

**Minutes of the Public Meeting of the Trust Board
29th June 2021 - Microsoft Teams Live Stream**

Present:

Ms Cathy Ellis Chair
 Mr Faisal Hussain Non-Executive Director/Deputy Chair
 Mr Darren Hickman Non-Executive Director
 Ms Ruth Marchington Non-Executive Director
 Mrs Elizabeth Rowbotham Non-Executive Director
 Ms Moira Ingham 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/21/059	<p>Apologies for absence – None Received. The Trust Board Members names, photographs and roles are shown in Paper A Welcome: CQC Inspection Team Kamy Basra Associate Director of Communications Staff Voice: Aoife Quigley SLT; Sharon Pritchard Community Nurse; Rebecca Mitchell Clinical Lead Specialist Autism Team; Rachel Parker Head of Communities and Youth Services. Service Presentation: Mark Roberts Assistant Director FYPC & LD; Sophie Pratt Clinical Project Manager LD QIP. Observing the Public Board: Lauren Bland – Student on Placement; Catherine Holland – Clinical Lead for the Vaccination Programme. The Chair advised that during the covid pandemic our agendas have focused on the 6 priority areas at the top of the agenda and would remain the focus of today's meeting due to the rise in cases of the delta variant; there were more papers than usual as seven of them were annual reports at today's meeting; all papers would be taken as read and presenters should highlight any changes since the paper has</p>
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	<p>been written or that change the risk profile. The theme for today's meeting is Learning Disabilities.</p>
TB/21/060	<p>Patient voice film – Learning Disabilities (LD)</p> <p>A film was shared showing the experience of a service user with learning disabilities having her covid vaccination at the specialist LD clinic held at the Peepul Centre. The film showed the experience of the service user, her mother and the nurses and staff at the Peepul Centre. All gave positive feedback on their experience.</p> <p>Helen Thompson explained that the specialist clinics draw on the skills and expertise of the LD staff, more time is allocated to each appointment and the atmosphere is relaxed. The clinics have been a great success and 357 service users have accessed their vaccinations at the LD clinic.</p> <p>Angela Hillery commented that she was very proud of the staff and vaccination service. Leicester, Leicestershire and Rutland (LLR) have a clear focus on reducing health inequalities for people with learning disabilities and this is a way to support this work. Other Trusts have seen this work and followed our lead.</p> <p>Liz Rowbotham asked if this would be a model LPT would continue moving forward and Helen Thompson confirmed that the clinics were shared as a national exemplar and have provided useful learning for LPT moving forward.</p> <p>Ruth Marchington commented that this was a great example of different delivery and asked to see the statistics around take up from this group of service users and Helen Thompson confirmed that the LLR Vaccination Groups would have this data which she will share with the Board.</p> <p>Action: Helen Thompson to share the LD covid vaccination take up data with the Board members</p>
TB/21/061	<p>Staff voice - Learning Disabilities</p> <p>The team talked about their roles in the LD services and the transforming care agenda. They are a multi-disciplinary team offering post diagnostic support to people aged 14 years plus. Support is offered both in hospital and in the community to provide continuity of care and support a timely and successful discharge back into the community. Between April and October 2021 the focus was on those at imminent risk of admission and those admitted. From October onwards early intervention support will also become a focus for the team. The team have a wealth of experience and support a wide variety of needs both mental and physical health. The team members talked about their individual roles and how they all work together supporting the LD services users to get best outcomes.</p> <p>The team added that they were proud to work in LPT and felt that everyone was a leader. They felt connect to the trust values and leadership behaviours. The LD team had focused on the health and wellbeing of staff and had also applied to charitable funds to enhance their environments for patient and staff wellbeing.</p> <p>Sarah Willis commented that the team really demonstrated the leadership behaviours and asked if there was anything further that could be done to support the health and well-being of the team. Sharon Pritchard commented that the Wellbeing Wednesday initiative has been fantastic and it would be a real positive if this could continue.</p> <p>The Chair commented that health and well-being is important and will continue to be a priority. Avinash Hiremath praised the team and commented that it is not just the service users who get the benefits but also trainees who are developing their careers – the service is a national exemplar and LPT has developed the Frith prescribing guidelines that is currently in its 3rd Edition and is the only prescribing</p>

