

Trust Board

**Minutes of Meeting held on
Thursday 28 February 2013**

Conference Room, Lakeside House

A

Present: Professor D Chiddick, Chair
Mr N Sudborough, Non Executive Director
Mrs A Vale, Non Executive Director
Mr C Burns, Non Executive Director
Mrs V Logan, Non Executive Director
Mr N Bhayani, Non Executive Director
Mr J Short, Chief Executive
Ms S Hitchenor, Managing Director of Finance, Performance and Information/Deputy Chief Executive
Mr P Farrimond, Chief Operating Officer
Ms J Ardley, Chief Nurse/Director of Quality and Innovation
Professor S Bhaumik, Medical Director

In Attendance:

Mr A Duffell, Director of Human Resources and Organisational Development
Ms C Davenport, Director of Business Development
Mr F Lusk, Director of Corporate Affairs/Trust Secretary
Mr D Blake, Risk and Assurance Independent Advisor
Mrs M Eden, Assistant Trust Secretary

TB/13/039 Apologies and welcome

Apologies were received from Professor G Harold.

The Chair welcomed Val Dawson (Staff Side), Sakarlal Gajjar (Leicester City LINK member), Cathy Ellis (Chair, NHS PCT cluster), Louise Keran (WL CCG), David Lamb (Shadow Governor), Faizel Mahomed (Performance Reporting Manager), Gina Gohil (Prince's Trust work experience), and Richard Apps (Trust Lead for Corporate Risk Assurance).

TB/13/040 Declarations of interest

None.

Board members updated the copy of the register in front of them and signed their entry.

TB/13/041 Minutes of the previous meeting

ACTION

Resolved: The minutes of the meeting held on Thursday 31 January 2013 were confirmed, subject to the following amendment:

TB/13/006, penultimate paragraph; “... Mr Short’s report regarding the use of camp z beds ...”

TB/13/007, top of page 8; “Mr Duffell asked if there were any figures on whether the numbers of staff who had taken advantage of the offer to meet on a one to one basis.”

TB/13/011, paragraph after bullet points; “... sessions were being clustered next financial year ...” and delete last sentence.

TB/13/042 Matters arising actions

042.1 Trust Board members reviewed the list of matters arising actions at paper B, and this commentary would be included in an updated version at the next meeting.

042.2 Action no 263 – Mr Farrimond confirmed that the only information held as a group would be the ERIC returns.

TB/13/043 Chair’s report

- The Chair, Ms Hitchenor and Mrs Davenport had met representatives of Monitor. It had been a positive meeting. There were some outstanding issues and Monitor had confirmed that the Trust could re-activate its application in 6 months and there would be a reduced process. The Chair had highlighted the work the Trust wished to undertake before re-activation, and Monitor, whilst not concerned, had allowed a further 2 months in order to allow for embeddedness. This included the appointment of new Board members. Once re-activated, the process would include a Board to Board meeting.

Ms Hitchenor confirmed that her impression from the meeting was that Monitor was supportive and she would be arranging to maintain relationships in the interim period.

- At a meeting of the Division of Psychiatry, which the Chair had attended, they had discussed the acute mental health bed position and Foundation Trust status.
- The Chair reported on a Better Care Together programme meeting that he had attended.
- The Chair had attended the Quality Assurance Committee in February and commended the paper included in the Board Information Pack on Improving in-patient care: Adult Mental

Health Acute Care Pathway.

- This was the last Trust Board meeting for David Blake, advisor to the Board. The Chair expressed his personal gratitude to Mr Blake for bringing his expertise on risk and governance to the Trust, and acknowledged the valuable contribution he had made as the previous Chair of the County Community Health Services.

Ms Ardley was retiring from the Trust but would be returning in a part time capacity to ensure continuity.

Resolved: The Trust Board received and noted the Chair's verbal report.

