



Leicestershire Partnership

NHS Trust

Trust Board

Minutes of the Public Meeting of the Trust Board 27th October 2020 9.30am

Microsoft Teams Live Stream

Present:

Ms Cathy Ellis Chair
 Mr Geoff Rowbotham Non-Executive Director/Deputy Chair
 Mr Darren Hickman 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
 Mr Gordon King Director of Mental Health
 Mrs Sarah Willis Director of Human Resources & Organisational Development
 Mr Chris Oakes Director of Governance and Risk
 Mr Mark Farmer Healthwatch
 Ms Sally Camm NHSI Next Director development scheme for Non-Executive Directors
 Ms Kate Dyer Head of Governance and Interim Company Secretary
 Mr Mark Roberts Head of Communities and Youth Services
 Ms Kamy Basra Head of Communications
 Mr Ian Wakeford Head of Informatics
 Mrs Kay Rippin Corporate Affairs Manager (Minutes)

TB/20/179	<p>Apologies for absence were received from: Liz Rowbotham Non-Executive Director; Ruth Marchington Non-Executive Director; Helen Thompson Director of Families, Young People & Children Services & Learning Disability Services and David Williams Director of Strategy and Business Development.</p> <p>Mark Roberts Assistant Director of Families Young People & Children, Learning Disability and New Care Models attended on behalf of Helen Thompson and Kamy Basra Head of Communications and Ian Wakeford Head of Informatics attended on behalf of David Williams.</p> <p>The Chair welcomed the attendees for the Staff Voice item: Hayley Toone</p>
-----------	---

UNCONFIRMED

	<p>Physiotherapist; Melanie Rowland Operation and Transformation Lead; Priya Patel Occupational Therapist and Larysajane Collins Technical Instructor. The Trust Board Members were introduced (<i>Paper A</i>).</p>
<p>TB/20/180</p>	<p>Patient voice film – Community Health Services The theme of today’s meeting is Community Health Services (CHS). This was Rachel Bilsborough’s last meeting as she is retiring at the end of November 2020. She has been with the NHS for 39 years. The patient voice film focused on the Home First Pathway and the integrated care package that Marilyn (70) received following discharge from UHL after a fall. The Home First Pathway enabled Marilyn to stay at home during her recovery, something that would not have been possible without this pathway. The Home First Team worked quickly to ensure Marilyn had all the equipment and support she needed at home to prevent readmission to hospital. Both Marilyn and her husband Morris described the pathway and the team as invaluable.</p>
<p>TB/20/181</p>	<p>Staff voice – Community Health Services Rachel Bilsborough introduced the Community Therapy Team, describing the journey of transformation they had been on over the last year as the community services were redesigned and integrated into Hubs across the city and county. Priya Patel Occupational Therapist (City Team) described the benefits of being a multi-disciplinary team including reducing duplication and having the ability to discuss and streamline referrals. The Covid impact had been great as the Team relied heavily on face to face contact and support but they have adapted using virtual methods. One of the challenges in working from the Hubs is around joint assessments but this is being resolved with the Teams having the right equipment in order to carry out initial assessments and observations. Larysajane Collins, Technical Instructor joined the newly formed Hub in Coalville and described the changed working conditions (The Hub; more Technical Instructors; 7 day working and working until 6pm) as a great opportunity to develop skills and as offering better continuity of care for patients. She described a patient who was at the end of their life, within 2 hours of discharge from hospital they had equipment at home and were receiving palliative therapy at home surrounded by their family. Covid presented problems but the team have pulled together to support each other and to continue to support those accessing the pathway. Hayley Toone, Physiotherapist described the Home first Pathway as supporting discharge from hospital and keeping people at home including offering rehabilitation at home. A benefit of the service redesign is that the Team have the capacity to visit people at home more frequently, Marilyn, the lady in the patient story film, had 6 visits within one week. There are different support projects in place including care home projects. Covid has forced an increase in remote consultations and many of these have been very successful and will be used more routinely where appropriate. There have been difficulties in the County in liaising with Social Care and improvements in this area need to be achieved. There is a plan to increase understanding around the Home First Pathway in order to ensure referrals are appropriate. Melanie Rowland, Operation and Transformation Lead described the huge changes the teams have been through and was very proud of how they have all pulled together in often difficult and anxious times – through the transformation and then through Covid as a newly formed pathway. There were barriers initially with technology and also with observation kits that were delayed due to Covid but these issues are now being resolved and the journey has developed the team and offers a very positive impact on the lives of those accessing the pathway.</p>

