



Leicestershire Partnership

NHS Trust

Trust Board

Minutes of the Public Meeting of the Trust Board 2nd March 2021 - Microsoft Teams Live Stream

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 Deputy Chief Executive
 Mr Richard Wheeler Chief Finance Officer
 Ms Sharon Murphy Interim Director of Finance
 Dr Avinash Hiremath Medical Director
 Dr Anne Scott Director of Nursing AHPs and Quality

In Attendance:

Ms Rachel Bilsborough Director of Community Health Services
 Mr Gordon King Director of Mental Health
 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 Deputy Director of Governance and Risk
 Mrs Kay Rippin Corporate Affairs Manager (Minutes)

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| TB/21/001 | <p>Apologies for absence: None</p> <p>Welcome to the meeting: Richard Wheeler Chief Finance Officer Kate Dyer Deputy Director of Governance and Risk Kamy Basra Head of Communications Haseeb Ahmad Head of EDI (for paper M and N) Debbie Blaze CINSS Clinical Service Lead (observing) Mark Farmer Healthwatch</p> <p>The Trust Board Members are introduced in Paper A. The Chair introduced the meeting confirming that the minutes would be the official recording of the meeting. Any questions raised by the public would be addressed at</p> |
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| | <p>the end of the meeting. The meeting would focus on the 6 priority areas (Covid-19; Quality and Safety; Health and Wellbeing of Staff; Risk; Finance and Impacts on Performance; and Statutory requirements) and all papers should be taken as read with presenters highlighting any matters that may impact on risk and quality of services.</p> |
| TB/21/002 | <p>Staff voice – Covid Risks – Vaccination Centres Video was shared showing interviews with staff having their vaccinations at Loughborough Hospital, Fielding Palmer Hospital and The Peepul Centre.</p> <p>The Chair thanked all the staff and volunteers working in the vaccination centres. Helen Thompson confirmed that to date the Peepul Centre had vaccinated 22,311 people and had successfully run 3 days of Learning Disability (LD)/Autism clinics vaccinating 270 people with LD/Autism and 73 of their carers. Work is now ongoing with faith leaders to offer after hours appointments during Ramadan which begins this year on 12th April.</p> |
| TB/21/003 | <p>Declarations of interest in respect of items on the agenda No further declarations were received.</p> |
| TB/21/004 | <p>Minutes of the previous public meeting: 22nd December 2020 (Paper B) Resolved: The minutes were agreed and approved as an accurate record of the meeting.</p> |
| TB/21/005 | <p>Matters Arising (Paper C) One item which is not yet due. David Williams confirmed that this is a deliberate temporary suspension of the Step Up To Great (SUTG) Strategy whilst the strategic focus was on preserving life during covid.</p> |
| TB/21/006 | <p>Chair's Report (Paper D) The Chair thanked all staff for their hard work, flexibility and contribution during this time. Mark Farmer Healthwatch and the People's Council attended the Trust Board Development meeting on 2nd February 2021 and will be involved in the SUTG and mental health transformation future work. Staff health and wellbeing remains a key focus and the Chair confirmed her role as the Trust's Guardian for health and wellbeing attending a recent national event, bringing best practice back to LPT. The go-live for the integrated care system (ICS) is scheduled for 1st April 2021 and development work with system partners is ongoing. The NHS Charities Together funding for the Leicester, Leicestershire and Rutland (LLR) health system phase 2 award is currently being processed and will be going to the NHS Charities Together Board on 31st March 2021.</p> |
| TB/21/007 | <p>Chief Executive's Report (Paper E) Angela Hillery offered thanks to all staff across the Trust, commending the staff in the vaccination centre video for their bespoke LD/Autism sessions. LLR remains in a level 5 alert with continued high pressure on LLR despite the plans to ease lockdown nationally. LPT as a Trust is at level 4. At the Strategic Gold meeting last week it was confirmed that 74% of staff had been vaccinated. Avinash Hiremath and Anne Scott continue to work with staff who are hesitant. LGBTQ + history month was celebrated last month across LPT and offered a great opportunity for the staff network to celebrate their contribution. The focus on staff health and wellbeing will continue throughout this year and LPT and Sarah Willis are leading the LLR mental health and wellbeing hub which is funded for 2021/22. The Executive Team have some recent changes – Richard Wheeler has the Chief Finance Officer role across both LPT and NHFT (Northampton Foundation Trust) providing increased capacity and capability in provider collaborations. Sharon Murphy is now the Interim Director of Finance. Rachel Bilsborough Director of Community Health Services is retiring this month after almost 40 years in the NHS</p> |