TB/13/044 Chief Executive's report

- **Update on Executive Director arrangements** – interviews had been arranged for the Chief Nurse on 12 March, the Medical Director on 13 March, and the Chief Operating Officer on 27 March. Mr Short added his formal thanks to Ms Ardley for her considerable contribution to the Trust and, over the past 34 years, as a nurse in the NHS.
- **FM staff** – as previously reported the transfer of estates and facilities management services to Interserve would take place tomorrow. It was important to recognise that these staff were part of the NHS and would continue to play an important role in supporting healthcare delivery. The Chair was writing to all members of these staff today to thank them and wish them well in their transfer.
- **Pressure Ulcer Challenge regional wide initiative** – our team received an award at the end of January from Mckinseys who led the change champion programme for the best poster which demonstrated the most effective use of tools and frameworks. The action planning tools used were of 5whys, brain storming, from-to and prioritisation. The one that was evidenced was our integrated Waterlow.
- **Sally Vye** – in February, a coroner's inquest into the very tragic death of Sally Vye took place. Mr Short once again offered sincere apologies to Mr and Mrs Vye and confirmed that the Trust had previously written to them to offer apologies and acknowledge that there were omissions in care. These were also highlighted by the coroner, but the coroner acknowledged in the inquest that the Trust had made considerable changes to prevent such a tragic death occurring again.
Mr Short expressed his disappointment with the coverage in the Leicester Mercury and in particular their focus on the statements made by a member of staff who no longer worked for the Trust and whose evidence was largely discredited in the coroner's inquest.
- **Francis report** – Mr Short noted that there was a paper later on the agenda about this. As a Board it was important not to

become preoccupied with the 290 recommendations and convert quality into targets. However, the Board did want people to be passionate and obsessional about quality.

Mr Short reported that the day after last month's board meeting, he and Mr Sudborough had visited a ward where they were not assured that the notes were as up to date as they should have been. They had taken the decision not to walk away and took action to make sure staff satisfied themselves about the quality of the notes. As a Board it was important to influence a culture of attitudinal change so that our staff became obsessional about quality in practice.

- **Staff survey 2012** – the results of the national staff survey have now been released. A staff briefing has been prepared and HR staff are analysing the detail in order for action to be taken.
- **Relocation of community hospital beds** - today the last 4 beds on Ward 3 at Coalville Hospital were being relocated as part of the 3 month plan to relocate 48 hospital beds into community treatment beds. The Coalville Times had run a story about the majority of feedback from patients being positive as they appreciated receiving treatment at home.

Mr Sudborough supported Mr Short's comments regarding the Francis Report. He had attended a conference on 27 February about the inquiry which included a keynote address from Robert Francis QC and the government's response from Dan Poulter MP.

Resolved: The Trust Board received and noted the issues raised in the verbal report.

TB/13/045 Francis Report – Trust response

Ms Ardley, in presenting Paper C, endorsed Mr Short's comments. She referred to point four of the recommendations to the Board; to consider and agree the application of the Francis report and confirm next steps at the March Trust Board. Having had a number of discussions, one of the frequently occurring suggestions was that it was essential to have meaningful dialogue with other partners, stakeholders and staff. Ms Ardley therefore proposed that recommendation four on Paper C was adjusted.

Ms Ardley suggested that the Board needed to have a considered approach and, as raised by Mr Short, the work needed to be part of the day to day ambition, not separated out into an action plan. In response to a query from the Chair about long term ramifications, Ms Ardley commented that a significant change would be around staffing levels in inpatient areas. Standards had been set on how many nurses should be on wards. This would lead to a cost. However, this work was already being undertaken

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within the Trust. The challenge for implementing change was that there was no model for identifying the correct levels.

Mr Short commented that the impact of the Francis Report would depend upon how the government and the Department of Health responded to the 290 recommendations. There may be a decision to implement legislation which would require huge changes, but if they were not all accepted there may be less of an impact with the inquiry eventually having less of an effect over time.

Professor Bhaumik noted three aspects that he had identified. At a national level, in terms of regulatory bodies, they would have to work much closer together. Locally, what was more important, was for providers and commissioners to work together to consider the key changes required as a result of the report. Clinical champions for quality and safety were important in this regard. A further aspect was patients and carers being more involved in quality and safety issues.

Mr Burns endorsed Ms Ardley's suggestion of a more considered approach and that it would be unrealistic to prepare any meaningful plans for the March Trust Board. He agreed that it was important to gain patient, carer and staff engagement, as well as those of the local health and social care organisations. Mr Burns proposed that the Trust should develop its own plan, rather than wait for a national response, but be realistic having taken into account all interest groups. He proposed that the fourth recommendation of Paper C should be to retain the item on the Trust Board agenda but return in March with an update rather than an absolute response.

Mrs Logan commented that the fundamental point she had gleaned from the report was that staff needed to be the eyes and ears of the organisation and not accept poor practice. She agreed with Professor Bhaumik's point about developing clinical champions.