UNCONFIRMED

	<p>The Chair thanked the team for attending Board and for their work through the transformation and through Covid.</p> <p>Angela Hillery commented that the passion for Home First and patient care was evident throughout, and the importance of team makes all the difference. The Home First model, despite initial challenges is now in a great position both within LPT and within the system. Angela Hillery thanked the team for sharing the issues that remain a challenge and asked that the rest of the team are told how proud we are of them.</p> <p>Faisal Hussain asked if any third sector agencies are used to provide the wrap around support. Rachel Bilsborough confirmed that work with the third sector is at different stages in LLR and in the Hubs with the most progress being in Rutland but with engagement increasing in all areas. The challenge is to get the sector to come together as one single voice as they all operate as individual agencies.</p> <p>Faisal Hussain asked how the Home First Pathway will work moving forward as other services offer similar support and how will it fit in with the Ageing Well Service. Rachel Bilsborough confirmed that the service Presentation (item 10) will cover this item.</p> <p>Sarah Willis asked how the team’s health and wellbeing is being looked after – an important consideration across all teams but especially in this team and in winter. Melanie Rowland confirmed that health and wellbeing is discussed frequently with leads and teams. Walking meetings are used for debriefs; Teams calls and WhatsApp groups. They are working hard to try to achieve the team support lost in the base of grabbing a coffee and having a chat. The other team members agreed that the team are very close having gone through such an extensive period of change. They use supervision sessions as formal checks on wellbeing but also the day to day coordinator offers more informal checks. Larysa Collins is a Health and Wellbeing Champion for the Trust.</p> <p>The Chair thanked the team and applauded their well-being focus. Rachel Bilsborough felt very proud of the team and proud seeing how far they’ve come during this transformation period.</p> <p>Kevin Harris asked if there was one thing that the team could change what would it be? Melanie Rowland confirmed that the IT infrastructure – phones, Tough Books, laptops etc. have not always been fit for purpose but this is being resolved slowly. The theme around difficulty in building connections with the county Social Care is a common one and this is another challenge which needs to be resolved.</p> <p>The Chair thanked the team for raising these issues as it is important that the Board hear this and can then offer support in the resolution.</p>
TB/20/182	<p>Declarations of interest in respect of items on the agenda No declarations were received at the meeting.</p>
TB/20/183	<p>Minutes of the previous public meeting: 1st September 2020 (<i>Paper B</i>) Resolved: The minutes were agreed as an accurate record of the meeting.</p>
TB/20/184	<p>Matters Arising (<i>Paper C</i>) Resolved: The Board agreed that all complete (green) matters could now be closed.</p>
TB/20/185	<p>Chair’s Report (<i>Paper D</i>) The Chair offered her thanks to all staff across the Trust for all of their work. The highlights from the report included the launch of the People’s Council in September; the re-launch of the service user involvement induction process with our patient experience team and a visit to the new Beacon Unit which is due to</p>

