



Leicestershire Partnership

NHS Trust

Trust Board

Minutes of the Public Meeting of the Trust Board 27th April 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
 Mr Mark Powell Deputy Chief Executive
 Ms Sharon Murphy Interim Director of Finance
 Dr Avinash Hiremath Medical Director
 Dr Anne Scott Director of Nursing AHPs and Quality

In Attendance:

Mr Richard Wheeler Chief Finance Officer
 Ms Fiona Myers Interim 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
 Mrs Kay Rippin Corporate Affairs Manager (Minutes)

TB/21/025	<p>Apologies for absence – no apologies received.</p> <p>Welcome to meeting: The Trust Board Members - Paper A</p> <p>Welcome Helen Abel – CQC observer and Inbal Bland Graduate Trainee Manager shadowing Gordon King. Also Mark Farmer Healthwatch and Kamy Basra Head of Communications. The Community Health Service Teams for the patient voice, staff voice and service presentation.</p> <p>Welcome to Mark Powell Deputy CEO and Fiona Myers Interim Director of Community Health Services it is their first LPT Board meeting today.</p> <p>This is the 1st meeting of the new financial year meaning an increase in volume of papers as we close down 2020/21 and begin 2021/22. The six priority areas shown</p>
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	<p>at the top of the agenda (Covid-19, Quality and Safety, Health and Wellbeing of Staff, Risk, Finance and Impacts on Performance and Statutory requirements) are still the focus of the meeting. All papers to be taken as read. The theme of today's meeting is Community Health Services –Cardio Respiratory Services..</p>
TB/21/026	<p>Patient voice film – CHS</p> <p>The patient voice film featured Barry, a heart failure patient. It described the benefits of managing Barry's condition using a digital platform and demonstrated how new technology can have a positive impact on patient's lives.</p> <p>Kevin Harris asked how equality of access is ensured and it was confirmed that all care plans are planned with the patient and access issues will be covered in the service presentation today.</p> <p>Angela Hillery commented that this story was a great example of accessing and embracing technology and as a Trust Board we need to push this progress.</p>
TB/21/027	<p>Patient Voice : Healthwatch Report – Paper B</p> <p>Mark Farmer confirmed that the People's Council meeting has set 3 priorities for the year – Step Up To Great (SUTG) Mental Health; equality, diversity and inclusion and personalisation of care. All executive directors will be invited to attend the People's Council meetings over the next year. At the meeting in May consideration will be made to how the council can play a role in the leadership strategy at LPT. The Healthwatch focus this year will initially be on male suicide and will report to LPT on their review of urgent access to mental health care.</p> <p>Faisal Hussain asked how much influence the People's Council would have in shaping the work of the Integrated Care system (ICS). Anne Scott confirmed that the system is interested in the work of the People's Council and an offer to share the work has been well received by the clinical executive.</p> <p>Ruth Marchington commented that it was good to see the involvement of the Youth Advisory Board (YAB), and asked if there were any risks to hinder the People's council's success and could these risks be shared in future reports in order that the Trust Board could support in mitigating these risks.</p> <p>Mark Farmer confirmed that 2 risks had been identified – that the People's Council become overwhelmed and that they lack administrative support.</p> <p>The Chair confirmed that the executives have a desire to work with the People's Council including in relation to provider collaboratives and David Williams agreed that he will work with Mark Farmer on this moving forward.</p> <p>Resolved: The Trust Board received the report for information.</p>
TB/21/028	<p>Staff voice – CHS</p> <p>Welcome to the Staff Voice presentation:</p> <ul style="list-style-type: none"> • Mani Moodley Respiratory Specialist • Daisy Savage Rehabilitation Technical Instructor • Joanne Szymkowiak Heart Failure Specialist Nurse • Mickayla Lacey Rehab Technical Instructor • Tanzeem Adam Rehab Physiotherapist and Team Lead • Zoe Harris Cardio-Resp Service Lead <p>The staff voice video showed the benefits and difficulties of going digital. There are currently over 200 patients on the virtual ward.</p> <p>Ruth Marchington asked how staff feel about this new way of working and Zoe Harris confirmed that back in April 2020 the team helped to shape the product it has been clinically led with pace and due to this process it is fit for purpose. Mani Moodley agreed that the team had been involved from the start and helped to tweak it to fit. Shielded patients have really benefitted from the service with twice weekly phone calls reducing their isolation. Weekly meetings are held to discuss more complex patients and there is support from Dr Irene Valero-Sanchez (consultant) and UHL Doctors.</p>

