently published its independent Mental Health Homicide Investigation report and LPT was

	<p>currently reviewing action plans. The Committee was also pleased to see progress on the Learning from Deaths report which had been evolving and was showing lots of improvement.</p> <ul style="list-style-type: none"> • Assure item – work ongoing around sexual safety, with the policy and supporting materials having been launched mid-February 2025. • Celebratory item – the Mental Health Services for Older People Charnwood Community Mental Health Team had been awarded Gold accreditation for Valuing High Standards – they were the first community team in LPT to achieve this. <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/219	<p>Safe Staffing Monthly Report (Paper P)</p> <p>James Mullins introduced this report which provided a full overview of nursing safe staffing during the month of January 2025, 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. Key points highlighted were:-</p> <ul style="list-style-type: none"> • Temporary worker utilisation rate increased this month by 1.09% reported at 29.21% overall. • Registered Nurse vacancy position was 17.3% which was a decrease since December but was still high. • Turnover was 6.1% which was below the Trust target of 10% • There was a 15.65% vacancy rate for Healthcare Support Workers (HCSW) • The nurses and HCSW workforce continued to grow with a total of 26.2wte nursing staff (bands 5 to 8a) being appointed. <p>The Chair commended the detail and quality of the report which had significantly improved and offered thanks to James Mullins and his team.</p> <p>Angela Hillery felt it would be useful for Board to understand how those areas with higher levels of sickness were being supported so Sarah Willis explained how local level workforce were supporting all directorates, a deep dive had taken place at the People and Culture Committee (PCC) to look in detail at reasons for sickness by category, and the Workforce Development Group was focusing on targeting areas that needed more intensive support. In addition, the Occupational Health contract had been renewed and changes had been made to how staff are supported, for example, signposting staff to talking therapies which was a system support package. Furthermore, the recently launched people dashboard allowed sickness to be considered in more detail. Manjit Darby added that the PCC had received good assurance around strategies to deal with sickness and one issue arising from the deep dive conversation was the reasons for staff sickness and, thinking about mental health and stress, whether the offer to staff was the right one. In terms of acuity, Manjit Darby then asked how this would be managed moving forward particularly given the workforce reduction and financial challenges. James Mullins replied there was a constant awareness of acuity and conversations were ongoing within</p>

	<p>directorates, the safer staffing team and matrons, to consider staffing levels and balance the interdependency between the financial position, quality and workforce.</p> <p>Sam Leak shared that within Community Health Services (CHS) directorate acuity may not necessarily be the issue but perhaps patients who required 1:1 support and advised this was being reviewed in order to manage more proactively. In response to a further point, James Mullins agreed to include normal limits of variation within the safe staffing report to provide an additional level of assurance for Board going forward. Tanya Hibbert added that these conversations were also taking place in the Directorate of Mental Health (DMH) as patients are often sent to UHL where staff were required to be in attendance to manage mental health needs in a physical health care setting and this 'live' manual movement could not easily be reflected in reports.</p> <p>Action: Normal limits of variation to be included in future Safe Staffing reports.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24-5/220	<p>Patient Safety Report (Paper Q)</p> <p>James Mullins introduced this report which provided assurance of the efficacy of the incident management and Duty of Candour compliance processes. Incident reporting supporting this paper had been reviewed and refreshed to assure that systems of control continue to be robust, effective, and reliable thus underlining our commitment to the continuous improvement of incident and harm minimisation. The report also provided assurance around Being Open, numbers of investigations and the themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned. This, and future iterations of this report, included levels of harm information as requested at the last Board meeting. Key areas were highlighted as:-</p> <ul style="list-style-type: none"> • During January and February, 3,041 patient incidents reported had been classified as 'incidents attributable to LPT' and 'incidents affecting patients'. • The top five reported incidents as detailed in the report accounted for 60% of all patient incidents reported during this period. • The levels of harm were also detailed in the report with the vast majority being within the No Harm and Minor/Low Harm category. • 23.68% of all patient safety incidents reported related to tissue viability which this equated to 720 incidents. • There were 413 self-harm incidents reported which equated to 13.58% of all reported incidents during this period. There had been a consistent reduction in self-harm on the Heather Ward as a result of the quality improvement work that had been undertaken. • There were 254 falls which represented 8.35% of all reported incidents. During the previous reporting period there were 221 falls incidents reported, this shows an increase of 14.93% during the current reporting period. • A senior pharmacist had undertaken some work exploring the relationship between medications and this had demonstrated a clear