UNCONFIRMED

	<p>open in November. Whilst there will be no official opening event, a film is being made to celebrate. The Trust's charity Raising Health is bidding for a £490,000 grant to support communities to stay well and work is ongoing with University Hospitals Leicester and Voluntary Action Leicester to plan how to use this money for our communities.</p> <p>Resolved: The Board received the report for information.</p>
TB/20/186	<p>Chief Executive's Report (<i>Paper E</i>)</p> <p>Angela Hillery thanked all staff for their hard work including those in the Incident Control Centre (ICC) which has been working 7 days a week since the start of the pandemic. 43% of staff have now completed the staff survey which is great and Angela Hillery urged more staff to complete it. The Communications Team have been working hard, supporting a fantastic AGM and gaining awards which in turn get the profile of staff validated. We continue to meet regularly with the CQC who plan to inspect services in alternative ways. The staff focus groups with the CQC will continue. The Mental Health Urgent Care Hub features in the Leicester, Leicestershire and Rutland (LLR) Newsletter this edition giving it a national profile which is well deserved. There are a number of Health and Well Being events taking place across LLR this week with LPT and LLR partners involved. LPT have been chosen to be a pilot site for one of the new Health and Wellbeing Hubs.</p> <p>Angela Hillery recorded her thanks to Rachel Bilsborough for her 39 years of NHS service and for the CHS transformation she has overseen..</p> <p>The Chair confirmed that the Non-Executive Directors (NEDs) had met and discussed who should be named as the Health and Wellbeing Guardian for LPT and it had been decided that the Chair would take on this role.</p> <p>Resolved: Cathy Ellis is now the LPT Health and Wellbeing Guardian.</p>
TB/20/187	<p>Organisational Risk Register (ORR) (<i>Paper F</i>)</p> <p>Chris Oakes presented paper F confirming the headlines. A new risk – risk 51 relating to the flu vaccine for staff was here today for approval. There are 14 high risks with risk 51 currently the highest. The Covid risk is under review as this is now more business as usual. 13 risks are lower than their original score – this movement and the static risks have been discussed in level one Committees and a full review of these risks is now planned, demonstrating the dynamic use of the ORR.</p> <p>Darren Hickman asked why the Cyber Risk had been removed from the ORR and why was this no longer considered a risk? Chris Oakes confirmed that the ORR was the organisational risk register and that risks can be deescalated to directorate risks if appropriate whilst still remaining a risk. Dani Cecchini confirmed that the cyber risk had been deescalated following a review of all controls but that the risk remains and is actively managed by the Data Privacy Group on behalf of the Finance and Performance Committee (FPC). This process remains flexible and risks can be re-escalated if necessary.</p> <p>The Chair asked about the assurance ratings that remain amber on the ORR What needs to be done to turn these to green? Could this be looked at and fed back through the level one committees? Chris Oakes confirmed that this can be taken away and further refined.</p> <p>Geoff Rowbotham asked if risk 51 needed more detail around what success might look like and Anne Scott agreed to reflect on this new risk 51.</p> <p>Action: Chris Oakes to review the amber assurance ratings on the ORR (right hand side) and consider what would need to be done to turn these green</p> <p>Action: Anne Scott to review the narrative around risk 51 and consider adding more detail about what success would look like.</p>