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| | <p>playing a significant role in developing quality and community services. Angela Hillery thanks her for her contribution and wished her well in her retirement. Dani Cecchini Deputy Chief Executive is also retiring and Angela Hillery thanked her for being a supportive deputy, contributing above and beyond, offering energy and wisdom.</p> <p>Angela Hillery confirmed that the ICS continues to gather pace within LLR with LPT being a strong partner in this development. LLR's application will be considered this month and the recent White Paper gives support to the direction of travel.</p> <p>Angela Hillery congratulated staff involved in the HSJ Awards shortlisting in 2 categories for WRES and Race Equality and for partnership working. The event is being held on 17th March. It is International Women's Day on 8th March and Angela Hillery confirmed that she will be opening the event on Twitter with other women leaders and that LPT will be running their own event to celebrate too.</p> <p>Darren Hickman asked if the wellbeing hub for staff is being accessed and Angela Hillery confirmed that the phasing of covid will influence when people access this service and Sarah Willis confirmed that the 24/7 call centre went live on 3rd February 2021 and information on numbers and themes will be available on 11th March when the first return is due to NHSIE. Sarah Willis confirmed that this hub is for health and social care staff across LLR (60,000 people) and there is a focus on outreach too – reaching out to key areas such as ICU and care homes. Education and training for providers in the system to support their staff is another offer from this service. Angela Hillery confirmed that the LLR hub is a pilot alongside one in Birmingham and learning will be shared between them and our Buddy trust NHFT.</p> |
| TB/21/008 | <p>Board Decision Making Architecture (Verbal)</p> <p>Chris Oakes confirmed that a root and branch review looking at all guidance, statutory and regulatory requirements and best practice had been completed considering the decision making and governance approach for the Board and level 1 committees. The in depth analysis is now complete and a detailed document has been produced and has been shared with executive leads, level 1 committee chairs and the chair of the Trust. This will be presented at the 23rd March Trust Board Development meeting and receive final sign off at 27th April Trust Board meeting. This architecture does not exist widely and will lead to high levels of governance.</p> <p>Liz Rowbotham confirmed that engagement around this work had been solid and that is it a very comprehensive piece of work.</p> <p>Geoff Rowbotham agreed confirming that evidence of these changes can already be seen with papers following through the tier 1 meetings.</p> <p>Angela Hillery confirmed that other Trusts will be interested in this work and this learning can be shared.</p> |
| TB/21/009 | <p>Organisational Risk Register (Paper F)</p> <p>Chris Oakes presented paper F confirming that the risk register continues to develop and respond to changes. 2 risks have been deescalated following full risk assessments in communal areas. A new risk, Risk 54 is here today for Trust Board approval.</p> <p>Ruth Marchington had two questions around the red risks. Risk 8 – should the learning with NHFT be reflected in this risk? Risk 10 – contains 2 actions around lack of support from UHL – which has not changed since January 2021 – is there an update?</p> <p>Chris Oakes confirmed that the learning with NHFT/group mitigations should be included in this risk narrative. David Williams confirmed that the risk is reducing due to new ways of working in LLR as well as support from NHFT.</p> <p>Richard Wheeler confirmed that Estates are currently working through the final</p> |