Mr Sudborough advised that many of the Board's comments were referenced at the conference he had attended and it might be useful if he briefed the Board at their away day on 5 March.

The Chair noted that Paper C provided a foundation upon which to return with further updates to the Board on a regular basis. The five themes identified in the report would be a basis on which to report back.

Ms Hitchener commented that she endorsed the approach of not using the recommendations in the report to prepare action plans. The issues raised were about the culture and values of the organisation and the report was a lens in which to focus upon

this, rather than a set of actions.

Mr Bhayani noted that he was interested to see reference to the possible negative effect of isolated indicators and looking at process measures, rather than, as he would encourage, using triangulation to ensure there was complete intelligence.

Mr Lusk raised the possibility of using quality circles and including the use of this model within the review of the quality strategy.

The Chair offered Mrs Dawson (Staff Side representative observing the Board) the opportunity to express her views on the report. Mrs Dawson stated that her concern would be an increased use of paperwork on wards. She had previously raised the issue of using protected paperwork time. She had heard varying accounts of whether this was working. Mrs Dawson also noted that the Francis report highlighted that some staff felt unable to raise concerns and the Trust must be mindful of this fear.

Ms Ardley agreed to provide an update on the protected paperwork time at the next meeting. With regard to Mrs Dawson's other point, she reported that every member of staff would be receiving a letter with their pay slip today with a message from the Chair and Chief Executive encouraging staff to discuss the Francis Report and consider what was needed to break down any barriers. Feedback was sought either through team leaders or via the 'Feedback' email. The Chair added that there was also an opportunity at the Senior Leadership Group on 6 March to reinforce this message.

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Mrs Dawson added that from a staff side point of view, they would encourage staff to raise any issues and offer support where needed.

Mr Blake commented that offering opportunities to staff to address problems was more effective than management telling people what to do. He suggested that with regard to 4.2 of Paper C regarding a local response, all agencies needed to work together to create a culture of putting patient care at the forefront in an environment of transparency.

Resolved: The Trust Board;

- **Considered the Francis report and noted that the recommendations were under review.**
- **Noted that the Trust had begun full engagement with staff to ensure that any resulting actions were informed from across the Trust irrespective of role or level within the Trust.**

- **Noted that the Trust was engaged in discussions with wider stakeholders within the local health economy, including commissioners and other providers, to ensure a collective response was achieved within Leicester, Leicestershire and Rutland.**
- **Noted that the full recommendations would continue to be discussed and regular updates would be received at the Board, the next one being in March.**

TB/13/046 Integrated Quality and Performance Report (IQPR)

Ms Hitchenor presented Paper D which provided the Board with an integrated quality and performance dashboard showing levels of compliance with the Monitor Compliance Framework and Care Quality Commission (CQC) registration.

Ms Hitchenor highlighted the following:

- In January the Trust had a Governance Risk Rating (GRR) of 3 which was above Monitor's tolerance of 1.9 for aspirant Trusts. This was in relation to scores on CPA both for 7 day follow up and formal review. Also, the CQC report on the inspection of the Bradgate Unit, which had contained moderate actions, had resulted in the addition of 1 to the GRR score. However, improvements had been made in February and on the basis of these being approved and signed off, the score would revert back to 1 as a maximum.
- The issues regarding CPA had been discussed at the executive performance reviews with adult mental health and community health services. This related to relatively small numbers.
- Delayed transfers of care was an increasing issue for some service users both in adult mental health and community health services, but also particularly in learning disability services for Agnes Unit patients. This was being formally raised with commissioners, and it had been agreed that three way discussions would be needed with them and the Local Authority. Mr Farrimond had taken the lead on starting this. The homelessness strategy review and a number of other features had a direct bearing on this work.
- The Trust was reporting a net income and expenditure surplus of £3,293,000 at the end of month 10, in line with the plan to achieve a forecast £4.2m. CIP delivery was at 88%, with a forecast of 90%. The cash balance was slightly lower than anticipated at £11,031,000 but the finance team was confident of the planned outcome.

Ms Hitchenor advised that the Monitor risk assessment framework was currently being consulted upon, and would be

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discussed in the Board Development session later in the day and at the Away Time on 5 March. Mr Legge (Chief Information Officer) and Mr Apps (Trust Lead for Corporate Risk Assurance), were undertaking some excellent work to review the format of the IQPR in light of the changes.

