



Leicestershire Partnership NHS Trust

Trust Board

Minutes of the Public Meeting of the Trust Board 1st September 2020 9.30am

Microsoft Teams

Present:

Ms Cathy Ellis Chair
 Mr Geoff Rowbotham Non-Executive Director/Deputy Chair
 Mr Darren Hickman Non-Executive Director
 Ms Ruth Marchington Non-Executive Director
 Mrs Elizabeth Rowbotham Non-Executive Director
 Mr Faisal Hussain Non-Executive Director
 Professor Kevin Harris Non-Executive Director
 Ms Angela Hillery Chief Executive
 Ms Dani Cecchini Director of Finance
 Dr Avinash Hiremath Medical Director
 Dr Anne Scott Interim Director of Nursing AHPs and Quality

In Attendance:

Ms Rachel Bilsborough Director of Community Health Services
 Ms Helen Thompson Director Families, Young People & Children Services & Learning Disability Services
 Mrs Sarah Willis Director of Human Resources & Organisational Development
 Mr Chris Oakes Director of Governance and Risk
 Mr David Williams Director of Strategy and Business Development
 Mr Mark Farmer Healthwatch
 Ms Kate Dyer Head of Governance and Interim Company Secretary
 Mrs Kay Rippin Corporate Affairs Manager (Minutes)

TB/20/148	<p>Apologies for absence and welcome to meeting</p> <p>Apologies were received from Mr Gordon King Director of Mental Health. The Chair welcomed everyone to the 1st LPT live streamed Public Trust Board Meeting. The Trust Board Members (<i>Paper A</i>) introduced all Trust Board members. Today's theme is Learning Disabilities which will be reflected in the patient voice, staff voice and service presentation.</p>
TB/20/149	<p>Equally Well Charter</p> <p>Angela Hillery introduced the Equally Well Charter as an important opportunity for the Trust Board. This Charter was brought to the Trust's attention by Dolly Sud and thanks were offered for this. The Charter states that we believe that we all,</p>

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	<p>regardless of where we live, have an equal right to good health and effective health care. No one should have poorer physical health or health care just because they have a mental health condition. Our shared vision is that everyone living with a long-term mental health condition has access to effective, timely, consistent and responsive help at every stage of their life for their physical health and has an equal chance of enjoying a healthy and, ultimately, equal life expectancy. The Chair signed the Charter on behalf of the Trust.</p> <p>Resolved: The Board signed the Equally Well Charter confirming commitment as a Trust Board.</p>
TB/20/150	<p>Patient voice film – Learning Disabilities Theme</p> <p>The patient voice film told the story of Vicki and her recovery from a period of poor mental health. The Learning Disabilities team supported her to live well in the community and continue to support her during difficult periods and Vicki is now thriving, confident and connected with her community.</p>
TB/20/151	<p>Staff voice – Learning Disabilities Team</p> <p>The Chair welcomed the team to the meeting: Claire Pope – TCP Integrated Team Lead Sophie Pratt – TCP Integrated Team Discharge Coordinator Heidi Higgins – Clinical Psychologist Caitriona Carey – Service Coordinator Fosse Autism</p> <p>The team confirmed that they helped to support Vicki and continue to engage with her and support her care. The team discussed how the role of the discharge coordinator is key to success in the community and serves to ensure that readmission does not occur. This role helps to support individuals who have complex needs in both their physical and mental health. The discharge coordinator focuses on getting patients back to being as well as they can be, limiting hospital stay lengths. The team offer support to other staff with workshops and debriefs, utilising virtual platforms during Covid-19. The team strive to be forward thinking and innovative working as a multi-disciplinary team (MDT) and have formed robust links with Doctors, Occupational Therapists, Speech and Language Therapists and Psychologists. The team believe that the MDT working offers the best support for patients and with all team members equally valued this means that the plan is not just medically or nurse led, leading to greater successes.</p> <p>Angela Hillery thanked the team for their passion and dedication and agreed that the MDT way of working ensures personalisation of care. Ruth Marchington commented that the person centred approach comes across clearly and asked if the annual physical health checks form part of the discharge process. Claire Pope confirmed that all patients have Health Action Plans and a GP contact whilst in the unit and on discharge. The Health Action Plans will include physical health checks including Doctors, dentist, Opticians etc. Avinash Hiremath confirmed that he had worked with Vicki who featured in the patient film and he felt emotional hearing that his patient was doing so well. When Vicki’s care in the community broke down a number of years ago and she was admitted to the Agnes Unit – the tailored discharge process meant that Vicki had not since been readmitted. David Williams confirmed that work is currently ongoing with CCG colleagues to</p>