	<p>Darren Hickman asked about technology support for the equipment and Zoe Harris confirmed that Spirit Healthcare offer the support and work closely with the team. A digital strategy will be needed for the long term future. Darren Hickman suggested that the increased support and contact offered to patients could see roles changing to be more social worker based. Zoe Harris confirmed that they have seen no negative co-dependence as yet but rather increase in self-management due to a closer involvement in their own care. A piece of QI (Quality Improvement) work to assess and develop the service based on patients' experience is underway.</p> <p>Liz Rowbotham asked about sustainability of the service and Zoe Harris confirmed that they have close relationships with UHL Doctors and the service model will support the system by reducing the rate of hospital stays, readmissions, emergency department admissions and calls to 999/111.</p> <p>Sarah Willis commented that this is a great example of embracing change and new ways of working to share with the wider workforce in the Big Conversation staff engagement programme. Sarah Willis asked how the health and well-being of staff has been looked after and the team confirmed that they have kept in close contact and supporting each other throughout.</p> <p>Angela Hillery stated that she was so proud – the story had the wow factor - it is patient centred and oozes passion and the learning needs to be shared across LLR (Leicester, Leicestershire and Rutland). The Chair thanked the team for sharing their story and for their innovative work during the pandemic.</p>
TB/21/029	<p>Declarations of interest in respect of items on the agenda – no declarations were received.</p>
TB/21/030	<p>Minutes of the previous public meeting: 2nd March 2021 - Paper C</p> <p>Richard Wheeler raised the fact that he was listed as a voting member (present) but he is not, and should be listed as in attendance.</p> <p>Resolved: The minutes of the public meeting: 2nd March 2021 were agreed subject to the above amendment.</p>
TB/21/031	<p>Public Matters Arising - Paper D</p> <p>Resolved: Paper D was agreed. All matters listed on the action log are complete.</p>
TB/21/032	<p>Chair's Report - Paper E</p> <p>The Chair thanked all LPT staff for continuing to work differently as a result of covid-19 and thanked those who are supporting the vaccination programme.</p> <p>The Chair had chaired the first LPT/NHFT Group committee meeting, the two trust have formed a strong bond in our 2 year Buddy relationship which has now transitioned formally to a Group model. We are working on joint strategic projects including: together against racism, quality improvement, talent management, governance, strategic finance, strategic estates. We recently held our Staff Celebrating Excellence Awards which were held virtually for the first time, congratulations to all our winners and finalists on their achievements. The second Reverse Mentoring scheme has been launched across LLR and includes mentors from BAME communities and staff with a mental or physical health life experience, both Darren and the Chair are part of this and have had our first mentor meetings. We held our all day Staff Health and Wellbeing festival on 20th April, over 400 staff connected with the various sessions that were running throughout the day. The Chair chaired the Mental Health Act Managers team meeting, there are 12 managers who sit on patient panels and she thanked them for embracing new technology so that panels could be held virtually during the pandemic. We have captured their experience of this and also the impact for patients.</p> <p>Resolved: The Trust Board received the report for information.</p>
TB/21/033	<p>Chief Executive's Report - Paper F</p> <p>Angela Hillery thanked all staff for their work during this time, covid was different</p>