UNCONFIRMED

	<p>Resolved: The Board agreed the addition of risk 51 to the ORR.</p>
<p>TB/20/188</p>	<p>Service Presentation – Community Health Services (CHS) Rachel Bilsborough and Melanie Rowland delivered a PowerPoint presentation describing the Community Service redesign, Ageing Well and Home First pathways. This PowerPoint Presentation will be circulated to all Board members for reference.</p> <p>The Chair thanked the team for the presentation and commented that it was good to see that they had adapted the quality accreditation process through Covid. Faisal Hussain suggested that once the Home First service is embedded it would be useful to understand the role it has played in improving health outcomes and reducing health inequalities. Rachel Bilsborough agreed that this was very important and was being progressed through the LLR Primary and Community Design and Delivery Group. Faisal Hussain enquired how the Covid provisions for Continuing Health Care were working in practice; Rachel Bilsborough confirmed that Covid had removed much of the red tape around access allowing access in a more timely way and that this has been embedded into the operating process and the discharge Hub.</p> <p>Geoff Rowbotham asked how well LPT’s mental health services align and support the CHS approach in neighbourhoods. Rachel Bilsborough confirmed that work is ongoing to align the Step Up To Great (SUTG) footprints for community and mental health and a pilot is underway looking at integrating the mental health services with the neighborhood teams.</p> <p>The Chair thanked the team for the presentation.</p>
<p>TB/20/189</p>	<p>Step Up To Great (SUTG) Progress Report (<i>Paper G</i>) Kamy Basra presented paper G on behalf of David Williams. The SUTG strategy was relaunched just over 1 year ago and is now well integrated. The objectives that sit within the strategy are now being refreshed as some of the work is complete. There is a SUTG conference with staff planned for 27th November to celebrate work and engage in conversation around this refresh. There will then be a period of engagement with an 8-10 week campaign involving staff, the People’s Council (patient voice) and stakeholder survey. It is anticipated that the refreshed strategy will be finalised by March 2021. The Board were asked to support this plan today. Angela Hillery asked if staff will be able to participate if they cannot make the conference on 27th November and Kamy Basra confirmed that there would be other opportunities for staff to be involved during the consultation period.</p> <p>The Chair said that it was important that the Board understood the progress and the status of each of the bricks underpinning the strategy and requested a progress report to be delivered at the 22nd December Trust Board meeting.</p> <p>Action: David Williams to bring a SUTG Progress Report to the 22nd December Trust Board meeting. To include details the status of each of the bricks in the strategy.</p> <p>Resolved: The Board approved the approach set out in the SUTG Progress Report.</p>
<p>TB/20/190</p>	<p>IM&T Digital Plan (<i>Paper H</i>) Ian Wakeford presented paper H on behalf of David Williams. This paper has been to the executive team to FPC and to the October Board development session. The paper was here today for support from the Board. There are 60 strategic objectives contained within the report to deliver over the next three and a half years. The single Electronic Patient Record (EPR) go live date is 03.11.20. From this point all patients records will be on SystmOne. This will ensure that we play our part in the system working and will improverecord sharing etc. There have been some</p>

UNCONFIRMED

	<p>benefits from agile working with IT due to Covid including increased sustainability and lower carbon footprint and the Digital Plan addresses some of these issues. This plan will be subject to annual review.</p> <p>The Chair thanked the team for the great work and support offered to all those staff working from home and Rachel Bilsborough thanked the team for great engagement with the services throughout the Covid pandemic. The Chair thanked the team for the migration support to SystemOne.</p> <p>Kevin Harris asked if it was ambitious enough to reduce to 3 EPR systems across the LLR system – could we do more? Ian Wakeford confirmed that this is a huge reduction and that there is not a single system currently on the market that would be suitable for social care, UHL and LPT and so having 3 is the very best we can do at this time.</p> <p>Angela Hillery commented that it was good that we were now getting digital recognition – was there more we could do? Ian Wakeford agreed that there was more they could do to support others and share learning and it was agreed that this should be considered moving forward.</p> <p>Resolved: The Board agreed the Digital Plan.</p>
TB/20/191	<p>LLR System – Financial Plan (<i>Paper I</i>)</p> <p>Dani Cecchini presented paper I confirming that this had been discussed in the last Board development session and submitted to NHSI on 22nd October 2020 and was presented today for formal ratification. This plan has yet to be approved by NHSI&E. There has been some improvement since the plan was produced but no changes to the plan are proposed as a result of this.</p> <p>Angela Hillery reminded the Board that the regulators only converse with us as a system now and it is important as a Trust Board to consider the gap that remains is a collective one. The Chair agreed confirming that we need to work with the system partners to deliver this target.</p> <p>Resolved: The Board formally ratified the Financial Plan.</p>
TB/20/192	<p>Quality Assurance Committee (QAC) Highlight Report - 29th September 2020 (<i>Paper J</i>)</p> <p>Kevin Harris presented the report on behalf of Liz Rowbotham and Ruth Marchington. It was confirmed that the ambers are there due to not evidencing sufficient progress and that there was some concern raised around medicines optimisation (which was a previous concern of the CQC) continuing to be an issue. Anne Scott added that work is ongoing around auditing in order to provide increased assurance.</p> <p>The Chair asked about the impact of student nurse/medical placements due to the pandemic – is this an emerging risk? Kevin Harris confirmed that from a university perspective it was encouraging that the placements were increasing as we left the 1st wave of Covid but as the 2nd wave is now a possibility there are challenging times ahead which we will need to manage. Sarah Willis confirmed that there is a paper on this matter that has been to the executive team and it has been agreed that this will be put on the ORR.</p> <p>Avinash Hiremath commented that the challenges ahead will mean that a blended model of learning will need to be embraced. There are problems around virtual outpatients’ services not offering a good learning experience for students and ways of improving this are being considered now. Anne Scott confirmed that these issues are also being discussed at the Clinical Reference Group and she is in regular contact with both the University of Leicester and DeMontfort University. The Chair asked about the issue of the out of date medical devices and Anne Scott confirmed that this matter is being monitored at QAC and will be escalated if</p>