	<p>guideline for adults with learning disabilities in the world.</p> <p>Kevin Harris asked if they worked effectively with other agencies to enable the services users to stay out of acute settings and the team confirmed that they do – they have good links with social services and primary and secondary organisations to ensure care continuity. The team is multi-disciplinary – psychologists, speech and language therapists and occupational therapists and they have excellent working relationships with the primary care liaison nurse and the hospital liaison nurses too. They use a proactive holistic approach to identify physical as well as mental health needs.</p> <p>Angela Hillery and the Chair thanked the team, commenting that their passion and dedication is evident.</p>
TB/21/062	<p>Patient Voice – People’s Council and Healthwatch Report –Paper B</p> <p>Mark Farmer presented the report confirming that Healthwatch received good feedback around LPT’s speciality LD services. The highlights from this report were detailed as follows. Healthwatch have produced a report on the urgent access to mental health services and this will be discussed at a future board meeting. Healthwatch are holding two events in July in relation to the Step Up To Great Mental Health public consultation – dates will be circulated shortly. The People’s Council remain focused on delivering against their priorities and their engagement is increasing online with consideration being made to future face to face engagement. The report asks the Trust Board to sign up to the protocol detailed in appendix 1.</p> <p>Resolved: The Trust Board received the report and agreed to the protocol.</p>
TB/21/063	<p>Declarations of interest in respect of items on the agenda</p> <p>No declarations were received.</p>
TB/21/064	<p>Minutes of the previous public meeting: 27th April 2021 – Paper C</p> <p>Resolved: The minutes were agreed as an accurate record of the meeting and approved.</p>
TB/21/065	<p>Public Trust Board Action Log & Matters Arising – Paper D</p> <p>Resolved: The action log was agreed as all items listed complete.</p>
TB/21/066	<p>Chair’s Report – Paper E</p> <p>The Chair presented paper E commenting on the excellent Step Up To Great Mental Health (SUTG MH) consultation events so far and the successful launch of the Buddy to Buddy Veteran’s Café. The Leicester City Homeless Charter Impact Report has been recently published and is a great example of multi-agency work. The Quality Improvement (QI) work continues, with joint work with NHFT on 8 strategic projects. The Chair attended the Learning Lessons Exchange Group and saw positive QI work ongoing. Our patients and staff have been busy transforming the gardens at the Bradgate Unit, the results of our annual “Let’s Get Gardening competition will be announced on 14th July.</p> <p>The staff networks are a great showcase for our equalities work. There is a Health and Well-Being Festival planned for October following on from the success of the Spring festival in April where 400 people connected with the sessions. We are working to improve access so that more staff can join us as part of their working day.</p> <p>The Chair highlighted the #Red4Research day and congratulated UHL and LPT on achieving the highest recruitment of patients to covid studies in the country.</p> <p>The Chair congratulated Faisal Hussain on the successful appointment to the role of Deputy Chair to the Trust and he will be shadowing her at events as part of his development in this role.</p> <p>Resolved: The Trust Board received the report for information.</p>

TB/21/067	<p>Chief Executive's Report - Paper F</p> <p>Angela Hillery presented the report and thanked all staff who are still managing a significant challenge with covid which is still having a massive impact on services. We are operating on a safety first basis. Henrietta Hughes has stepped down from the National Guardian's Office. The Freedom To Speak Up (FTSU) index position for LPT remains above the national average, the cultural work undertaken is making a difference and this position demonstrates the Trust's openness. The SUTG mental health consultation is going well. The NHSI System Oversight Framework is now published and we will be progressing this with our partners. The document scanning team have achieved an accreditation which is fabulous news, well done team.</p> <p>Ruth Marchington commented that she attended the SUTG mental health consultation event last week and was so impressed; it was very well led and facilitated. There was such quality of contribution from the voluntary sector and lived experienced participants. Will there be space in the programme to take into account their feedback and contributions?</p> <p>Angela Hillery confirmed that the CCGs are leading the public consultation, but the system is a team and all feedback is being gathered and we are confident that this will shape the plans going forward. Gordon King added that this opportunity has been built in from the outset and gave assurance that there is space and resource around collecting this insight.</p> <p>Darren Hickman asked if any of the additional £500m funding is coming into LLR/LPT and Angela Hillery confirmed that it was great to see money for mental health coming through the Mental Health Investment Standard (MHIS), there should be some coming into LLR and there are clear tools developed by finance colleagues to track the money so we will be able to see the impact that this is making and have a transparency around system monies.</p> <p>Mark Farmer asked how the patient & carer voice can be at the heart of the ICS and Angela Hillery confirmed that co-production is key and we will work to get system partners to understand this by sharing our learning and all learning behind co-production with challenge and support. The Chair added that each of the design groups have members with lived experience participating..</p> <p>Angela Hillery confirmed that there is an important correlation between the Trust board, the Committees and the ICS. Anne Scott and Avinash Hiremath also support the Clinical Leaders Group offering triangulation in this regard. Moira Ingham added that the system quality group would be in line with National Quality Board standards.</p> <p>Resolved: The Trust Board received the report and noted its contents.</p>
TB/21/068	<p>Organisational Risk Register (ORR) – Paper G</p> <p>Chris Oakes presented the paper confirming that there are now 23 risks on the ORR demonstrating the dynamic nature of the register. The ORR undergoes monthly reviews supported by the Deputy Director of Governance and Risk. There is an emergent risk around water supply this currently remains with appropriate oversight and management at directorate level.</p> <p>Liz Rowbotham commented that the Quality Assurance Committee (QAC) and the Finance and Performance Committee (FPC) requested additional information at their last meetings regarding the assurance ratings on evidence and this has been reflected in the paper..</p> <p>Ruth Marchington asked in relation to risk 1 – is there a plan to re-start the ward accreditation work? Anne Scott confirmed that this is currently being planned and will be brought to QAC once ready.</p>