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| | <p>stages of this case and the final business case for Facilities Management will be brought to Trust Board once complete. Plans have been set back due to Estates' response to covid.</p> <p>Darren Hickman asked when risk 54's risk appetite will be determined and Sharon Murphy confirmed that discussions at the Finance and Performance Committee (FPC) evolved this risk to describe the key uncertainties – the risk appetite discussions will be held at FPC and will consider the underlying run rate.</p> <p>Geoff Rowbotham asked if the focus on the engagement of BAME communities and improving health inequalities should be separate risks now. Chris Oakes confirmed that this suggestion would be taken to the executive team as was now an emerging issue.</p> <p>The Chair raised the fact that 3 risks – 8, 10 and 26 – have not changed rating during the last 12 months. Chris Oakes confirmed that static risks are reviewed periodically. Kate Dyer confirmed that a deep dive was carried out into risk 10 and this revealed that new issues had come in and the mitigation had not changed the score before it rose again. David Williams confirmed that a review of risk 8 was due on 31st March 2021. Any changes will be evident at the next Trust Board meeting. Angela Hillery added that access to treatment will be key as we come out of covid we will be continuing to work on waiting lists and harm reviews.</p> <p>Action: Chris Oakes to update risk 8 to reflect NHFT group mitigations and new ways of working in LLR.</p> <p>Action: Chris Oakes to raise with the executive team the possibility that the engagement of BAME communities and improving health inequalities should be separate risks on the ORR.</p> <p>Resolved: The Board received the report for assurance and agreed the de-escalation of risks 47 and 53. The Board approved the inclusion of the new risk 54.</p> |
| TB/21/010 | <p>Quality Assurance Committee Highlight Report – 26th January 2021– (Paper G)</p> <p>Liz Rowbotham presented paper G confirming that the high (red) risk around pharmacy has now progressed and is no longer a high risk. The split assurance on the CQC compliance matter was due to great progress being made through the Foundations For Great Patient Care Group (FFGPC) alongside the possible capacity issues due to covid. The split assurance for the Quality Forum Highlight Report was due to the ongoing unresolved issues that the committee were monitoring.</p> <p>Mark Farmer Healthwatch raised the issue of the extended complaints response timeframes and asked if this has had any impact on services. Liz Rowbotham confirmed that the Complaints Team would progress complaints where they can. Anne Scott confirmed that with regards to the 45 day response there were no backlogs yet but this is being monitored and benchmarked against UHL and NHFT. Geoff Rowbotham referenced the comments on the Beacon unit across Trust Board papers and asked when the next Beacon Unit Review would be and Liz Rowbotham confirmed that there would be an update at the March Quality Assurance Committee (QAC) meeting via the Safeguarding Highlight Report who are monitoring this. Angela Hillery confirmed that there should be scrutiny around any new facility as it develops and Helen Thompson confirmed that there has been lots of informed learning from diagnostic work which has fed into the Standard Operating Procedures (SOPs). This cohort of patients is particularly acute currently as there is a national issue with availability of Psychiatric Intensive Care Unit beds. LPT have a well-developed plan and lots of support in the unit and are utilising the national programme of QI for inpatient CAMHS units.</p> |