UNCONFIRMED

	<p>deemed necessary.</p> <p>Resolved: The Board received assurance from the QAC Highlight Report.</p>
TB/20/193	<p>Director Of Nursing Report (<i>Paper K</i>)</p> <p>Anne Scott presented paper K confirming that she was proud of the Quality and Safety Teams for maintaining a business as usual agenda throughout Covid. The highlights of the report include the following: There have been 3 Covid outbreaks in October – Bosworth ward (4 staff); The Willows (4 staff across 2 wards and 2 patients) and Langley Ward (2 students). All patients have been tested and all were negative. All outbreaks are being managed with no causative link apparent. The hand hygiene and bare below the elbow audits have increased. The Covid vaccination plan and programme is being developed with a vaccine potentially available from December 2020. The Section42 safeguarding enquiries backlog is now cleared. The work with the complaints team is ongoing and is improving complaints management. The Learning Lessons Exchange Group is working well as a community of practice with every other meeting now being a learning event. The quality accreditation programme has now recommenced. Following a review of the Legislative Group it has been agreed that this group will split into two committees – a safeguarding and a legislative group – this is currently being formalised.</p> <p>Faisal Hussain asked if there were any concerns around a lapse in PPE protocols in advance of the potential second surge. Anne Scott confirmed that LPT are using an audit tool to look at masks, handwashing, social distancing and wiping down areas – particularly at break times. We have a good supply of PPE.</p> <p>Resolved: The Board received assurance from the Director Of Nursing Report.</p>
TB/20/194	<p>Care Quality Commission (CQC) Progress Report (<i>Paper L</i>)</p> <p>Anne Scott presented paper L confirming the highlights. The Time to Shine events continue to run successfully with good attendance. The Quality Surveillance Tracker continues to be used and a reflection exercise has been carried out around the CQC warning notices. The CQC confirmed in July that some progress was evident but additional improvements were required. A CQC Well Led workshop was held during September (with Trust Board input into this at the 6th October development meeting) and a self-assessment checklist has been produced for all services where we have previously been rated as requires improvement. The CQC are working differently during the pandemic taking a ‘transitional regulatory approach’ and inspecting areas of high risk only.</p> <p>Resolved: The Board received assurance from the CQC Progress Report.</p>
TB/20/195	<p>Serious Incidents (SI) Bi-monthly Report (<i>Paper M</i>)</p> <p>Anne Scott presented paper M which covers August and September 2020. There has been a slight deterioration in the 60 day deadline for submission but a recovery improvement plan is now in place to address this. A consideration of the impacts of both Covid and waiting times is now factored into each SI. The acuity of patients has increased and the number of falls has increased largely due to this increase in acuity. There was the death of a patient during August which met the criteria for an “inpatient suicide” and is currently under investigation with an executive/non-executive led panel and an independent chair from Northamptonshire. Incidents of violence and aggression have increased and a quality improvement plan is in place which QAC oversee. Deep dives/quality summits continue to be conducted into specific areas as required. There has been 1 duty of candour breach and 12 breaches in relation to sharing the final report - these have been largely down to human error. There has been a new SI framework published which encourages</p>