	<p>Ruth Marchington asked with regards to risk 33 – is there an update on SystmOne training and David Williams confirmed that the training and support offer continues throughout the 12 months post roll out. Additional sessions are available for staff and super users are embedded in services.</p> <p>Darren Hickman commented that there are 2 risks above our risk appetite (4 – safe staffing & 54 – delivery of the 21/22 financial and operational plan). When do we anticipate that these will be back within our appetite range?</p> <p>Anne Scott confirmed that risk 4 is updated regularly and the papers presented to the Board today demonstrate mitigation of this risk.</p> <p>Chris Oakes confirmed that all risks have actions and it is not just these actions that change but the environment of the risks moves and changes so it is not always within our control. Sharon Murphy added that risk 54 reflects the higher level of uncertainty that we have around this year’s financial landscape – we still await national guidance for the second half year (H2) planning.</p> <p>Angela Hillery added that this is common across the whole of the NHS and is not particular to LPT – it is a continual high risk area – workforce is a challenge due to increasing needs and specialist skills required of staff – we remain focused on this and the scrutiny of this continues at executive team meetings and level one committee meetings.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/069	<p>Documents Signed under Seal – Q1 – Paper H</p> <p>Chris Oakes presented the report for information.</p> <p>Resolved: The Trust Board received the report for assurance and noted the contents.</p>
TB/21/070	<p>NHS Provider Licence Self Certification – Paper I</p> <p>Chris Oakes presented the report for information confirming that the report details a non-compliance with G6 and FT4. This report does not reflect exactly where we are now due to the improvements that have been taken place since the last CQC inspection in 2018, but we hope that it will in the future if the Single Oversight Framework (SOF) rating improves.</p> <p>Resolved: The Trust Board received the report for assurance and noted the non-compliance with G6 and FT4.</p>
TB/21/071	<p>Standing Orders and Standing Financial Instructions and Scheme of Reservation and Delegation – Paper J</p> <p>Sharon Murphy presented paper J confirming the amendments as part of the annual up date to be due to both audit recommendations and the work from home changes that have been necessary during the pandemic period. This has been presented and approved by the executive team and the Audit and Assurance Committee (AAC).</p> <p>Sarah Willis suggested that a session is delivered at the senior leadership forum on the key highlights and changes and this was agreed as an action.</p> <p>Action: Sarah Willis to ensure that a senior leadership forum session on the key highlights and changes in the SO & SFIs is delivered.</p> <p>Resolved: The Trust Board received the report and approved the amendments contained within.</p>
TB/21/072	<p>Care Quality Commission Update – Paper K</p> <p>Anne Scott presented the paper confirming that the core services inspection has recently taken place, initial feedback received and actions plans drawn up with actions taken in line with our three phase QI methodology.</p> <p>Resolved: The Trust Board received the paper and noted its content.</p>
TB/21/073	<p>Service Presentation – Learning Disabilities</p>