Mr Burns queried how the Trust could ensure that CPA performance was managed in order to be certain of hitting the targets each month. He also requested an update on occupancy levels which had increased during the month.

Mrs Vale confirmed that the CPA 7 day follow up issue had been discussed at the Quality Assurance Committee (QAC) as they shared Mr Burns' concerns. The committee had learned that due to the transient nature of some people's living arrangements it was difficult to make contact within 7 days. However they were followed up until they were successful. Professor Bhaumik commented that in adult mental health services there had been 4 individuals discharged, 3 of whom could not be contacted at home. Mr Farrimond noted that with regard to the December figures, overall there were 6 patients in total who were not followed up so they were small numbers. In relation to the 12 month review, action had been taken to bring forward the review dates but the main issue was the numbers involved and this was the subject of debate with the commissioners and GPs about how those people were followed up in the longer term.

Mr Short referred to Mr Burns' request for an update on occupancy levels. The issue of managing the situation depended on how many patients there were, and the Board had already heard that nationally there was increased pressure on inpatient services. The target was an important indicator and an area of risk. This was an issue to discuss with commissioners and linked with decisions regarding CIPs and, as discussed earlier, the implications of how to respond to the Francis Report.

Mr Burns returned to the issue of occupancy levels and how the executive were managing external perception. He noted that external factors drove this issue but asked how this was being raised with commissioners. Mrs Logan supported the view that relationships and partnerships needed to be managed in order to understand and improve external factors, however there were internal aspects that could be considered such as patient pathways, length of stay and discharge arrangements. Linked to this, she requested an update on the daily consultant ward rounds. She understood that an audit had indicated that there was further work to be undertaken. Professor Bhaumik confirmed that there were discussions about the daily ward rounds and the impact. He agreed that it would be helpful at the same time to look at the single point of access and get a combined total picture. Ms Ardley suggested this request be posed to the adult

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mental health division through QAC initially.

Ms Ardley noted that there had been debate at the mental health sub group, where clinicians and CCG representatives were present, about whether the target of 80% occupancy was appropriate and this was in hand to review.

Mr Sudborough sought further assurance about the indicator for Genito Urinary Medicine (GUM) – percentage offered appointment within 48 hours. Mrs Vale assured him that this was regularly scrutinised at QAC. Mr Farrimond confirmed that two extra sessions had been agreed from April 2013 and they would address the issues for the period the Trust continued to provide the service.

Mr Bhayani noted a significant increase in compliments during January.

Mr Bhayani referred to the local CQUINS and the fact that the Q2 target for daily review of patients on adult mental health inpatient wards was red. Professor Bhaumik advised that the patients were reviewed on a daily basis but this related to sufficient cover arrangements of senior consultants.

Resolved: The Trust Board;

- **Received the report and reviewed achievements to date.**
- **Received assurance on the areas of quality and performance which were receiving performance improvement action**

Quality assurance

TB/13/047 Highlight report from the Quality Assurance Committee (QAC), 19 February 2013

Mrs Vale reported on issues from QAC:

- All items regarding the IQPR had been covered earlier in the Trust Board meeting, with the exception of the positive news regarding the net promoter scores in adult mental health and community health services which had improved greatly throughout the year.
- Delayed Transfer of Care performance in the learning disability service largely related to the cost improvement programme (CIP) and an action was taken by QAC to review any amber or red CIPs in order to understand the impact.
- An update on the Board Assurance Framework was received which included a division level risk review. This would be refreshed for next year but would return for a 'confirm and

challenge' of the risks and actions being taken. Mr Lusk confirmed that this review had been commissioned and undertaken on 27 February, resulting in a number of recommendations.