UNCONFIRMED

	<p>reflection and learning.</p> <p>Faisal Hussain asked if the Covid 2nd wave could see an increase in suicides and Avinash Hiremath confirmed that research around suicide in any post disaster situation shows an increase. Currently the rise is not considered to be statistically significant. The increase in real time surveillance means that information can be shared across directorate and learning can be gained rapidly.</p> <p>Geoff Rowbotham asked if there was a way of prioritising SI action plans and recovery plans to minimise harm? Anne Scott confirmed that any actions from a patient safety perspective are acted upon immediately and any harm actions are monitored by the Harm Review Group and the Head of Patient Safety.</p> <p>Geoff Rowbotham asked a specific question about Chart 11a internal root cause analysis figures for adult mental health and Anne Scott confirmed that she would need to ask Gordon King to respond to this post meeting.</p> <p>The Chair asked if the staff are being supported with learning around the duty of candour breaches and Anne Scott confirmed that they were.</p> <p>Resolved: The Board received assurance from the SI bi-monthly Report.</p>
TB/20/196	<p>Safer Staffing - Monthly Report (<i>Paper N</i>)</p> <p>Anne Scott presented paper N which covered September 2020. The highlights included 5 wards had over 6% agency staff which is linked to activity on the wards. The Central Access Point (CAP) is a new area of note due to staff shortages and the increasing pressure of crisis within mental health. Appropriate measures are in place to maintain safety. PPE donning and doffing has now been added as mandatory training. As of 1st October 2020 appraisals were at 82.4% (green) and clinical supervision at 84.8% (amber). Whilst there are still a number of areas of note there are robust plans in place to mitigate. The red areas of Health Care Support Worker usage in CHS are due to reduced bed occupancy which requires less staff.</p> <p>Angela Hillery questioned with the Covid 2nd wave potential and possible increased absence how are we going to look at all workforces with regards to safer staffing and how can we work with the system around this? Anne Scott confirmed that conversations are taking place across the system around mutual support and safer staffing but also considering different ways of working to mitigate risk.</p> <p>Resolved: The Board received assurance from the Safer Staffing Report.</p>
TB/20/197	<p>Guardian of Safe Working Hours Q 2 Report (<i>Paper O</i>)</p> <p>Avinash Hiremath presented paper O thanking all colleagues involved in writing the report. There were a number of exception reports during the last quarter, almost double in comparison to the previous quarter. The reasons for this are an increase in mental health activity and a change in the patient estate in response to Covid 19 including zoning – leading to more Doctors being called out and the on-call rota being very busy. Mitigations in this regard include a compensatory rest period post on-call and the provision of on-call accommodation if required. The Junior Doctors Forum is also setting up a task and finish group and further details on this will be reported in the next quarter’s report.</p> <p>Rachel Bilsborough referred to the end of the report where the health and wellbeing of trainee medics was mentioned, asking if they would be aware of LPT’s health and wellbeing offers. Avinash Hiremath confirmed that he is a health and wellbeing champion and ensures that all comms are sent on to Doctors and their teams. Currently they are actively exploring having a health and wellbeing lead for the Doctors. Avinash Hiremath confirmed that the rota remained safe despite the challenges of Covid thanks to the junior Doctors. They are currently discussing the number of Doctors required for Mental Health Act assessments out of hours .</p>