	<p>now, but was still demanding. Mark Powell, deputy CEO will be leading the recovery journey – RRR (Reflect, Reset, Rebuild) with Big Conversation events to shape and coproduce with staff. LPT is now the lead regional provider for adult eating disorders (AED) and Angela Hillery thanks David Williams, Richard Wheeler and the team for their work on this important step. There is now available a Health Inequalities Toolkit to support the commitment within LLR to make a difference together. The Buddy Trust arrangement with LPT and NHFT has come to an end as the Group Model now takes its place. Angela Hillery offered formal thanks to NHFT for their support and resource in this. Together against racism will be one of the priorities for the Group and they remain committed to take steps to improve staff experience.</p> <p>Faisal Hussain referenced the current covid crisis in India and enquired about staff support for those affected and Angela Hillery confirmed that a letter regarding this is going out to staff today to offer support and that Avinash Hiremath is involved in offering support through clinical networks also.</p> <p>Darren Hickman asked how the children and young people’s psychological first aid service will be promoted through LPT and the System. Helen Thompson confirmed that the teams and their leadership along with the new Children’s Commissioner and wider partners in the ICS will promote and champion this and updates will be brought back to future Trust Board meetings.</p> <p>Resolved: The Trust Board received the report for information.</p>
TB/21/034	<p>Organisational Risk Register (ORR) - Paper G</p> <p>Chris Oakes presented the paper confirming that the latest review has combined the waiting times risks and strengthened the covid risk 40 with the process from the ICC (Incident Control Centre) added. A new risk (55) has been added around LLR not delivering the transformation required for a successful ICS. This risk is here for approval today. Risk 33 on Executive capacity will be reviewed at the next Strategic Executive Board (SEB) due to the recent recruitment of the executive roles.</p> <p>Geoff Rowbotham commented that there is grip and control across the ORR and comments raised at the Finance and Performance Committee (FPC) are evident. With regards to risk 55, Geoff Rowbotham asked should the likelihood of gaps be showing as low? Has triangulation with the ICC been carried out? Chris Oakes confirmed that it is early days in the process and this will be revisited. David Williams agreed that we are responding and adapting to all risks as they emerge and this will be given consideration. Angela Hillery added that this was an important point as LLR historically presented challenges around delivering transformation but relationships are different now, they are strong across the partnership and this will enable the ICS to flourish. We do however need to understand what success looks like and what LPT’s role in this is, our integrated Community Health Services teams and Step Up to Great Mental Health are examples of where LPT is leading.</p> <p>Ruth Marchington asked if we were confident that the actions due in May 2021 would be completed by the deadline and Chris Oakes confirmed that staff were focused and working closely with Kate Dyer on this, the ORR is dynamic and often has short timescales.</p> <p>Liz Rowbotham commented that with regard to the review of the first 3 risks on the ORR – we need to ensure that these are embedded into the clinical governance review and Chris Oakes agreed that these conversations would be part of the ORR reviews.</p> <p>Resolved: Trust Board received the report for assurance and agreed to deescalate risks 41, 42 and 43; close risks 16 and 44 and approved the addition of the new risk 55.</p>