- It was noted that there was a lower prevalence of pressure ulcers in December but a slight rise in January. The work in relation to teaching and prevention was commended. QAC had discussed the specialist equipment and ordering responsibilities and had sought further assurance on this issue.
- Clinical record keeping within the Bradgate Unit had been prioritised and the adult mental health division reported that duplication of paperwork was lessening. There was still further work to be undertaken and protected record keeping was key to this. QAC had also discussed that there needed to be medical representation on that work.
- QAC had received a draft report into a patient death and the final report would be presented to the Trust Board.
- The results of quarters 2 and 3 Crisis Resolution and Home Treatment (CRHT) Team audit were received. There was very good progress in quarter 2 but with slightly less in quarter 3. This was largely due to the implementation of new processes and the movement of the team. A follow up audit for quarter 4 had been requested.
- An updated was received on the acute care pathway work which was currently being implemented. This was an excellent piece of work and information was included in the Board information pack. Discussion had included reference to a crisis house. The Chair added that there was also mention of the recovery college.
- Early discussion had been held on the Francis Report.
- The adult mental health inpatient response to the Appleby Report, which included a draft action plan, had been discussed and would be reviewed by the division before being finalised.
- QAC had received a quarterly update of progress against the Care Quality Commission (CQC) essential standards of quality and safety. Although not available at the time of report writing, the CQC quality and risk profile for January highlighted an increase in the Trust risk profile relating to the staffing but there was already an action plan. Ms Ardley confirmed that this was in relation to the Therapeutic Liaison Workers. A series of visits had been undertaken by Board members as a new approach to self-assessment. Positive feedback had been received from the ward staff. Mrs Vale added that since this report, the CQC had re-visited and the results would be reported in due course.

Mr Burns sought more information about the CRHT and impact of CIPs. Mrs Vale advised that this was in the community health

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service division where some improvements had been made and discussions were needed with commissioners about how those benefits would be allocated. Ms Hitchenor confirmed that these negotiations were currently being held.

Mr Sudborough noted that the Appleby Report dealt with more than just inpatients. Mrs Vale confirmed that it was broader than inpatients.

Mrs Davenport reported that the Overview and Scrutiny Committee had also received the paper on the Acute Care Pathway and there was a very positive response to this work.

Resolved: The Trust Board received and noted the issues raised in the highlight report.

TB/13/048 Quarterly customer care report

Ms Ardley, in presenting Paper F, highlighted the following points:

- The overall net promoter scores for the Trust had improved during the year, from 62% in April up to 80% in December.
- The report provided a balanced view on complaints and compliments.
- Volunteers had helped put together 632 Giving World's Patient Care Packs which would be purchased through charitable funds for patients within the Bradgate Unit who were admitted in an emergency without any belongings.

Ms Ardley advised that the paper aimed to provide triangulation of information from a customer perspective, as raised by Mr Bhayani earlier in the meeting. As he had previously noted, there had been a rise in compliments in January, particularly in community health services, and a reduction in the degree of no harm incidents in the same division. However it was too early to confirm whether this was a trend.

Mr Bhayani queried whether there was the correct level of information provided on complaints and compliments. Ms Ardley assured him that the divisions had access to all the information to allow them to take action. This level of detail may be too much for a Trust wide view. The Chair noted that in the report there was a level of inconsistency as there were comparisons for complaints but not for compliments.

Mrs Davenport referred to the comment in the report that two of the top three categories for Trust wide complaints had remained consistent over the last five quarters. Some of the top ten themes in the IQPR were; medical errors/issues, clinical advice, nursing care, patient safety. She asked whether there was more work to be undertaken on those themes and how any trends would be

identified. She also noted that there were concerns recorded in Paper F about difficulty contacting the single point of access service in community health services. With regard to triangulation, in the annual report later on the agenda, reference was made to this service and changes being made to improve the service. She suggested further consideration of whether the target was sufficient; 85% of priority calls being answered within 2 minutes.

Ms Ardley confirmed that the themes were analysed as part of the quarterly paper to QAC on learning from lessons. Mr Farrimond commented that there were huge numbers of calls to the single point of access - between 14,000 and 15,000 calls per month – and 85% of this number was a high rate. Changes had been implemented to the way the calls were answered and the outcome would be monitored.

Ms Logan was pleased to see feedback from Board visits being captured in the report. She queried whether any action had been taken on the complaint that for patients who stayed more than four weeks in a mental health unit, the menu became monotonous. Ms Ardley agreed to seek a response.

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Mr Burns noted that whilst the complaints for staff attitude had reduced, there were still a number of 'concerns' in this category. Mr Short advised that customer care was part of the mandatory training. As the figures demonstrated, there were a number of concerns but if these did not translate into a complaint it would mean that the person raising the concern was content that action had been taken.