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| | <p>Resolved: The Board received the report for assurance.</p> |
| <p>TB/21/011</p> | <p>Director of Nursing's Report (Paper H) Anne Scott presented the paper listing the highlights as follows. The Infection Prevention Control team have now recruited to the new posts. There have been 8 nosocomial covid outbreaks during January 2021. Hospital acquired infections have been added to the performance report from January. The section 42 enquiries process with Leicester City social care has been improved with a single point of contact created. A section 47 investigation is ongoing. The planned go live date for SMS patient involvement feedback has been delayed due to team capacity but is now planned for the end of March 2021. Work continues with both universities to be flexible with regards to student placements. Liz Rowbotham asked if the clinical governance review could be brought to QAC once the executive team had seen it. Faisal Hussain asked how well is the patient involvement work being coordinated to prevent over engagement of the same individuals. Also is this work informing outcomes within services? Anne Scott confirmed that they are mindful of both coordination and meaning and are aware of possible fatigue. Mark Farmer Healthwatch added there is work ongoing behind the scenes to avoid duplication and consultation fatigue. Faisal Hussain stressed the importance of being clear about what is being asked and feeding back following consultation on what was done, what wasn't done, and why. Action: Anne Scott to bring the clinical governance review to the 25th May QAC meeting for QAC oversight. Resolved: The Board received the report for assurance</p> |
| <p>TB/21/012</p> | <p>Patient Safety Incident and Serious Incident Learning Assurance Report (Paper I) Anne Scott presented paper I confirming the key points as follows. The Patient Safety Team are working hard with directorates to improve the deterioration of 60 day SI reports to the CCG. There is an ORR risk around this and ongoing work to improve this. QI work around pressure ulcers has an emerging theme around communications with carers. Falls have increased in line with patient acuity and there is ongoing work around this. Incidents of self-harm/suicide decreased in December but increased in January. There are high numbers of violence and aggression across mental health wards and there is a QI approach being developed to address this. Duty of Candour has been renamed Culture of Candour and policy amendments have been made following an internal audit review. Angela Hillery commented that the SPC charts in the report are helpful. Rachel Bilsborough agreed that the SPC charts assist in understanding long term trends. Angela Hillery asked what support is offered to staff with regards to violence and aggression. Anne Scott confirmed that all staff receive training on management of violence and aggression, a policy is in place and any staff who become injured due to an incident are contacted by directors and are offered pastoral support. Geoff Rowbotham commented that it may be beneficial to differentiate between immediate and long term priorities during Covid – between recurring and non-recurring issues – would this be possible? Anne Scott responded confirming that it is very difficult to say if incidents are as a direct result of covid or are one off in nature. Ruth Marchington commented that QAC conducted a multifaceted deep dive on self-harm, violence and aggression. The Learning From Deaths Report demonstrates a QI approach and is a well set out report for information around deaths. Ruth Marchington asked where the previously raised issue of lack of risk</p> |

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| | <p>assessments is now discussed to aid learning. Anne Scott confirmed this happens in a number of places – Foundations For Great Patient Care Group; Learning Lessons Exchange Group; and the Patient Safety team will triangulate the information.</p> <p>Resolved: The Board received the report for assurance.</p> |
| TB/21/013 | <p>Safe Staffing Monthly Review – December 2020 & January 2021 (Paper Ji & Jii)</p> <p>Anne Scott presented paper Ji outlining the December themes as follows. The temporary worker utilisation rate increased due to acuity and covid outbreaks in staff. In December there were 12 inpatient and 8 community areas to note. There was sufficient resilience during December and LPT remained safely staffed. Faisal Hussain asked if the staffing issues in the Central Access Point affected the service and Anne Scott and Gordon King confirmed that it was monitored and there were no specific issues raised.</p> <p>Anne Scott presented paper Jii outlining the January themes as follows. An increase in temporary and agency staff again linked to acuity and covid related absences. 15 inpatient and 9 community areas to note.</p> <p>Darren Hickman commented on the high usage of agency staff recently, with bank staff being the preference historically as agency staff presenting a higher risk. Anne Scott stated that February shows a slight improvement but that this is fragile. Block booking of agency is used which offers increased consistency; this coupled with well managed induction programmes has led to consistency and quality on wards. Sarah Willis added that bank and agency staff are our flexible workforce – they make up our workforce mix. LPT has a good longstanding relationship with the provider and this workforce do not present a risk.</p> <p>Rachel Bilsborough added that an additional covid ward (Charnwood ward) was opened to support the system under pressure. The Surge Cell monitored this staffing and the Surge Cell fed directly into the ICC – the safer staffing position was seen and discussed every day and good feedback was received from agency staff in relation to support received. She was assured that staffing was safe, secure and well inducted.</p> <p>Angela Hillery commented that clinical supervision is orange in both reports and Anne Scott confirmed that the supervision is happening but improvements are needed with regards to logging it on the system.</p> <p>Resolved: The Board receive the reports for assurance.</p> |
| TB/21/014 | <p>Learning From Deaths Report Q3 (Paper K)</p> <p>Avinash Hiremath presented the paper which covers Q2 and Q3. Learning is regularly harvested and fed back to inform changes. When the annual report is presented to Board this will demonstrate the information that has been harvested over the year. The LeDeR (learning from deaths of people with a learning disability) process is a good piece of system work across LLR.</p> <p>Geoff Rowbotham noted that we were beginning to be able to demonstrate with CHS EOL the impact on outcomes. He asked when we would be able to build further on this and triangulate with some of the Trust's KPIs to demonstrate how it is influencing outcomes in care. Avinash Hiremath confirmed that now this system has been established, this will be the plan for the next stage. The annual review will bring in the themes of learning and this will be translated into future improvement.</p> <p>Angela Hillery confirmed that Avinash Hiremath and Anne Scott are members of the ICS clinical leaders group providing a strong platform to take this work forward. There has been great feedback in relation to the LeDeR work and LPT can look to work as a lead provider in the learning disabilities space to enhance quality, safety and transformation of services</p> |