TB/21/035	<p>Trust Board and Level 1s Architecture Work - Paper H</p> <p>Chris Oakes presented the paper which has gone through a challenged process and has been discussed extensively with the chair, chairs of Level 1 committees, the executive board and the at the Trust Board development session. This is a more structured approach and will support work in the System too. This approach will continue to develop. Risks have been identified around certain reports coming straight to Trust Board and extra time will be allocated to mitigate these risks. The level 1 committees have given their support to this work.</p> <p>Resolved: The Trust Board approved paper H supporting the information flow architecture work and approved the Trust Board work plan.</p>
TB/21/036	<p>AGM date to be agreed – Verbal</p> <p>The Annual General Meeting will be held virtually on 14th September 2021.</p>
TB/21/037	<p>Documents Signed under Seal Q4 Report - Paper I</p> <p>Resolved: The Trust Board received the Report for Assurance</p>
TB/21/038	<p>Appointment of Chairs and Non- Executive Directors of Committees - Paper J</p> <p>The chair confirmed that this would be Liz Rowbotham and Geoff Rowbotham's last Public Trust Board meeting and thanked them for all of their work on behalf of LPT, particularly their leadership on QAC and FPC during a period of significant change and the risks and pressures of the pandemic . Moira Ingham will succeed Liz Rowbotham from 1st June 2021 and Geoff Rowbotham's successor is in progress.</p> <p>Resolved: The Trust Board received the Report for Assurance</p>
TB/21/039	<p>Service Presentation – Case Study : Virtual Wards for Long Term Conditions – Digital Transformation – Paper K</p> <p>Welcome to the Service Presentation staff:</p> <ul style="list-style-type: none"> • Zoe Harris Cardio-Respiratory Service Lead • Alex Woodward Deputy Cardio-Respiratory service lead • Dr Irene Valero-Sanchez Respiratory Physician and Clinical Lead for the Integrated Respiratory Pathway. <p>A PowerPoint presentation was shared to support paper K and this will be distributed to the Trust Board Members and made available on the Trust's website. Kevin Harris commented that this was a fantastic quality improvement for patients – could it be used to prevent admissions in the first place? Dr Irene Valero-Sanchez confirmed that yes, it could be used for many conditions and that there are infinite applications in this model to both support in recovery and to support at home without coming to hospital. Avinash Hiremath confirmed that colleagues across the Trust are looking at using this learning.</p> <p>Mark Farmer asked how technology reluctant patients have been supported and Alex Woodward confirmed that they worked closely with both patients and their families and carers to support this offering increased support to those who were more hesitant.</p> <p>Mark Famer asked how digital poverty was addressed within this service and Zoe Harris confirmed 200 tablets are available within the service and patients are involved in the next steps of service development with digital poverty being considered. Patients and the provider of the technology are closely involved in future plans for this service.</p> <p>Ruth Marchington asked if GPs have a role in this, are they on board? Zoe Harris confirmed that links with UHL were made in the first instance, the PCNs (Primary Care Networks) are engaged, 4 clinical pathways have been developed and this will be rolled out over time.</p> <p>The Chair thanked all of the team for their work and for the publication of the case study which allows our learning to be shared more widely..</p>
TB/21/040	<p>Step Up To Great Progress (SUTG) /Milestones/KPIs - Paper L</p>

	<p>David Williams presented paper L which details the achievements over the last 12 months. The strategy and transformation work continued during the covid period. All 9 SUTG bricks and the work around them is referenced within the report. Darren Hickman commented that the report references 2022-2023 with the relaunch work – but what about 2021-2022. David Williams confirmed that the ongoing refresh work will continue throughout this year with the work on the Big Conversation and Reflect, Reset, Rebuild initiative being delivered. The Chair added that SUTG is not just a strategy on a piece of paper, but rather a way of working, a cultural movement, with staff regularly showing how they are stepping up to great.</p> <p>Faisal Hussain commented that over the last 18 months he has evidenced SUTG has clearly weaved into the way of working for individuals, within teams, in services and across directorates.</p> <p>Mark Powell added that the recovery programme is part of the SUTG strategy – which is woven through the recovery framework.</p> <p>Resolved: The Trust Board received the report and noted its contents, receiving assurance on the progress of the SUTG strategy</p>
TB/21/041	<p>Staff Survey Results – Presentation Pack – Paper M</p> <p>Sarah Willis presented paper M confirming that a Trust Board development meeting had taken place in March to discuss this where good feedback was given. The next staff survey will be aligned with the NHS National People Plan objectives. This year significant improvement is shown across many of the 10 themes and LPT were listed in the top 10 most improved Trusts.</p> <p>Ruth Marchington asked if targeted work would be carried out for lower than average service line results, particularly for mental health clinicians and Sarah Willis confirmed that locally targeted work and deep dives are planned to support improvement. Avinash Hiremath confirmed that the Clinical Staff Engagement Forum has now resumed post its covid suspension and this should see an improvement on responses, there will be a newly created Medical Advisory Group. A recent meeting of 75 consultants across LPT and NHFT was held to discuss joint working as part of QI plans.</p> <p>Resolved: The Trust Board received the report and noted its contents, receiving assurance on the progress made by LPT</p>
TB/21/042	<p>People Plan - Paper N</p> <p>Sarah Willis presented the paper confirming that this has been co-produced with the workforce and been to both SEB and QAC (Quality Assurance Committee). It is aligned to the NHS National People Plan, work within the ICS and the LPT/NHFT Group Model. It is a dynamic plan and will be reviewed every quarter. This plan presents an overarching and clear outline of the workforce and people priorities over the next 2 years.</p> <p>The Chair confirmed that appendix 1 shows the NHSIE 9 principles for staff health and wellbeing and the Board will receive assurance against these principles through the Health and Well Being Guardian.</p> <p>Angela Hillery thanked the team for this work confirming that we have the challenge and opportunity to work differently in the future and we must continue to focus and challenge ourselves on this.</p> <p>The People Plan will be presented to SEB quarterly and the Trust Board 6 monthly. Faisal Hussain asked if the fear of the post-pandemic staff exodus, as predicted nationally, is being seen or early warning signs within LPT and Sarah Willis confirmed that it is fundamental that we pay attention to our workforce – the recovery programme is about staff turnover and retention as well as services – this is one of Sarah Willis' personal objectives.</p> <p>Resolved: The Trust Board endorsed the People Plan and approved the route</p>