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	<p>ensure that people get good access to physical health checks including winter health checks which will include the flu jab. The Chair thanked the team for all their work and for attending and presenting at the Trust Board meeting today.</p>
TB/20/152	<p>Declarations of interest in respect of items on the agenda</p> <p>No new declarations of interest were received. All Board members have recorded their interests in the WeDeclare online system.</p>
TB/20/153	<p>Minutes of the previous public meeting: 7th July 2020 (<i>Paper B</i>)</p> <p>The minutes of the previous public Trust Board meeting held on 7th July 2020 were agreed as an accurate record of the meeting. Resolved: The Board agreed the 7th July Public Trust Board minutes</p>
TB/20/154	<p>Matters arising (<i>Paper C</i>)</p> <p>The matters arising document was agreed. It was confirmed that action 925 was now complete and action 926 was complete and these could now be marked as such. Resolved: The Board agreed the Matters Arising document</p>
TB/20/155	<p>Chair's Report (<i>Paper D</i>)</p> <p>The Chair's report confirmed that in order to comply with government Covid-19 guidelines and visitor restrictions, Chair and Non-Execs Boardwalks were postponed from mid-March. They continue to connect virtually with staff through various events until they are able to resume visits safely. The launch event for the LPT People's Council is taking place on 16th September 2020. The People's Council is an advisory body for the Trust made up of individuals with a lived experience of receiving healthcare services from LPT. Whilst the 2020 CQC inspection has been postponed, the focus on service improvement is being maintained through local teams and at the weekly Foundation for Great Patient Care meetings. The LPT/NHFT Buddy meetings continue to support quality improvement and transformation projects, including agile working and being an anti-racist organisation. The August Board development session agenda included a meeting with the National WRES team to launch our participation in the cultural pilot to improve the experience of BAME staff in the NHS and the Board participated in the LPT leadership behaviours workshop and LPT celebrated South Asian Heritage Month with 4 virtual events which were jointly hosted by LPT and NHFT BAME staff network leads, which the Chair attended. The Chair has attended various stakeholder meetings across the Leicester, Leicestershire and Rutland (LLR) footprint including the LLR NHS System meeting of CEOs & Chairs to progress the work on achieving an Integrated Care System (ICS) by March 2021 and a meeting with Cllr Vi Dempster the Assistant City Mayor with portfolio responsibility for Health – where ideas around joint working were explored.</p>
TB/20/156	<p>Chief Executive's Report (<i>Paper E</i>)</p> <p>Angela Hillery thanked all staff for their work during this period and confirmed that whilst the incident has now nationally moved into a NHS Level 3 response, staff remain committed and focused. The report described the Midlands Strategic and Recovery (STaR) Group, which is due to meet this week, and is made up of executive and non-executive leaders from health and local government across the Midlands Region and directors from NHS England and Improvement. The Vision</p>