	<p>causal link to types of medication.</p> <p>Sam Leak noted the report described a special cause concern for Category 4 pressure ulcers but for community nursing showed normal variation whereas inpatients showed special cause improvement and asked which directorate/service was being flagged as a deterioration. Apologies were offered as this was a reporting error. James Mullins then confirmed the organisation was where it expected to be in terms of benchmarking.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24-5/221	<p>Finance and Performance Committee AAA Highlight Report: 12 February 2025 (Paper R)</p> <p>In the absence of Alexander Carpenter this report was taken as read. No comments or questions were received.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/222	<p>Finance Report – Month 11 (Paper S)</p> <p>Sharon Murphy introduced this report which provided an update on the Trust financial position for the period ended 28 February 2025. Key points were highlighted as:-</p> <ul style="list-style-type: none"> • The overspend previously reported continued in DMH which related to out of area placements and locum costs. CHS overspend related to the ward opened to support the system during winter and in Estates the overspend related to utilities and maintenance costs. • The overspend totalled £3.2m and was offset by all of the directorates underspending and non-recurrent mitigations previously discussed. • Unless any unknown risks emerged in month 12 then a break-even position was expected to be delivered. • 71% of operational capital had been spent year to date with £3m left to spend in the month of March. • Continued to over deliver against the agency reduction plan. • Better Payment Practice Code (BPPC) target was 95% of invoices paid within 30 days. The Trust was achieving 2 of the 4 cumulative targets and the non-compliant targets related to the number of NHS and non-NHS invoices paid late. • There were no concerns with respect to cash balances although it was noted that NHSE would be removing the External Finance Limit (EFL) from the statutory requirements with immediate effect. • LPT was expecting to submit a break-even plan to include a 6% efficiency. • The LLR system also planned to submit a compliance plan. <p>Angela Hillery offered thanks to the finance team and all colleagues across the trust for working together and collectively understanding the Trust's statutory responsibilities and recognised this had not been easy in such challenging times.</p> <p>Resolved: The Board received this report for information and assurance.</p>

TB/24-5/223	<p>Performance Report – Month 11 (Paper T)</p> <p>This report, presented by Sharon Murphy, provided an overview of the Trust's performance against Key Performance Indicators (KPIs) for February 2025. The information contained within the exception reports matrix summary showed eleven special cause concerns with one new exception related to sickness absence. All other exceptions remained stable from previous months. There continued to be an increase in the over 52 week waits; a deep dive was undertaken at FPC and this continued to be monitored and managed.</p> <p>Josie Spencer asked if there was an expectation to see anything different with respect to targets moving forward. Sharon Murphy confirmed there was little change in terms of what was being reported but if there were any new national targets then these would be included.</p> <p>Resolved: The Board received and approved this Performance Report.</p>
TB/24-5/224	<p>Charitable Funds Committee AAA Highlight Report: 18 December 2024 (Paper U)</p> <p>Faisal Hussain introduced this report and highlighted the overall fund balance for the quarter closed at £2.52m, and high levels of assurance had been received on the approaches to appeals.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/225	<p>People and Culture Committee AAA Highlight Report: 12 February 2025 (Paper V)</p> <p>Manjit Darby introduced this report and drew attention to the significant assurance around several areas and the landscape in terms of workforce meant a lot of change and consultations were taking place. The Workforce Development Group was now established and had received good assurance on occupational health waits. The people dashboard had been received and confirmed good work was in progress. Assurance around training compliance levels was noted and the annual gender pay gap report had also been signed off.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/226	<p>Annual National Staff Survey Results (Paper W)</p> <p>Sarah Willis presented this report which outlined the summary of results and highlighted the following key points:-</p> <ul style="list-style-type: none"> • A response rate of 58.4% was the highest response ever received for this annual survey and was significantly above the national average response rate. • The national People Promise indicators were above the national average and seven of those had increased from the previous year's results. • LPT being recommended as a place to work had increased by 4.9% and was above the national average; in the last staff survey this was an area of focus and very much correlated with the work undertaken by our staff and the Our Future Our Way culture programme. • The result for patient care was also above national average and again

	<p>directly correlated with the focused work undertaken.</p> <ul style="list-style-type: none"> • LPT was the second most improved Trust in the peer group, ranked 9th for recommended places to work and 3rd within the People Promise indicators amongst East Midlands peer trusts. • Some areas needed further attention and these areas were already part of a programme of work. • Each directorate had been provided with more detailed analysis and summaries for review to agree local areas of focus within their context. • A communications and engagement programme had been launched. <p>The Chair recognised and acknowledged on behalf of Board the work undertaken to achieve these fantastic staff survey results.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24-5/227	<p>Review of risk – any further risks as a result of board discussion?</p> <p>No further risks were identified as a result of the discussions in today's meeting.</p>
TB/24-5/228	<p>Any Other Urgent Business</p> <p>There was no other business.</p>
TB/24-5/229	<p>Papers/updates not received in line with the work plan:</p> <ul style="list-style-type: none"> • SUTG Strategy Close Down Report 2024/25 – deferred to May meeting.
<p>Close – date of next public meeting: 27 May 2025</p>	