	<p>of reporting and the Health and Well Being Guardian's assurance against the 9 principles.</p>
TB/21/043	<p>Highlight Report – QAC 30th March 2021 – Paper O</p> <p>Liz Rowbotham presented paper O detailing the decisions around the split assurance items. The Beacon Unit item had an extensive update and there is a good plan in place which is being followed robustly, but evidence of embeddedness and sustained improvement is required - a further update will be delivered at the 25th May QAC meeting.</p> <p>The CQC regulatory compliance item gave a positive comprehensive report and evidenced grip by the Foundations For Great Patient Care (FFGPC) meetings but further evidence is required to demonstrate consistent progress at pace.</p> <p>The Quality Forum is a wide ranging committee and has some areas where further progress is required. Since the verbal ligature risks update at QAC a further meeting has taken place and confirmation received that there is money in the Capital Plan to address these identified risks. This work will be followed up and reported to QAC through the Health and Safety Committee and Ligature Risk Group.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/044	<p>Director of Nursing Report - Paper P</p> <p>Anne Scott presented paper P highlighting the key issues. Infection Prevention and Control outbreaks have reduced, no covid and 1 Carbapanamase Resistant Organism which has been managed. A targeted piece of Quality Improvement (QI) work around the safeguarding process and information sharing when receiving Community Section 42 enquiries is now complete – no risks were identified. The Friends and Family Test new text messaging service is now fully rolled out. The Trust wide clinical governance review is complete and has resulted in a single clear structured model of working across LPT. This has redesigned and realigned teams from floor to Board and includes recruiting investigation leads to the patient safety team.</p> <p>The deteriorating position with compliance against timescales for SIs (Serious Incidents) resulted in the team quickly adopting an improved approach and a focused QI programme is now in place. The team have responded the recommendations from the 360 Assurance internal audit of Duty of Candour. Faisal Hussain asked if lessons learned around the covid vaccination hesitancy and peer support work could inform the flu vaccination plan/strategy and Anne Scott confirmed that both vaccination programmes will be aligned moving forward and learning will be shared.</p> <p>Liz Rowbotham commented that she was very supportive of the QI work to support the SI improved position on timescales.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/045	<p>Care Quality Commission (CQC) progress Report – Verbal</p> <p>Anne Scott gave a verbal update confirming that work continued in readiness for our next inspection. Engagement meetings have been positive, constructive and helpful. All previous actions have been reviewed and a series of self-assessment activities have been undertaken to maintain grip and control including peer reviews and deep dives with staff reflecting on this as a positive experience. All actions are captured on AMaT and the CQC Action Log. Weekly progress reports are produced and FFGPC meetings and Time To Shine events continue to be held. The SEND re-visit by OFSTED and the CQC for Leicester City Council will take place from 5th – 7th May 2021. We are working with partners and the CQC to prepare for this.</p> <p>Resolved: The Trust Board received the verbal report for assurance on progress and readiness for our next CQC and SEND inspections</p>