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	<p>for this Board will be to drive radical improvements in health and care within our region. Angela Hillery will be working with the group focusing on Timely Safe Restoration and Recovery of Services.</p> <p>The system continues to work together to meet the timescales set out to become a designated Integrated Care System (ICS). A recent ICS development meeting with NHSE/I allowed us to highlight the collective progress to date and our plans over the coming months. Feedback was positive and future work will build on the strong system relationships that have been built through the Covid-19 response. As a system work is now underway to understand system working around the phase 3 letter. Dr Habib Naqvi MBE who attended our August Board development meeting, has been appointed as director of the NHS Race and Health Observatory. This is a new centre created in May 2020 to investigate the impact of race and ethnicity on people’s health. The centre will identify and tackle the specific health challenges facing people from BAME backgrounds.</p> <p>Whilst LPT’s CQC inspection has been paused due to Covid-19, work has continued with the CQC throughout this period including CQC Focus Groups that were held in July. 290 staff attended these focus groups and the CQC fed back that the groups were a delight to hear from and thanked everyone who participated for their enthusiasm in wanting to share LPT’s journey with them. Angela Hillery confirmed that the executive team continue to be very focused to support the direction of travel.</p>
TB/20/157	<p>Organisational Risk Register (ORR) (<i>Paper F</i>)</p> <p>Chris Oakes presented the ORR, confirming that this paper had been given a high assurance (green) rating when presented at both the Finance and Performance Committee (FPC) and the Quality Assurance Committee (QAC). Risk 49 had been considered at the last FPC meeting and is not yet progressed due to changes in governance. Risk 50 has had minor changes to its narrative. Risk 20 has adjusted due to the harm review work that has taken place and this continues to be monitored. Risks around the performance management framework are reducing and the ORR continues to be dynamic and develop well. Chris Oakes confirmed that the Electronic Patient Record (EPR) progress continues to be shared at FPC meetings and remains on track to deliver.</p> <p>Darren Hickman observed that some financial risks have been removed due to the Covid-19 funding arrangements, but questioned that as we move into phase 3 will more financial risks be present?</p> <p>Dani Cecchini confirmed that an additional risk covering this will be in next month’s ORR.</p> <p>The Chair raised the issue of the 2 risks with red (low) assurance – risks 1 and 9, asking if these risks are being monitored. Chris Oakes confirmed that these risks continue to be monitored and Anne Scott gave the Board assurance that these risks are thoroughly reviewed each month.</p> <p>The Chair confirmed that any further risks highlighted as a result of this meeting will be reviewed at the end of the meeting.</p> <p>Resolved: The Board received Paper F for information and assurance.</p>
TB/20/158	<p>Trust Board Meeting Dates 2021 (<i>Paper G</i>)</p> <p>This paper was presented for information.</p>

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<p>TB/20/159</p>	<p>Resolved: The Board agreed the 2021 Trust Board dates.</p> <p>Service Presentation – Learning Disabilities/Autism</p> <p>Helen Thompson presented the PowerPoint presentation included in the combined papers pack (item 12). Covid-19 had had a significant impact on the patient group with compromised routines and activities paused. During this period 44 staff were redeployed from the Short Breaks service enabling longer service hours and bank holiday cover. A wider Quality Improvement (QI) programme had been launched during this period with Laura Smith as the project manager. This QI programme focused on three main areas – great communication with staff; service user and carer engagement and sustainability. Darren Hickman asked about the impact of the temporary closure of the Short Breaks service, Helen Thompson confirmed that during the period the Short Breaks facility has been closed there was ongoing contact with all the families who use the service and they were offered additional support during this time.</p> <p>Avinash Hiremath added that health inequalities have been an issue for a long time but are more acute during this time and there is a risk that the healthcare gap gets wider. This is being addressed through primary care nurses and acute hospital liaison nurses. Work with LD patients is primarily in their communities; in their homes, day care centres and residential centres. Work is also undertaken with third sector organisations in the city. Consideration is always made around the best ways to reach the diverse population. David Williams added that the LLR average life expectancy of a person with learning disabilities/autism is 23 to 27 years less than other people in LLR so addressing this issue is vital – this includes ensuring all LD/Autism patients get their health checks in the most suitable setting for them. Geoff Rowbotham suggested that this could be addressed more clearly in the proposal as is not detailed fully currently.</p> <p>Angela Hillery added that the LLR area is currently in a formal escalation position and a meeting taking place on 4th September may see LPT taking more of a lead role in this. This matter is a significant priority for the LLR team and annual health checks form a part of this.</p> <p>Helen Thompson confirmed that QI work around the Agnes Unit includes a quality summit held in January following triangulation of information. The feedback from the summit agreed that the five most impactful areas are high standards, patient safety, staff development, staff wellbeing and environments.</p> <p>Helen Thompson confirmed that the next three months are a period of restoration and recovery of services with an increase in face to face contact when this is considered to be more impactful than digital means. The Agnes Unit and wider QI programmes will continue and NHFT will continue to support in this. Consideration is also being given to an internal accreditation to further improve standards. Work with wider partnerships and an increased uptake in online learning also serve to support improvements but there is still more to be done as a system. The formal escalation with the NHSI is due to having 26 more inpatients above the expected trajectory (including 9 on the Agnes Unit). In order to address this and improve discharges and reduce admissions focus is on the FIT method. (Focused on person; Integrated team working; Targeted on delivery).</p> <p>Helen Thompson confirmed that this work links directly to the Equally Well Charter – health inequalities need to be a higher priority.</p> <p>Faisal Hussain raised the issue of the specialised workforce needed in this area, and the problems around recruiting and supporting the staff with specialised training. Helen Thompson confirmed that Laura Belshaw Deputy Head of Service is</p>