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| | Resolved: The Board received the report for assurance. |
| TB/21/015 | <p>Patient and Carer Experience Involvement and Complaints Report Q3 (Paper L) Anne Scott presented the paper confirming that the Complaints Team continue to rise to the challenge and the QI work continues. There has been a slight increase in complaints this quarter and thematic reviews continue at directorate level. The implementation of the Family and Friends Test continues using iPads. There are more than 60 people in the patient and carers involvement network with virtual workshops and cafes well attended. There have been 2 shortlisted projects for the celebrating excellence awards. The People's Council have had 3 meetings so far. Faisal Hussain confirmed that he was pleased with the direction of travel of the engagement and collaborative work and how will this work address the health inequalities that are evident? Anne Scott confirmed that work was ongoing to connect teams across the system and there is potential to create a system wide People's Council. David Williams confirmed that there is a Health Inequalities Group working across LLR supporting the key function as providers to work together.</p> <p>Resolved: The Board received the report for assurance.</p> |
| TB/21/016 | <p>Gender Pay Gap Report (Paper M) Haseeb Ahmad presented paper M which had received high assurance at QAC. This is the annual submission in line with the People Plan and work continues to address issues raised within the report.</p> <p>Resolved: The Board received the report for assurance and approved it for publication.</p> |
| TB/21/017 | <p>Workforce Equality Monitoring Report (Paper N) Haseeb Ahmad presented paper N which had received high assurance at QAC. The report identifies equality issues which the Trust is addressing. The Chair noted that 20% of staff have not recorded their disability status and Haseeb Ahmad confirmed that this is addressed by the action plan and the Maple Support Network who are running a number of events to raise awareness. Angela Hillery asked if there was anything else that the Board could do to help or support this work and Haseeb Ahmad confirmed that there was still work to be done around supporting middle managers to support their staff from under represented backgrounds.</p> <p>Resolved: The Board received the report for assurance and approved it for publication.</p> |
| TB/21/018 | <p>Finance and Performance Committee Highlight Report – 26th January 2021 (Paper O) Geoff Rowbotham presented paper O confirming that the Estates and Facilities split assurance was due to the challenges remaining around delivery against some of the facilities management KPIs which is being addressed with the addition of new resources. Low assurance was given to the Performance Report as whilst FPC recognised the progress in the format, concerns remain regarding SystemOne migration and the resourcing of the team. Waiting times was also given a split assurance due to further deteriorations in wait times as a result of further covid lockdowns. In response to these points two papers are being presented at this afternoon's confidential Trust Board meeting addressing plans for the mitigation work around SystemOne migration and waiting times harm prevention.</p> <p>Resolved: The Board received the report for assurance.</p> |
| TB/21/019 | <p>Finance Monthly Report – Month 10 (Paper P) Paper P was presented by Sharon Murphy who confirmed that the under spend in income and expenditure continues much of this was planned. The unplanned under</p> |