TB/21/045	<p>Patient Safety Incident and Serious Incident Learning Assurance Report - Paper Q</p> <p>Anne Scott presented this bi-monthly report showing variable compliance with the 60 day Sis timescale and a QI programme of work is ongoing to recover and strengthen this process. There have been an increased number of incident reports – linked to the increase in covid infections in February and a decrease in March which is aligned to national reporting trends. Slides in the appendix to the report demonstrate the reported trends.</p> <p>Angela Hillery asked if there was any immediate leaning from the increase in violence and aggression trend and Anne Scott confirmed that this learning including early learning was being fed through the quality governance framework – the Patient Safety Forum; Learning Lessons Exchange Group and directorate group meetings.</p> <p>Gordon King added that the mental health team are working through the detail and analysing the trends and early learning if picked up immediately. Helen Thompson commented that there has been focused work on the Agnes Unit where there has been an increase in challenging behaviour. The Lead Nurse on the Unit has trained all staff in PBS (positive behaviour strategy) and they were currently looking at how this could be rolled out across the Trust.</p> <p>Ruth Marchington asked how the gap of involvement of medical staff in serious incidents was being addressed and Anne Scott confirmed that Avinash Hiremath was addressing this issue they continue to work closely together with multi-disciplinary meetings held immediately after an SI. Avinash Hiremath confirmed that there is a rota of consultants who are called upon to assist with SI investigations.</p> <p>Resolved: The Trust Board received the report and received assurance on the process and learning from SIs.</p>
TB/21/047	<p>Safe Staffing Monthly Review - Paper R</p> <p>Anne Scott presented paper R confirming the key highlights. Trust wide agency usage has increased with 24 areas having 6% usage or more. This is due to there being a number or amber and red wards where staff cannot work due to their personal covid risk assessments and an increase in patient acuity. Agency staff are block booked where possible to ensure consistency. There are 24 areas of note with actions in place to mitigate. There are 6 community teams areas of note around vacancies and actions have been taken to mitigate. It is planned to continue the weekly safe staffing meeting as this have been useful. The HCSW (Health care Support Worker) vacancy rate is predicted to be zero by the end of May 2021.</p> <p>Darren Hickman commented that the HCSW induction training had 20 places with only 8 attending – is there an issue with recruitment checks? Sarah Willis confirmed that there had been a big recruitment drive to meet the zero vacancy target and we are now using our own localised training programme. There is no risk around this matter.</p> <p>Faisal Hussain asked if there was a core staff team in place now for the Beacon Unit and Anne Scott confirmed that this recruitment was going well and there were no vacancies in the substantive staff. There has been increased acuity and caseload on the Beacon unit requiring additional capacity from agency and bank staff. Helen Thompson outlined the plans for a peripatetic HCSW team to offer further support. The Board were asked to note that during February and March the unit had a patient with a forensic history requiring a psychiatric intensive care bed and additional 4:1 ratio of staff to support – hence the increase in staff during these months.</p> <p>Resolved: The Trust Board received assurance around safe staffing from this report.</p>