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	<p>currently working on the recruitment and retention work package to address this issue which was also raised at the Quality Summit. Anne Scott confirmed that there is a plan for LD both the Agnes Unit and Community too. There will be new initiatives to celebrate and showcase including virtual engagement events. The Chair confirmed that Mark Farmer Healthwatch is also working with LPT to help co-produce this.</p> <p>The Chair thanked Helen Thompson for the Learning Disabilities/Autism service presentation.</p>
<p>TB/20/160</p>	<p>Step Up To Great (SUTG) Progress/Milestones/KPIs (<i>Verbal</i>)</p> <p>David Williams confirmed that during Covid-19 the focus has been on preserving life. Work within the SUTG strategy continues and areas of progress are as follows. The High Standards brick – Anne Scott and Avinash Hiremath are leading the clinical reference group to ensure that all services return with high standards met. The Well Governed brick – Chris Oakes has been working on this and the improved governance framework means that QAC and FPC committees have now been able to move to bi-monthly meetings from September. The Patient Involvement Brick – The People’s Council launches on 16th September 2020. David Williams confirmed that equity, leadership and culture has been a real focus in Haseeb Ahmad’s (Head of Equality Diversity and Inclusion) work and that Sarah Willis is rolling out the new Leadership Behaviours ‘It Starts with me’ programme following the delivery of this at the Board Development session on 4th August. The Chair asked about reinstating the reporting of SUTG progress and David Williams confirmed that this item will be a paper moving forward.</p> <p>Angela Hillery confirmed that September will bring the opportunity to refresh LPT’ SUTG focus for phase 3. The CQC feedback in this area was encouraging with staff recognising and embracing the SUTG strategy.</p> <p>Geoff Rowbotham agreed that the strategy was a great framework for the longer term plan, and suggested that health inequalities could be considered to be a brick for the future. Geoff Rowbotham also suggested that some of the detail within the strategy could be refreshed in light of the lessons learned emerging from the Covid period e.g. agile working and digital contacts.</p> <p>Ruth Marchington commented that within the phase 3 letter there are many challenging deadlines for example monitoring health outcomes by ethnicity by October and data collections by December – how confident are we that we will meet these deadlines? David Williams confirmed that the deadlines are challenging but that we are confident we will meet them and that the Electronic Patient Record (EPR) system should ensure that data quality is high.</p> <p>Angela Hillery confirmed that phase 3 is a system request and we need to consider our contribution to this. Collective prioritisation is needed.</p>
<p>TB/20/161</p>	<p>Highlight Report – Quality Assurance Committee (QAC) – 21st July 2020 (<i>Paper Hi</i>) & 18th August 2020 (<i>Paper Hii</i>)</p> <p>Liz Rowbotham presented papers Hi and Hii confirming that the annual reports received at the QAC committee and detailed in paper Hi (Patient Experience, Complaints and Caldicott) have made fantastic progress and show good clarity in relation to next steps, thanks were offered to the teams involved in these reports. QAC now includes a medical director update which is a positive addition to the meeting. Avinash Hiremath gave an update on the refreshing of the Clinical Strategy and further details around LPT being a learning and intelligent organisation will be considered in the November QAC meeting. QAC received low</p>