	<p>Mark Roberts and Sophie Pratt presented the PowerPoint presentation which was circulated to all attendees prior to the meeting for information.</p> <p>Faisal Hussain commented that these are really encouraging steps forward in the work of LD and autism and asked how confident the team are that this work will improve the poorer health outcomes of this particular cohort considering the additional impact of covid. Mark Roberts confirmed that an LD Covid Sub cell, which is a multi-agency group, has run from the start of the pandemic focussing on early identification and rapid response to the needs of the LD community. There is a 3 year plan in place to support the health inequalities challenge. Trusts across the country are prioritising LD in the acute environments and LPT are prioritising services users on their caseload, but there are still more not on the caseload who are vulnerable. Annual physical health checks remain an LD team focus and there has been an increase in take up this year.</p> <p>Ruth Marchington commented that there has been regular reports to QAC on QI work in the Agnes Unit and it is great to see the outcomes and hear from the staff on the unit today. How is the work around violence and aggression moving forward? Sophie Pratt confirmed that there has been a huge improvement evidenced supported by regular debriefs; CCTV; strong team ethic; learning lessons forum and health and well-being support for staff.</p> <p>Avinash Hiremath commented that the LPT LD inpatient services are one of the first to be developed with quality accreditation infrastructures which is now being piloted across the country.</p> <p>Mark Farmer added that the work LD services is a great example of the LLR Integrated Care System working together.</p> <p>The Chair thanked the team for their presentation and commented that she was pleased to hear that service users, including the LD Talk and Listen Group had been actively involved in shaping services.</p>
TB/21/074	<p>Leicester, Leicestershire and Rutland Annual Reports for Learning Disabilities: Transforming Care Partnership - Paper Li Mortality review (LeDeR) - Paper Lii Mortality review easy read version (LeDeR) - Paper Liii</p> <p>David Williams and Avinash Hiremath presented the papers. David Williams commented that this group of papers demonstrated the work around tackling inequalities for people with learning disabilities. LPT have been leading in the development of the LLR system wide shared care record. We now have less LD and autism services users in hospital; the annual health check target of 70% has been achieved; there has been a change in culture and more support in connecting the LD community with mainstream services – helping to tackle the inequalities. The easy read version of the report reflects LPT’s commitment to co-production.</p> <p>Avinash Hiremath commented that the data speaks for itself demonstrating a significant improvement in performance. There has been increased co-production and meaningful engagement with service users and their families. We are the only system to have produced an easy read version of the LeDer report.</p> <p>Darren Hickman asked if there was any benchmarking to national data available for the 70% target and David Williams confirmed that 15 months ago LPT were 44th of the 48 STPs – we are now 27th of 48 – this demonstrates a massive improvement over the year.</p> <p>Helen Thompson commented that the easy read version of the Mortality Review contains 11 recommendations around GPs – how confident are we around the embedding of this learning? Avinash Hiremath confirmed that there is a working</p>

	<p>group set up and they are working together across the system. In addition to this GPs are members of the design group and we are working closely with primary care. The STOMP medication guidelines are co-owned.</p> <p>Faisal Hussain commented that we are still aware that there are some diverse communities still not accessing LD services – what are we doing to close this gap? David Williams confirmed that there is a need to tackle the differences in outcomes across the system and data analysis has begun and conversations with voluntary groups in the city are taking place. Accuracy of data and reporting is also key and this will be a focus across the system over the coming months, particularly the Somali population.</p> <p>Avinash Hiremath commented that there is a position paper for the Royal College of Psychiatrists referencing minority groups in LD communities asking if we are culturally intelligent enough and if we have a good connection with the third sector and the findings were positive.</p> <p>Angela Hillery thanked the team on behalf of the system – this is a great position of LLR and a blue print for the system work.</p> <p>Resolved: The Trust Board received the reports for information and assurance.</p>
TB/21/075	<p>Step Up To Great Refresh informed by Reflect, Reset and Rebuild and Staff Survey Presentation – Paper M - Presentation</p> <p>Mark Powell, Sarah Willis and David Williams presented paper M talking through the slides. Work on recovery continues with a clear safety 1st approach. Engagement is key and over 800 colleagues have taken part in the Big Conversations. The recovery programme is simple, clear and time limited and will connect with our Step Up To Great strategy.</p> <p>Sarah Willis added that the TripleR and Staff Survey complement each other and this staff engagement approach is holistic and feeds in to and supports other programmes. David Williams confirmed that the SUTG strategy will be re-launched in the summer as part of the continuation of LPT's improvement journey.</p> <p>Darren Hickman commented on the quality of the Big Conversation event he attended.</p> <p>Mark Farmer asked how the People's Council's feedback can be fed in to this process and David Williams confirmed that there are plans to speak to the group and this information will then inform what is taken forward and what the recovery of services will look like.</p> <p>Faisal Hussain commented that staff will need to be supported during the return to business as usual whilst tackling waiting lists. Mark Powell confirmed that supporting staff to decompress is a large part of the programme – the process will need to be individualised for all. Waiting lists are part of the conversations to ensure we understand the scale of the challenge. There will be the opportunity with the new investment to develop and enhance the workforce. Managing expectations and looking after staff will be key.</p> <p>Angela Hillery thanked the communications team who supported the Big Conversation work and confirmed that system partners are considering using this methodology in LLR. In the staff survey 96.7% of staff said that they know how to speak up and raise issues of unsafe practice if they needed to – giving assurance to the Trust Board moving into the recovery period.</p> <p>Kevin Harris commented that there is a great focus of staff well-being – it's also to retain the beneficial changes too. Have we learnt about how it was possible to do what we did during the pandemic – some changes we made we have wanted to make for a long time. Also a commitment to evaluating what has been changed</p>