The Chair commented that the data on complaints and concerns provided the figures but not information about the detail or how they were being addressed. Mr Short highlighted that the numbers of complaints raised in the Trust had reduced significantly over the past two years despite three organisations being brought together and the trend nationally for an increase in complaints. Whilst it was important to maintain a focus on any areas where there was dissatisfaction, he believed the reduction was the result of improvements being made at the point of care, and to the way complaints and concerns were responded to. If the reduction continued, it would be helpful to undertake a qualitative exercise.

Ms Hitchenor noted that at the end of the community health services executive performance review they had discussed how to correlate some of the statistics and she had agreed to pass these on to the team who would be reviewing the IQPR. If there were further issues to add about what should be included, she would take these comments outside of the Board.

Resolved: The Trust Board approved the Quarterly Customer Care Report for publication on the Trust Website.

Workforce and organisational development

TB/13/049 Highlight report from Workforce and Organisational Development Committee (WOD), 20 February 2013

Mr Bhayani highlighted the issues discussed at the last meeting, as follows:

- WOD had focused on the 3 areas within the IQPR relevant to the committee; agency costs, appraisal/PDP and sickness absence, as well as the flash report on mandatory training.
- With regard to bank and agency costs, the targets were being questioned. In some divisions there were areas of good performance. It was felt that it was not realistic or feasible to reduce costs in some areas at this stage. The divisions noted that use of bank and agency staff was within the cost envelope and as such WOD may need to review the targets in the next financial year. In order to do this work in a comprehensive manner, a separate meeting had been arranged. The Chair noted that there was a paper on the confidential Trust Board agenda but he would wish to see a public paper at the next meeting.
- The committee had reviewed the three workforce related Board Assurance Framework (BAF) risks and looked at the controls and assurance.
- The results of the first Pulse staff survey were reviewed. The Chair noted that these and the national staff survey results would be considered by the Board in March.

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Resolved: The Trust Board received and noted the issues raised in the highlight report.

Finance and Performance

TB/13/050 Highlight report from the Finance and Performance Committee (FPC), 19 February 2013

Mr Sudborough reported that FPC had considered two major issues; the capital programme, and the delivery of services. He noted the following with regard to the capital programme:

- Bradgate Unit – the need to resolve bed numbers and gain clarity on commissioning intentions.
- Oakham House – this needed to be vacated but a decision was needed on services to be delivered in future.
- Stewart House – this had originally been in the programme for disposal but needed to be reviewed.

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- Agnes Unit – future plans for possible expansion to be discussed.
- Mill Lodge – also to be included in the discussions.

FPC had acknowledged that further work was required and the proposed capital programme for 2013/14 would be brought to the Board in March. Mr Sudborough was clear that these plans should be enablers rather than drivers, and that clinical engagement was essential.

With regard to the planning and contracting update for 2013/14, Mr Sudborough reported that the next iteration of the financial plan was discussed and the finance team, supported by FPC, had revised the forecast surplus position to £2.9m. This was mainly to take into account additional investment in staffing. This would sufficiently retain the Financial Risk Rating (FRR) at 4.

Professor Bhaumik advised that he had attended FPC and agreed with Mr Sudborough that clinical engagement in the capital programme was essential. The Service Development Initiatives (SDIs) and pathway development was where their focus was in relation to patient needs. He would pursue the point of joining the divisional directors in this work at his meeting with them on 1 March.

Mr Short commented that with regard to the capital programme, whilst there were a number of issues, he believed the most important and pressing was the future of Oakham House. This definitely needed senior clinical input.

Mrs Davenport provided assurance that further debate would be facilitated at the Board away day on 5 March where a section would be devoted to complex care and links with the capital programme. Divisional representatives would be present for these discussions.

Mr Farrimond advised that the commissioning arrangements were now clearer which would ease the position for agreeing the Oakham House options. With regard to clinical engagement, this was very apparent in the discussions around adult mental health changes. He added that part of the recovery college work also linked to Stewart House.

Mr Lusk suggested that from an overview perspective, some headlines with key decision dates, would be very helpful. Mr Sudborough confirmed that FPC had requested this information.

Resolved: The Trust Board received and noted the issues raised in the highlight report.

TB/13/051 Annual Plan 2012/13 quarter 3 progress

Mrs Davenport presented Paper I which summarised the progress on the performance against key priorities set out in the Annual Plan for the period up to December 2012. Milestones since that period had been regularly reviewed at the Transformational Change Steering Group.

The Chair noted that the only amber rated items related to workforce. All others were green.