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	<p>(red) assurance in only one area which was the CAMHS/Agnes Unit combined reporting – this assurance has, as detailed in paper Hii, increased to medium (amber) in the latest QAC meeting due to the Safeguarding Team and NHFT support. The triangulation work with the Freedom To Speak Up Guardian is still being considered within QAC and the equalities work that Haseeb Ahmad undertakes was discussed at the last QAC meeting and further consideration is being given to how to integrate this into the whole agenda. Liz Rowbotham noted that there was no report to the Quality Forum from the Medicines Management Group and Avinash Hiremath is investigating this matter. Liz Rowbotham concluded that the violence and aggression update has been deferred until the September meeting.</p> <p>Faisal Hussian requested clarification around the conclusion of the Cumberledge Report that suggested that we weren't listening to patients and Liz Rowbotham confirmed that this meant the NHS in general as opposed to LPT. Anne Scott confirmed that the recommendations of the Cumberledge Report have now been received and improvements can now be progressed.</p> <p>Mark Farmer, Healthwatch asked how we are supporting patients with learning difficulties and Anne Scott confirmed that the next steps involve a piece of work analysing the issues and once established the People's Council will get involved in progressing this.</p> <p>Resolved: The Board received the QAC Highlight Reports paper Hi and Hii.</p>
TB/20/162	<p>Director of Nursing's Report including AHP report (<i>Paper I</i>)</p> <p>Anne Scott presented paper I confirming that the number of hand hygiene audits continues to rise and continues to be monitored. The CQC have offered significant assurance around the Infection Prevention and Control Board Assurance Framework. The Flu vaccination action plan is ongoing and going well. The safeguarding focus within LPT continues to support working across the LLR system to encourage the consideration of Covid-19 as a factor in multi-agency reviews, which is also being monitored through the LLR Safeguarding Board work. The government have confirmed a delay in the introduction of Liberty Protection Safeguards (LPS), pushing it back to April 2022, and this delay is an opportunity to be better prepared for its implementation.</p> <p>There has been a continued increase in contact, complexity and duration of contact by LPT staff to the safeguarding advice line. It is however positive that staff are actively seeking safeguarding support and the team have taken steps to ensure they are able to prioritise concerns and respond to these supportively.</p> <p>As part of the focused Quality Improvement plan, within the Agnes Unit, there continues to be fortnightly Safeguarding Strategy meetings supported by our Safeguarding Lead Practitioners and our Head of Safeguarding to oversee and support specific focused pieces of work on safeguarding supervision, practices and processes.</p> <p>The People's Council will be launching on 16th September. The Learning Lessons Exchange Group met in July to plan to develop a Community of Practice (COP) approach to learning across the organisation with particular focus on how we function as a Learning Organisation and how we are learning, essentially the 'so what' question; adopting a Quality Improvement methodology. At the start of the pandemic, Quality Accreditation (QA) was put on hold to allow focus to be directed at managing Covid-19, and to reduce footfall to the in-patient areas. Work has</p>