TB/21/048	<p>Quality Account Update - Paper S</p> <p>Anne Scott presented the report confirming that changes to the the national directive state there is no legal duty to publish the report by the end of June 2021 but rather in a reasonable time frame. The report is drafted and the new priorities have been approved by the executive team and the Quality Forum. This agreed draft has been shared with all stakeholders and will return to the Quality Forum in May and Trust Board on 29th June 2021.</p> <p>Resolved: The Trust Board received the update for assurance and noted the amendments to the guidance.</p>
TB/21/049	<p>Waiting Times and Harm Review Monitoring - Paper T</p> <p>Avinash Hiremath presented paper T reporting on the work completed and achievements so far. These include an access policy; a consistent approach to reporting and harm monitoring across directorates; an oversight of harm monitoring and harm reduction and the employment of robust QI methodology throughout. The next steps include ensuring the trajectories for waiting times are being maintained; using quality frameworks to assess and triangulation with patient safety incidents. Fiona Myers confirmed within CHS Directorate the Continence Service has a significant backlog and there is a phased approach to reopening. There is non-recurrent funding to address this backlog. Within CINSS urgent referral are being seen but 20 day referrals are delayed. Clinics are beginning to open back up with urgents being seen face to face.</p> <p>Gordon King confirmed within the Mental Health Directorate work is ongoing to align the CMHTs (community mental health teams) and personality services both at team and neighbourhood level. ADHD services remain a challenge and there is significant focus around a QI process.</p> <p>Helen Thompson confirmed that within FYPC plans that are in place have been discussed at the Waiting Times and Harm review Meetings. Audiology Services were paused in March 2020 and reinstated August 2020 and will have caught back up by September 2021. With regards to other services including Eating Disorder and Neurological Development the ratio of urgent to routine is different now. A recovery plan is in place for Community Paediatrics and this is moving forward, some services slower than others.</p> <p>Ruth Marchington asked about the equality impact of the waiting with some groups possibly not complaining as much as others and Avinash Hiremath confirmed that this is an important consideration when looking at cohorts on the waiting list.</p> <p>Faisal Hussain added that assurance was received at the last FPC meeting with confirmation that everyone on a waiting list received a letter from the Trust.</p> <p>Mark Farmer asked how can we ensure that some of the money from the Mental Health Investment Standard flows through to address waiting times and Helen Thompson confirmed that there is significant investment coming in, some recurrent to address these wait times. Angela Hillery confirmed that it is good to hear these mitigation plans in place to protect patient safety and evidence grip in respect of waiting times.</p> <p>Resolved: The Trust Board received assurance on progress and reporting mechanisms from this report.</p>
TB/21/050	<p>Finance and Performance Committee Highlight Report – 30th March 2021 - Paper U</p> <p>Geoff Rowbotham presented paper U confirming that there were 4 key discussion areas at the FPC meetings. The 4th area of consideration by FPC was performance and waiting times. In January FPC highlighted issues around the process which Sharon Murphy and the team addressed resulting in higher assurance being received at the March FPC meeting. Progress on the waiting times performance has been picked up at this Trust Board meeting today and the harm mitigation</p>