	<p>would be useful. Mark Powell confirmed that there is an ambition to evaluate and understand the impact for both staff and patients – there is part of the programme that will look at this. We will need to take learning from this and be confident in knowing that we can make safe decisions quickly.</p> <p>The Chair confirmed that a covid lessons learned exercise had been completed done as a system and at regional level . There is a session planned for the 20th July Trust Board development meeting and then this will feed in to the next Public Trust Board In August</p>
TB/21/076	<p>Group Model – Verbal</p> <p>David Williams stated that joint working with Northamptonshire Healthcare Foundation Trust (NHFT) and LPT offers greater benefits over and above what we can achieve as individual organisations. We can work together to challenge ourselves to be socially responsible and be the best in the country. We now have a committee in common; a formal governance programme and monthly meetings. Outcomes will be shared moving forward. Initial focuses are around 8 strategic areas : talent management, leadership and OD; joint governance, QI, Together Against Racism, strategic financial leadership and strategic estate leadership, innovation and research.</p> <p>The Chair added that these themes had been generated from the joint Board to Board meeting with NHFT.</p> <p>Resolved: The Trust Board noted the progress and priorities of the LPT/NHFT Group</p>
TB/21/077	<p>East Midlands Alliance Provider Collaborative – Paper N</p> <p>The collaborative includes NHS mental health providers across the East Midlands and St Andrew’s from the independent sector. As previously detailed this is a joint programme, working together looking at all opportunities to develop together. This adds value to LPT. Whilst the Alliance is not a formal structure, it will be beneficial to have robust governance and the recruitment of an independent chair . Angela Hillery added that LPT are being recognised as leaders of the mental health community and this work can be used as a stronger voice for mental health both regionally and nationally.</p> <p>Resolved: The Trust Board received the paper, supported the paper and approved the recommendations to implement a formal governance structure, recruit an Independent Chair and develop a partnership agreement.</p>
TB/21/078	<p>Quality Assurance Committee Highlight Report – 25th May 2021 – Paper O</p> <p>Liz Rowbotham presented paper O confirming that QAC had received update papers on the Agnes Unit and Beacon Unit. QAC will be doing a deep dive on pressure ulcers at its next meeting following the increase in stage 2 pressure ulcers. Moira Ingham thanked Liz Rowbotham for the comprehensive handover of the role of chair of QAC and she was in a good position to take the work of QAC forward.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/079	<p>Patient and Carer Experience, Involvement and Complaints Quarter 4 Report – Paper P</p> <p>Anne Scott presented the paper highlighting that the report contains a balanced view of activity; noting the actions taken as detailed in the report and noting that the report contains a wide range of information around patient and carer experiences, involvement and complaints. Complaints were down on the previous quarter and it was noted that the complaint timescales had been temporarily revised due the covid second wave. The Friends and Family Test (FFT) feedback had seen a</p>