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	<p>continued behind the scenes to develop the QA inpatient tool for use across LPT. The tool is currently being reviewed by key partners i.e. Patient Experience, Patient Safety, Learning from Deaths Lead and versions of the tool will be rolled out over the next quarter.</p> <p>Darren Hickman asked if the issue around the EPR and safeguarding detailed in the report will be placed on the ORR and Anne Scott confirmed that it is currently on the Enabling Directorate risk register.</p> <p>Resolved: The Board received paper I for information and assurance.</p>
TB/20/163	<p>LeDeR Annual Report - 2019/20 (<i>Paper J</i>)</p> <p>Avinash Hiremath presented paper J confirming that patients with learning disabilities are now living longer due to improved medical care. This report gives the narrative on health inequalities and avoidable deaths in hospital. The report currently does not contain any Covid death narrative. LLR performs comparatively to the national picture in relation to the ages of death, cause of death and standards of care received. LPT supports the LeDeR with a pool of reviewers which are now more timely due to increased investment in this area.</p> <p>Resolved: The Board received the report for information and assurance</p>
TB/20/164	<p>Learning from Deaths Q1 Report (<i>Paper K</i>)</p> <p>Avinash Hiremath presented this Q1 paper confirming that there was now improved reporting in mortality data with good oversight leading to improved learning. Avinash Hiremath continues to work with the Learning Lessons Exchange Group and whilst there is an improving trend shown in the report we are not yet able to evaluate if the learning has led to the improvement at this stage.</p> <p>The Chair commented that the report was more transparent and demonstrated a good comparison between the two quarters and there was more to do to embed the learning.</p> <p>Resolved: The Board received the report for information and assurance</p>
TB/20/165	<p>Guardian of Safe Working Hours Q1 (<i>Paper L</i>)</p> <p>Avinash Hiremath presented the reports confirming that LPT was generally compliant. Where there had been concerns, there had been conversations with the Junior Doctor group and rotas had been adjusted. Exception reports continue to be received possibly due to the increase in Mental Health Act activity and this is being explored to ensure safety moving forward.</p> <p>Geoff Rowbotham asked about the trend in this area and any proposed action. Avinash Hiremath confirmed that there are two rotas (Pre-Membership Trainees and Specialist Trainees) with the Pre-Membership Trainee rota being largely compliant and the Specialist Trainees Rota having some variation in reporting – this trend remains largely unchanged and there are attempts being made to reduce the variation in reporting.</p> <p>Darren Hickman suggested that the Speciality Register was the problem possibly due to the vacancy rate and requested an update on the potential for guardian fines. Avinash Hiremath confirmed that to run effective rotas good training is needed and training places need to be filled up. There is a long term plan in place to ensure trainees are well engaged. Guardian fines may not be applied if mitigation can be submitted and each exception report will be looked at individually. Avinash Hiremath confirmed that so far, no fines had been received.</p> <p>Faisal Hussain asked if Covid-19 had had an impact on the trainee or rostering programme and it was confirmed that 97-98% of Risk Assessments had been completed for all on the rosters and a buddy on call system has been put in place</p>

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	<p>for those shielding or at increased risk. Both the trainee and consultant rotas are managed well and there had been no risk to patient care during Covid-19.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/166	<p>Serious Incidents Bi-monthly Report (<i>Paper M</i>)</p> <p>Anne Scott presented the report covering the months of June and July 2020. There had been less reports during March 2020, this figure had slowly returned to normal levels since that time. There had been no grade 4 pressure ulcers to report on during June and July 2020. The acuity of the district nurses' caseload has increased as a lasting symptom of Covid-19 during the recovery period is fatigue which has led to an increase in the risk of pressure damage. Falls have decreased across the Trust but there has been an increase in repeat fallers and the Falls Group monitor this. LPT are part of the LLR multiagency approach in relation to suicide which focuses on patients in the community as well as in hospital. The zero suicide inpatient ambition plan is currently being developed. 10th September is suicide prevention day and LPT are working with various partners on this. The Patient Safety Incident Response has been published and focuses on a framework of accountability.</p> <p>Angela Hillery raised the matter of the marked increase in violence and aggression detailed in the graphs in the report and asked for investigations and triangulation on this. Anne Scott confirmed that this issue is currently being considered.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/167	<p>Care Quality Commission (CQC) progress Report (<i>Verbal</i>)</p> <p>Anne Scott gave a verbal report confirming that through the Covid-19 period work has been ongoing with the CQC. Initial feedback from the CQC has been positive with confirmation that staff feel positive and are able to explain the improvement plans that have been put in place and that changes that have taken place have been positive. Discussions were held at the Trust Board Development session on 4th August and further actions and next steps have been agreed. The executive team continue to be sighted on all emerging issues and positive improvement work with service directorates continues. The Foundations For Great Patient Care Group work continues and the Quality Tracker is currently being transferred onto the AMaT (Audit Management and Tracking) tool. Time To Shine events are ongoing across the Trust and have been well attended.</p> <p>The Chair offered thanks to all staff for their engagement in local QI initiatives.</p> <p>Resolved: The Board received the verbal report for information and assurance.</p>
TB/20/168	<p>Safe Staffing Monthly Review (<i>Paper N</i>)</p> <p>Anne Scott presented the paper giving an overview of July staffing levels with regards to areas of note and triangulation. The national submission of safer staffing data has now been resumed. There are two wards to note – Langley and Coleman due to an increase in agency staff usage. St Luke's Ward 3 has a number of vacancies and a QI plan is currently being developed. The temporary closure of inpatient admissions to Feilding Palmer Hospital in Lutterworth due to Covid IPC continues to be regularly reviewed. Anne Scott confirmed that she is assured that staff remain resilient within the Trust, notwithstanding the areas of note.</p> <p>Geoff Rowbotham asked about safer staffing in relation to the new Children and</p>