UNCONFIRMED

	<p>The Chair confirmed that as the new Health and Wellbeing Guardian for the Trust if she could help in anyway, she would.</p> <p>Resolved: The Board received assurance from the Guardian of Safe Working Hours Report.</p>
TB/20/198	<p>IPC BAF update (<i>Paper P</i>)</p> <p>Anne Scott presented paper P. When this paper was presented at Board last time there were 66 key lines of enquiry (KLOEs) and self-assessments against 10 gaps. This process is being monitored through the Infection Prevention and Control (IPC) Group and QAC. 7 out of the 10 actions are now complete and action 3 has been strengthened. The board will continue to be informed of progress.</p> <p>Resolved: The Board received assurance from the IPC BAF update.</p>
TB/20/199	<p>Annual Flu Plan (<i>Paper Q</i>)</p> <p>Anne Scott presented paper Q. The key considerations of this year's plan are delivering a programme in a pandemic and the national expansion to include additional groups in the programme including those in more deprived areas and targeting BAME communities. The supply of vaccine poses a potential risk, LPT have ordered 4000. The vaccine is not vegetarian/vegan and this is causing some vaccine hesitancy. The flu action plan and Trust communication plan have been to the executive team and to QAC.</p> <p>The Chair confirmed that the Board are committed to the programme and will work to support its achievement.</p> <p>Darren Hickman commented that there was a new risk around flu on the ORR and Anne Scott confirmed that there has been a bigger push to promote the flu vaccine before the Covid vaccine arrives due to the requirement for a 28 day gap between vaccines. The Board will be updated on the progress each meeting.</p> <p>Resolved: The Board approved the flu action plan and Trust communication plan for the vaccine plan.</p>
TB/20/200	<p>WRES & WDES Data and Action Plans (<i>Paper Ri & Rii</i>)</p> <p>Sarah Willis presented papers Ri and Rii confirming that both papers had been through the governance process and been to the staff support group, the Equality Diversity and Inclusion Group (EDI) and QAC. There is a statutory requirement to publish this data on the website by the end of October 2020.</p> <p>Resolved: The Board approved the WRES & WDES Data publication and Action Plans.</p>
TB/20/201	<p>Finance and Performance Committee Highlight Report 29th September 2020 (<i>Paper S</i>)</p> <p>Geoff Rowbotham presented paper S confirming that there were two themes of focus the Trust restoration and recovery programme and estates and facilities. Both of these areas were given split assurance from FPC. The Performance Report was also considered in detail with concerns raised around access particularly the 52 week waits and the personality disorder services.</p> <p>Resolved: The Board received assurance from the Finance and Performance Committee Highlight Report.</p>
TB/20/202	<p>Finance Monthly Report – Month 6 (<i>Paper T</i>)</p> <p>Dani Cecchini presented paper T month 6 Finance Report which is the final month of the previous Covid financial regime. The month 7-12 plan has now been signed off. Month 6 shows a break even relatively secure position. There is approximately £1million Covid reimbursement still awaiting confirmation. The significant cash balances are due to receiving income a month in advance. Future finance plans will start to focus on delivery against a plan.</p> <p>Resolved: The Board received assurance from the Finance Monthly Report.</p>

UNCONFIRMED

<p>TB/20/203</p>	<p>Performance Report – Month 6 (<i>Paper U</i>) Dani Cecchini presented paper U confirming that due to system changes the September 52 week wait data is not included in this report. The July and August data for the 52 week wait continues to be deteriorating. The Performance report and performance management arrangements are being reviewed at the end of October and the Board will be updated on the position after the meeting which is taking place on 30th October. All waiting time trajectories have yet to be received but should be clear and presented at the next FPC meeting on 24th November. The chair commented that within section 3 in the report (access and waiting time standards) the narrative says inconsistent but several services are showing 100% so it is key that the report reflects the reality. Mark Farmer (Healthwatch) commented that whilst the report was clear, there was some worrying data from a patient and carer perspective for example the crisis team and the 5 day target – what plans do LPT and the system have to address this? Dani Cecchini confirmed that there is a real opportunity to get this right. We are still waiting for the mental health trajectories and are currently in talks with the system around a system wide performance report. Outcomes and performance data could then be used to produce system wide improvements plans. Resolved: The Board received assurance from the Performance Report.</p>
<p>TB/20/204</p>	<p>Charitable Funds Committee Highlight Report – 15th October 2020 (<i>Paper V</i>) Cathy Ellis presented paper V which detailed high levels of assurance in all areas. Raising Health continues to work on strategic priorities and is building relationships with corporate partners. There are many projects currently approved and underway and two new appeals have gone live – Raising a Smile – for inpatient Christmas gifts and The Beacon Unit – supporting the development of this unit and fundraising for activities for young people including an outdoor shelter so that the garden can be used all year round. Marker Farmer (Healthwatch) commented that the idea of an animal petting area had been suggested for the Beacon unit. With regards to the mental health 1st aid training for staff – could this be extended to the public and staff in other organisations? Cathy Ellis confirmed that the current costings are for LPT staff only but that they can use it both at work and in their communities but extending the offer further is an option to consider in the future. Faisal Hussain commented that UHL have a charity and is there any possibility of working with together on projects? Cathy Ellis confirmed that we were working closely with UHL with regards to the £490,000 community funding that is available for LLR. The two charities have a buddy relationship but are separate charities with specific aims and can only work together where there is a common aim. Sarah Willis added that the system has been given the opportunity to be a mental health and wellbeing pilot site which will be for all mental health and social care staff. Sarah Willis is the SRO for the hub and will keep Mark Farmer informed of progress on this. Resolved: The Board received assurance from the Charitable Funds Committee Highlight Report.</p>
<p>TB/20/205</p>	<p>Audit and Assurance Committee Highlight Report – 2nd October 2020 (<i>Paper W</i>) Darren Hickman presented the report and confirmed that this year’s internal audit follow up rate is 100% which is great news and an improvement on previous years. Resolved: The Board received assurance from the Audit and Assurance Committee Highlight Report.</p>