	<p>focus today has demonstrated significant progress in this area. Resolved: The Trust Board received the report and agreed that assurance was provided by the report.</p>
TB/21/051	<p>Finance Monthly Report – Month 12 - Paper Vi including Finance/ Operational Plan for 2021/22 - Paper Vii</p> <p>Sharon Murphy presented paper Vi which is the usual high level summary delivered in month 12. All statutory duties and the Better Payment Practice Code have been achieved for 2020/21. The accounts are at break-even percentage wise with just a £9,000 surplus in income and expenditure. The underspend reported was due to additional income receipts during the year rather than services not spending. The balance sheet shows increase in current assets which is as a result of the way we were funded last year with additional cash. This year's balance sheet also included PPE stock which is not normally held at the current levels. This increase in assets is offset against a reduction in debtors with NHS debtors down by £5.5 million. The increase in provision in the balance sheet is due to national initiatives we have been advised to include by national directions. All accruals over £100,000 were reviewed analytically at the Audit and Assurance Committee. The accounts for 2020/21 were reviewed at the Audit and Assurance Committee (AAC) on 23rd April 2021 and submitted at 11.15 today.</p> <p>The Chair thanked Sharon Murphy and the finance team for all their work on this and congratulated the executive team on achieving a break-even result in a challenging year.</p> <p>Sharon Murphy presented paper Vii confirming that the LPT operational plans and information around workforce are the narrative for internal review and will contribute to the system plan. The draft system plan will be submitted on 6th May 2021 and the final version on 3rd June 2021. The H1 (first half year) plan has been through LPT's internal governance processes (the LPT Mental Health Investment standard is for LPT information only) – both of these will be submitted at System level on 6th May 2021.</p> <p>LPT's operational plan priorities have been mapped against both System and national priorities. The LPT financial plan aims to achieve break even for the 1st half of 2021/22. The Mental Health Investment Standard has £18 million for the System, around £6 million of which will come to LPT – work is ongoing around this with the mental health collaborative and system design groups. The final suite of papers will be presented to the Trust Board on 18th May 2021.</p> <p>Mark Farmer requested further time with Sharon Murphy to discuss how to link the patient and carer voice with matters of finance. This is to be arranged.</p> <p>Liz Rowbotham asked if the recruitment of 110 whole time equivalent posts for mental health services would be manageable for LPT and Sarah Willis confirmed that they were currently in discussions around resources and capacity and a service redesign and reconfiguration of the whole workforce is currently on-going.</p> <p>Action : Sharon Murphy to meet with Mark Farmer to discuss how to link the patient and carer voice with matters of finance.</p> <p>Resolved: The Trust Board approved the financial plan in principle noting that work on the Mental Health Investment Standard continues. They support its progress and note that it will come back to Board on 18th May 2021 for final sign off.</p>
TB/21/052	<p>Performance Report – Month 12 - Paper W</p> <p>Sharon Murphy presented the month 12 report confirming that there are now no reporting issues following the SystemOne data migration from Rio – the Data Quality Group will continue to monitor this. The 2021/22 metrics may need revision following NHSI's consultation on a system oversight framework. Additional metrics</p>

	<p>have been added in for this year and the report will remain flexible and responsive and the use of Qlik Sense will support this. The report goes to both QAC and FPC for detailed scrutiny.</p> <p>Resolved: The Trust Board received the report for assurance and support the new metrics and direction of travel for the development of the Performance Report for 2021/22.</p>
TB/21/053	<p>Charitable Funds Committee Highlight Report – 16th March 2021 - Paper X Appendix 1 – Raising Health Overhead Costs</p> <p>Cathy Ellis presented the report confirming that the charity continues with its 4 strategic objectives. NHS Charities Together (NHSCT) money will be used to support the upgrades of staff rooms across the Trust to improve staff well-being and the consistent standards of staff break areas. This will be a legacy in LPT from Sir Captain Tom Moore’s fundraising. The community grant bids funded by NHSCT are currently with NHSCT’s Committee and the outcome will be reported shortly.</p> <p>The Board are asked to approve the overhead costs of the charity as these are above the £50,000 approval limit of the Charitable Funds Committee.</p> <p>Resolved: The Trust Board received the report for assurance and approved the Raising Health Charity’s overhead costs detailed in the appendix 1.</p>
TB/21/054	<p>Audit and Assurance Committee Highlight Report 5th March 2021 - Paper Y</p> <p>Darren Hickman presented the report which was taken as read. A further meeting had taken place on 23rd April 2021 where the accounts were presented for review and supported by 4 additional reports prepared by the finance team.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/055	<p>Review of risk – any further risks as a result of board discussion?</p> <p>No further risks were identified.</p>
TB/21/056	<p>Any other urgent business</p> <p>No other business was raised.</p>
TB/21/057	<p>Papers/updates not received in line with the work plan: Standing Orders and SFIs and SORD – delayed to 29.06.21 meeting as requested by Audit and Assurance Committee</p>
TB/21/058	<p>Public questions on agenda items</p> <p>No questions were received today from members of the public but the Chair advised that the online facility is available to submit questions to the Board at any time.</p>
	<p>Close - Date of next public meeting: 29th June 2021 - Microsoft Teams</p>