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	<p>Adolescent Mental Health Services (CAMHS) Beacon Unit which opens in October 2020 and Anne Scott confirmed that there is a robust recruitment plan in place. Helen Thompson added that there have been a number of successful online engagement events and recruitment begins this week. The staffing model has been amended with 3 new band 6s to lead clinical pathways. An update on this will be given once available.</p> <p>Darren Hickman confirmed that assurance can be taken from the report due to the triangulation. However, due to Covid and staff absence there is an inference that there is a deteriorating trend – is this the case? Anne Scott confirmed that this is not evidence of a deteriorating trend but is just this month’s figures. This will be monitored in August and September with this in mind.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/169	<p>Finance Monthly Report – Month 4 (<i>Paper O</i>)</p> <p>Dani Cecchini presented the paper confirming that we were still operating in a national Covid-19 financial regime which has been extended to the end of September 2020. We continue to report a break even position based on the recovery of Covid costs and top up costs. There is a £37.5m cash balance which included a £23m early payment received in August 2020. The capital programme is almost £13m with £3.5m spend so far with national approval still required in some instances. There has been a spike in July agency costs and consideration of the cause of this is being given. As services begin to be restored, impact will be seen in the run rates.</p> <p>The Chair confirmed that this report had been to FPC for detailed scrutiny.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/170	<p>Performance Report – Month 4 (<i>Paper P</i>)</p> <p>Dani Cecchini presented the report confirming that month 3 had been to FPC and QAC. The month 4 report broadly tells the same picture of performance. Dani Cecchini confirmed that the audiology services were closed in line with national recommendations (with reference to the 6 week diagnostics).</p> <p>The Chair stressed that it was important to have the 52 week wait data in the report and would like to see the future trajectory of recovery of these waits included in the work undertaken at FPC</p> <p>Ruth Marchington asked if we were confident that the harm review process is in place for all waiting times and Avinash Hiremath confirmed that the process is in place but does need to be more consistent and robust. Directorates are being asked to prioritise services based on harm and the monitoring of this will be via FPC to Board.</p> <p>The Chair commented that levels of restraint are trending down and this is good. Angela Hillery continues to receive regular reports on this.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/171	<p>Finance and Performance Committee Highlight Reports - 21st July 2020 (<i>Paper Qi</i>) & 18th August 2020 (<i>Paper Qii</i>)</p> <p>Geoff Rowbotham presented the reports confirming that the themes for both meetings were the importance of the restoration and recovery process and the way</p>