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| | <p>spend is due to high levels of income received and a lower spend incurred. This month includes the covid vaccination costs which will be reimbursed shortly. We are currently working to the “likely” scenarios detailed in the risks and pressures summary. The capital programme has moved significantly this year due to access and funding agreement delays and there has been a movement of the capital plan to resolve these matters. The cash and Better Payment Code performance continues to be positive. The statutory targets are all green which is very positive. The Chair asked with regards to the debtors on page 10 of the report whilst there’s been good progress in recovery there are still 3 significant debtors are there any disputes around these? Sharon Murphy confirmed that there are no issues in this regard.</p> <p>The Chair noted that the agency usage forecast for months 11 and 12 has reduced – when compared to month 10 spend is this realistic? Sharon Murphy confirmed that the finance leads in each directorate are looking at the forecast now.</p> <p>Geoff Rowbotham thanked the team for the inclusion of information requested by FPC and asked if consideration needed to be given during a period of significant change and uncertainty on how we may need to adapt how we approach, approve and monitor next year’s budget given the risks around this. The Chair confirmed that this would be through the normal routes – FPC and Trust Board and Sharon Murphy confirmed that the process would be as normal with the additional factors factored in.</p> <p>Richard Wheeler added that there are a number of uncertainties as we are not in a formal planning process currently. As there are no details of block payments we have plans that need working through within the LLR system .</p> <p>The Chair confirmed that the finance report is considered every month alternately by FPC and the Trust Board.</p> <p>Angela Hillery confirmed that Sharon Murphy is working closely with system partners and the joint working across LLR provides increased confidence around this work.</p> <p>Mark Farmer Healthwatch confirmed that regular discussions are held around finance at the Mental Health Design Group. Mark Farmer asked if any of the underspends have an impact on quality of services – Sharon Murphy confirmed that no feedback had been received to suggest this. Angela Hillery confirmed that we will work closely with our workforce and system partners on resource for mental health , working creatively and innovatively. Mark Farmer asked how the business case for the Bradgate Unit was progressing and Richard Wheeler confirmed that the strategic outline case was complete. The first phase for the first 4 wards was in development but the challenge was around the limited capital available.</p> <p>Resolved: The Board received the report for assurance.</p> |
| TB/21/020 | <p>Performance Report – Month 10 (Paper Q)</p> <p>Sharon Murphy presented paper Q confirming that this month’s report includes the information around hospital acquired covid infections. More indicators can now be reported on following the migration to SystemOne. Directorate service leads continue to review the report before its issue giving more context to the report. A workshop will be held to look at the 2021/22 indicators and it is expected that these will grow.</p> <p>The Chair confirmed that the Board will consider the SystemOne switch over and the impact of waiting times in detail at a later meeting.</p> <p>Darren Hickman asked for some context around the deterioration in the restraint metrics. Angela Hillery confirmed that a self-assessment on restrictive practices has been completed and the report on this will be ready soon and go through the</p> |

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| | <p>appropriate governance route. Gordon King confirmed that we are constantly seeking to improve the reporting and where there is an increase it is invariably for specific and localised reasons but this continues to be monitored carefully. Angela Hillery confirmed that the Trust Board would be keen to understand what more can be done with regards to eating disorders and young people and more information on this will come from the national advisory group. Gordon King confirmed that LPT have now achieved 1 year without placing an inappropriate out of area bed which is a significant achievement and better for our patients</p> <p>Resolved: The Board received the report for assurance.</p> |
| TB/21/021 | <p>Review of risk – any further risks as a result of board discussion? No further risks.</p> |
| TB/21/022 | <p>Any other urgent business No other business. The Chair thanked Rachel Bilsborough and Dani Cecchini for their significant contribution to LPT and wished them a happy retirement.</p> |
| TB/21/023 | <p>Papers/updates not received in line with the work plan: Staffing Capacity and Capability 6 Month Report – deferred due to covid pressures</p> |
| TB/21/024 | <p>Public questions on agenda items No public questions were received.</p> |
| | <p>Date of next public meeting: 27th April 2021 - Microsoft Teams</p> |