	<p>significant increase due to the implementation of the new texting method. Patients and carers were now engaged in over 30 live Quality Improvement projects across the trust.</p> <p>Faisal Hussain thanked the team for the grip and pace seen over the last 2 years and for their holistic and coordinated approach to the work especially in reflecting feedback into the design of the services.</p> <p>The Chair commented that she had recently presented at a patient involvement induction session and it is great to see the range of opportunities available for service users' involvement which is supported by appropriate training and induction.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/080	<p>Infection Prevention and Control (IPC) 6 Month Report – Paper Q (Embedded documents are available on request to show supporting evidence)</p> <p>Anne Scott presented the IPC Board Assurance Framework update which has 32 more key lines of enquiry (KLOEs) which have been shared with NHSEI and CQC colleagues. In January 2020 LPT were rated a strong amber following an IPC visit by NHSIE. The revisit was postponed and will now take place in August 2021.</p> <p>On 13 April LPT reported an outbreak of Carbapenemase Resistant Organism at the Evington Centre, a multi-agency Outbreak Committee was immediately formed and all patients were managed within national guidance. The outbreak was contained and closed by 12 May.</p> <p>There has been a system wide review of covid nosocomial infections with UHL and high level learnings are given in appendix 2 of the report.</p> <p>Clinical visits and audits continue within LPT and national guidance continues to be adhered to. There has been some precautionary water treatment following routine testing on the closed Bosworth Ward where legionella was discovered and immediate action taken. Hand hygiene audits are up and our deep cleaning rolling programme has recommenced.</p> <p>Ruth Marchington thanked the team for the report and asked if the learning from the covid vaccination success will be applied to the flu vaccination programme this year. Anne Scott confirmed that the approach will be co-delivery and learning is being used from covid and from outstanding Trusts and papers in relation to this will come through the quality governance routes.</p> <p>Richard Wheeler added that the water safety programme is running as part of the dormitory programme and the UHL facilities management team are being very responsive in this matter. Initial samples show no systemic contamination evident.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/081	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper R</p> <p>Anne Scott presented the bi-monthly report covering April and May 2021. Statutory Process Control (SPC) charts are detailed in appendix 1. There was increased reporting of pressure ulcers in February and March related to the increase in covid – this has now levelled off. Grade 4 pressure ulcers have reduced and the detail around grade 3 pressure ulcers has been included in the report.</p> <p>The learning lessons exchange forum and Foundations for Great Patient Care meetings with a continued focus on high standards and quality improvement. The Duty of Candour improvement work is noted and there has been steady progress on SI investigation reports.</p> <p>The Chair noted in the SPC charts that violence and aggression assaults are showing as an upward trend and asked that this theme is discussed further at at</p>

	<p>QAC.</p> <p>Ruth Marchington noted that the SI completion rate remains low and asked for a trajectory for improvement. Anne confirmed that this is currently being completed and will come up through the quality governance route shortly.</p> <p>Action: Anne Scott to ensure that themes from a Violence and Aggression deep dive are discussed at the Quality Assurance Committee.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/082	<p>Safe and Effective Staffing Monthly Reports April 2021 - Paper Si & May 2021 – Paper Sii</p> <p>Anne Scott presented the papers giving a summary of the information contained within each report. Weekly meetings continue to be held to look at risks and plan actions. Confirmation was given of assurance that LPT is sufficiently resilient and safely staffed across the Trust.</p> <p>The Chair noted that within the mental health services for older people wards there were more red areas for nursing in both months and asked if this is likely to be a trend moving forward. Anne Scott confirmed that acuity across these wards is significant and that they are currently looking at the skills mix. A recent visit to the wards confirmed the acuity and June's data will be considered.</p> <p>The Chair raised the issue of an increase in falls at Mill Lodge, our Huntingdon's Disease Unit, and Anne Scott confirmed that this will be monitored and if there is a theme a deep dive will be conducted.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/083	<p>Privacy and Dignity Annual Declaration & Single Sex Accommodation Annual declaration – Paper T</p> <p>Anne Scott presented paper T confirming that between April 2020 and March 2021 there were no reported breaches in line with national guidance. The Trust policy on Transgender service users is currently being updated. The Chair highlighted that she had attended the Spectrum staff network meeting last week which focused on transgender issues with Katie Neeve who described her "long walk to womanhood". It was agreed that transgender service users would be involved in creating the policy.</p> <p>Resolved: The Trust Board receive the report and assured whilst noting the further work on the policy around transgender. The annual declaration was approved.</p>
TB/21/084	<p>Ligature Risks Annual Report – Paper U</p> <p>Anne Scott presented the paper confirming benchmarking and gap analysis was conducted last year and the findings were reported through the quality governance route. There are 6 improvement plans in place. Between January 2019 and March 2021 of the 2,286 reported incidents 2,209 were non-fixed ligatures – these are priority for our Trust. There were 33 fixed point ligature incidents and themes have been taken from these to establish priority actions in the capital estates programme.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/085	<p>Guardian of Safe Working Hours Annual Report – Paper V</p> <p>Avinash Hiremath presented paper V the 2020-21 annual report confirming that there had been 24 exceptions raised as a result of breaches in rest provisions (8 hours in 24 hours with 5 between 12am and 7am) 4 of these were linked to the higher trainee scheme and 6 to core trainees on the Evington Centre due to the</p>