UNCONFIRMED

TB/20/206	<p>Review of risk – any further risks as a result of board discussion? The Chair confirmed that two potential risks had arisen – the cyber risk and the student placement risk. These will be closely monitored.</p>
TB/20/207	<p>Any other urgent business The Chair, Angela Hillery and the Trust Board thanked Rachel Bilsborough for her contribution today and throughout her career with the NHS. Everyone wished her well for her retirement.</p>
TB/20/208	<p>Papers/updates not received in line with the work plan: Documents Signed Under Seal was not received as there was nothing to report this period.</p>
TB/20/209	<p>Public questions on agenda items 2 questions were received today via our website:</p> <p>Question from Grant: The effect on People with Mental Health issues because of Covid-19 and other physical disabilities and learning disabilities as it is hard on everyone, but for people who are stuck on their own it is even worse in my opinion and some people like their own company up to a degree, but we were born to be around people</p> <p>Gordon King responded: Agreed, it's a key part of mental health and wellbeing to be able to connect. We are working hard to ensure that we reinstate as much face to face as we can across our services and we fully understand the strain this is putting on people across our system. We will continue to work with the voluntary sector to try and support people who are feeling isolated. Some of the group work is difficult virtually but we are working on this. We will continue to work with our service user engagement team on how we can support people over the next period. The Chair added that the service user recovery café conversations had recommenced virtually.</p> <p>Question from Heather: I have been working with our amazing Psycho-oncology Department at LRI for the last 10 years seeing first-hand the incredible specialist support offered to cancer patients. Mental health attached to any cancer diagnosis is entirely different to General mental health issues and as such we need to embrace and recognise the first hand service this team headed by Dr Alex Mitchell offers. It is criminal especially at this extra stressful time to ignore that Cancer patients need and deserve a full psycho-oncology service to continue. The Trust are planning without consultation to close this valuable service leaving cancer patients with the many long term debilitating mental health issues they face with nowhere to turn. A petition set up by our Volunteers who all having experienced Cancer themselves know first-hand that Psycho -oncology as a full on going service must be retained and feel very strongly they must be heard I will try to send the petition on with it's now hundreds of signatures of support PLEASE HELP.</p> <p>Gordon King responded: As part of the system plans to deliver the national requirements for Core 24 services at the acute hospitals and to better join up the different services we currently offer we have been working with the CCG on plans to offer a range of options to service users including those with a diagnosis of cancer to reduce waits and access. These plans are intended to improve the options available but may mean some existing services working differently. These suggested changes will absolutely be subject to full engagement and the details on how to feedback on this will be on our website shortly. This is likely to be open for</p>

UNCONFIRMED

	<p>people to respond for 6 weeks. Whilst confident that these changes will be helpful we are obviously committed to ensuring everyone has a say. We are sorry that this issue has caused distress but are confident that this process will give people the opportunity to have their views heard and to understand the help available in the future.</p> <p>Angela Hillery commented that it is important that people continue to give their feedback on matters.</p>
TB/20/210	<p>Review of today's meeting</p> <p>Angela Hillery commented that the timing of the meeting was good and to plan. The Chair commented that many of the reports were lengthy and detailed – these reports need to be more accessible to all and have a reduction in complex terminology.</p>