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	<p>this shapes our performance. FPC had a reasonable level of assurance on performance due to the mitigation processes in place and the national phase 3 programme, although deliverability remains a risk. FPC has a reasonable level of assurance around financial stability due to the work around baseline position but the uncertainty around the second half of the year remains. The governance work Chris Oakes and the team have undertaken has been strong meaning that FPC can move to bi-monthly meetings from September 2020. The joint QAC and FPC workshop planned for 15th September will cover the restoration and recovery plans review, the CAMHS Beacon Unit and from a QI perspective – how the staff and patient voice will be heard in future QAC and FPC meetings. The Chair confirmed that QAC will also be going to bi-monthly meetings from September 2020.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/172	<p>Highlight Report – Charitable Funds Committee – 23rd July 2020 (Paper R) Cathy Ellis presented Paper R. The Trust’s Charity Raising Health funds the extra things that the NHS core funding cannot. The report confirms the four strategic priorities for the year – increased visibility of the charity; income growth for the charity; giving appropriate grants and the development of corporate partnerships. Since April 2020 the charity has received almost £0.5m from various sources including NHS Charities Together. Thanks were offered to the public for all their donations. The donations are being used to support patient and staff wellbeing during the Covid-19 pandemic. Phase two of NHS Charities Together involves an allocation to the LLR health systems including University Hospitals Leicester, LPT and East Midlands Ambulance Service who are all working together on this – more will be reported on this at a later date.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/173	<p>Audit and Assurance Committee Highlight Report 03.07.20 (<i>Paper S</i>)</p> <p>Darren Hickman presented this report and commented that the red (low assurance) status – the internal audit progress report – at the time of this meeting there was concern regarding a proposed 25% reduction in audits and the plan around this had not been finalised at this point. However since this meeting a revised audit plan has been agreed and signed off by the executive committee and assurance around this item is now green (high).</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/20/174	<p>Review of risk – any further risks as a result of board discussion? The Chair picked up the following possible items – the further deterioration of waiting times, the safeguarding module of EPR and a staffing risk around recruitment for the new Beacon Unit. Avinash Hiremath continues to monitor and review the waiting times. David Williams has assessed the Safeguarding EPR risk and it is not deemed significant but will be monitored. Sarah Willis confirmed that the staffing risk is on the ORR but that the narrative will be amended to reflect the CAMHS risk specifically. Dani Cecchini confirmed that discussions will be held around the phase 3 finances in this afternoon’s confidential meeting. Darren Hickman asked if the increasing health inequalities may become a risk and the Chair confirmed that this is being picked up across the system and LLR are mindful of this. Geoff Rowbotham concluded that FPC and QAC are monitoring the recovery process closely and September is a crucial month. If QAC and FPC do</p>

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	<p>not feel assurance then this will be reflected in the assurance rating given. ACTION: Sarah Willis to include in the narrative around staffing risk on the ORR - the CAMHS risk specifically.</p>
TB/20/175	<p>Any other urgent business No other business was raised.</p>
TB/20/176	<p>Papers/updates not received in line with the work plan: The Trust board work plan is currently under review. This agenda was based on the current work plan and all papers had been received.</p>
TB/20/177	<p>Public questions on agenda items One question had been received which the Chair read out:</p> <p>Please , may I ask, how long it may be before, Volunteers, can go back to working on the Wards. It is understood, that we would have to wear PPE, and have Awareness Training in place, before this is allowed. The staff and patients miss the work that volunteers do and I hope there is a continuing need for us. Thank you - Jean Denyer MBE</p> <p>A response was given by Anne Scott who said:</p> <p>We are looking forward to welcoming our fantastic volunteers back as soon as is safely possible. We suspended the majority of volunteer roles at the start of the pandemic to keep them safe. We are very grateful for the small number who continued to provide support with PPE and medication deliveries. However now we are moving into restoration and recovery of our services, we have begun a process of risk assessing all of our volunteers on an individual basis to work with them and understand how and when they can safely return.</p> <p>Sarah Willis added that these discussions were also taking place during the weekly executive team recovery cell meetings. A paper on volunteers had recently been received and the volunteer team were working on this now. LPT was looking forward to welcoming back volunteers who are a very valued workforce.</p>
TB/20/178	<p>The Chair thanked everyone for attending the meeting. Feedback on today's meeting is welcome and any lessons learned from the live streaming will be actioned before the next event. The Chair noted that at times during the meeting today the number of attendees had reached 125.</p>
	<p>Date of next public meeting: 27th October 2020 Microsoft Teams Live Stream</p>