	<p>increase in volume of work when it became a covid red ward. Interventions to mitigate were quick and no further breaches were reported. Mitigations are in place for these e.g. hotel accommodation and time off in the next day. There is no evidence that the breaches affect next day productivity.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/086	<p>Learning From Deaths Quarter 4 Report – Paper W</p> <p>Avinash Hiremath presented the report thanking colleagues for their work on it. There is a well-established system in place to identify deaths in scope and extract learning. Demographic data and key learning is now included in this report. Collaboration with both UHL and the coroner’s office is ongoing.</p> <p>Mark Farmer asked in light of the lessons learned are there any demographic themes, what will be done differently in the future and Avinash Hiremath confirmed that there were no demographic themes identified in this report and it is key to have sight of the data to be mindful of health inequalities.</p> <p>The chair asked how we were working to improve the quality and robustness of our process and Avinash Hiremath confirmed that directorates have established processes led by clinicians using structured judgement and a review tool to ensure that learning is harvested and shared immediately.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/087	<p>Freedom To Speak Up (FTSU) Guardian Annual Report – Paper X</p> <p>The half yearly report was presented by Sarah Willis on behalf of Pauline Lewitt the FTSU Guardian who was on annual leave. The report details an increase in cases which demonstrates LPT’s positive culture of speaking up. LPT are above average in the FTSU index score. The Chair, CEO and NED champion meet regularly with the FTSU Guardian.</p> <p>Ruth Marchington asked if there was a good representation of clinical staff as FTSU champions and Sarah Willis confirmed that there were no identified gaps across professional groups. Avinash Hiremath hosts a regular forum for consultants. Angela Hillery added that the FTSU champions represented the diverse profile of our staff and work is ongoing between LPT and NHFT on this agenda.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/088	<p>Finance and Performance Committee Highlight Report – 25th May 2021 – Paper Y</p> <p>Faisal Hussain presented the report confirming that with regards to the performance report there was high assurance around the performance management framework and medium assurance around the data quality. There was medium assurance given to waiting times due to the extensive work services are carrying out to manage the waiting lists and conduct harm reviews.</p> <p>The impact of the Health Informatics Service (HIS) budget would be reported at a subsequent FPC meeting.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/089	<p>Finance Monthly Report – Month 2 – Paper Z</p> <p>Sharon Murphy presented the month 2 position which was positive with the summary target table showing all indicators as green. Income and expenditure broke even in month 2 with most services having a small underspend apart from LD which has a small overspend. For the second half year work continues on efficiency plans and a task and finish group has been set up. The cash, Better</p>

	<p>Payments Practice Code and capital positions currently look positive. The agency ceiling will be managed as a system this year. The mental health investment standard was resubmitted to respond to additional queries which were mainly around the category of the CCG spend.</p> <p>The Chair added that the LLR system finance is on track in month 2 and there is an LLR ICS system finance meeting taking place on 30th June.</p> <p>Ruth Marchington asked if the underspend in services was linked with recruitment (12.4% vacancy rate) and Sarah Willis conformed that recruitment is a big challenge and this is a key focus of the Strategic Workforce Committee with a deep dive on this planned for July looking at vacancies, hotspots and turnover. This is a constant focus at executive team meetings too.</p> <p>Mark Farmer asked if plans were in place to deal with any slippage around the mental health investment standard monies and Sharon Murphy confirmed that all directors have been asked for a plan B in case of slippage and work is ongoing with other partners to deliver in different ways rather than purely recruiting staff ourselves.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/090	<p>Performance Report – Month 2 – Paper AAA</p> <p>Sharon Murphy presented paper AAA confirming that the new metrics for 2021/22 have been agreed and will be added to the report as and when they are ready. There is a small trend towards improvement across services in line with trajectories but we are starting from a low base following the pandemic impact. This will continue to be monitored. Funding is available to support additional investment into some areas including CAMHS and Mental Health. The Statistical Process Control (SPC) methodology is being reviewed and will be clearer in future reports. The Qlik Sense automated reporting work is ongoing.</p> <p>The Chair commented that FPC has had high levels of scrutiny on waiting times and operational directors have a clear focus on this. She invited them to comment. Avinash Hiremath commented that each directorate has prioritised service lines with measures in place including demand capacity analysis and patient tracking lists. Monitoring and reducing the risk of harm is ongoing using methods such as correspondence, self-help information and sharing of urgent contact information. The next steps are audits of waiting lists to ensure that standard operating procedures (SOPs) are being adhered to.</p> <p>Fiona Myers confirmed that the continence service staff were moved back in April 2021 following their redeployment during covid and have a clear plan to work through the backlog including additional administration support and different methods of triage.</p> <p>Gordon King added that he too felt confident and that detailed action plans and trajectories were in place in the mental health directorate. They were working with the East Midlands Alliance demand and capacity tool. This was also supported by the SUTG Mental Health public consultation proposals to redesign services.</p> <p>Helen Thompson confirmed that services had access to their own dashboards and this was driving up data quality in FYPC. There had been an increased demand for the CAMHS Eating Disorders (ED) service and a plan was in place to strengthen this service and they were optimistic about recruitment moving forward – work is ongoing with the system and NHFT.</p> <p>Angela Hillery added that the CAMHS ED was a significant area of demand nationally and young people continue to be affected through covid.</p> <p>Resolved: The Trust Board received the report for information and</p>