Resolved: The Trust Board received assurance on the progress that had been made in quarter 3 in relation to the key priorities.

Well governed

TB/13/052 Highlight report from the Audit and Assurance Committee, 7 February 2013

Mr Burns highlighted the following:

- Discussion had been held about making internal audit reports more readily available to other committees.
- External audit representatives provided assurance that their overview was on plan.
- The committee had discussed the Board Assurance Framework (BAF) and the fact that some risks were not reducing. There were two risks not managed by committees that were owned by the Board.
- The committee was assured that the timeframe for producing both the financial and quality accounts would be met.
- The first of the reviews of two committees had been received; QAC and WOD. The scope of the reports was refined and Mr Lusk had taken an action to discuss improvements to the reporting templates with the executive team ready for implementation during the 2013/14 reviews.

Resolved: The Trust Board received and noted the issues raised in the highlight report.

TB/13/053 Highlight report from the Charitable Funds Committee, 26 February 2013

The Chair reported that the committee had thanked Mr Blake for his assistance since the funds had been transferred from the Primary Care Trust to LPT. The Chair highlighted the following:

- There had been a helpful report from Samantha Quinn (Patient Experience and Partnerships Manager) with criteria for working with the voluntary sector. There were good examples of initiatives where supporting this sector through

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charitable funds could assist the Trust in delivering its objectives.

- The fund raising strategy was considered which included promoting the work of the committee to staff in the Trust.
- The committee had received a paper on supporting longer term patients and how charitable funds could be used.
- The funds had increased due to a legacy contribution.

Resolved: The Trust Board received and noted the issues raised in the highlight report.

TB/13/054 Foundation Trust update

Mrs Davenport advised that Paper K provided an update on activities associated with the Trust's Foundation Trust application. The Chair had reported earlier upon the meeting with Monitor on 4 February. The Foundation Trust Programme Board would retain responsibility for co-ordinating the elements of the development plan that related specifically to the Monitor submission/assessment.

Resolved: The Trust Board received the report and reviewed the achievements to date.

Items for information

TB/13/055 Monthly Board Information Pack

Resolved: The Trust Board noted that the following items were circulated to Board members:

- **Board Statement on Single Operating Model (SOM) - monthly return with narrative**
- **Infection Prevention and Control quarterly report**
- **Nursing strategy**
- **Monitor announcements, publication, consultations**
- **Paper from FPC – Business development pipeline report**
- **Coroner's summary – SV**
- **Paper from QAC – Improving inpatient care: adult mental health acute care pathway**
- **Paper from QAC – Risk assurance quarterly report – Q3 quality and patient safety report**
- **Internal audit review of serious incidents 1213/LPT/05/R**
- **NHS staff survey 2012**
- **Paper to WOD – Staff Pulse survey results**

TB/13/056 Any other business

- 056.1** The Chairman asked members of the public if they had any further comments or items to raise.

056.1.1 Mrs Dawson read out some comments on behalf of Mr Gajjar, who had had to leave the meeting early, as follows:

“With regard to the Francis report, your action is quite commendable and I hope staff from the top to the bottom, with dedication and determination and without intimidation, will help you in your vision to achieve excellence in services. From the patients’ perspective, as a critical friend, we in LINK/Healthwatch will support you in realising your goal for quality of services.”

056.1.2 With reference to the paper on the Francis report and the Trust’s feedback link line, Mrs Dawson asked who would be receiving these comments. Ms Hitchenor advised that she would be meeting staff side shortly and the Francis report was an agenda item. She would be pleased to receive staff side’s perspective and discuss these issues further.

056.1.3 Mrs Dawson commented that she was pleased to hear that a report on bank and agency would return to the public agenda.

056.1.4 Mrs Dawson noted that briefing sessions for staff had already been held with regard to Mill Lodge, Stewart House and Oakham House and the overview of complex care.

056.2 The Chair asked members of the Board if they had any comments to make regarding the balance of agenda items and the level of debate. The Board agreed that overall the meeting had been effective with good debate and appropriate challenge. Ms Ardley commented that there had been good debate on the Francis report.

TB/13/057 Date of next meeting

The next public meeting would be held at 10.00 am on Thursday 28 March 2013 in Conference Rooms 1/2, Lakeside House.

TB/13/058 Exclusion of the press and public

Resolved: The Board resolved that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, the press and members of the public be excluded from the following meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.