	assurance.
TB/21/091	<p>Audit and Assurance Committee (AAC) Highlight Report – 4th June 2021 – Paper BBB</p> <p>Darren Hickman presented paper BBB confirming that AAC were fully assured on all reports submitted to the Trust Board EGM on 9th June 2021. The Cyber Security Report was comprehensive but AAC commented that it would have been enhanced by the inclusion of metrics as evidence so this report was returned for this to be included.</p> <p>The Chair added that at the EGM on 9th June 2021 LPT received a clean external audit report with no adjustments and the Internal Audit report gave significant assurance. Angela Hillery added that this was an important foundation block for the continuing great work in LPT’s governance and thanked the teams involved.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/21/092	<p>Review of risk – any further risks identified as a result of Board discussion?</p> <p>The Chair identified the staffing risk which had been raised during the meeting and Sarah Willis confirmed that this was raised at the last Strategic Workforce Committee and that Risk 26 requires an update.</p> <p>The CAMHS Eating Disorder service risk will need monitoring and it was agreed that this will be considered in the next ORR review</p> <p>Action: Sarah Willis & Anne Scott to update risk 26 to reflect more clearly the current staffing risk as the issue is recruitment rather than safe staffing.</p> <p>Action: Chris Oakes to consider the CAMHS ED risk in the next ORR review.</p>
TB/21/093	<p>Any other urgent business</p> <p>The Chair confirmed that NHS Charities Together have awarded £492,000 to the LLR system for community partnership grants. A media release has been issued this week.</p> <p>On 23rd March 2021 the Board in its confidential session approved a bid to NHS Charities Together for £492,000 for community partnership grants. This grant will be shared amongst 7 local community/voluntary organisations of just over £70k each to reduce health inequalities impacted by Covid.</p> <ul style="list-style-type: none"> • Disabilities – Enrych • Older vulnerable people – Reaching People • Younger Peoples mental health – Centre for Fun & Families • BAME families – Home start horizons • Adult mental health – Leicester City FC in the community • Adult mental health – Rural Community Council • Health Inequalities Research to Leicestershire Academic Health Partners (LPT,UHL and UOL)
TB/21/094	<p>Papers/updates not received in line with the Board Architecture work plan: None – all papers received.</p>
TB/21/095	<p>Public questions on agenda items:</p> <p>1 - Question received from Andy Dalton:</p> <p>A recently published survey's findings shone a light on some shocking statistics surrounding NHS staff retention, including: 45% of staff are considering leaving the NHS and 52% have experienced anxiety and worry about the future, Top reasons for employees considering leaving are work/life balance, high workloads, and their own mental wellbeing,</p>

Yet 77% claimed more options for remote working would change their mind. The survey results found that this NHS-exodus could be stemmed by more remote working options with over 75% of those thinking about leaving their NHS organisation stated a robust digital system, allowing more flexibility, would change their minds. With this in mind what are the Trust's long term plans for addressing these issues.

Sarah Willis responded:

The move to a model of blended working is very much at the forefront of the Trust's work as we move to recovery of our services. We recently undertook a series of listening events with our staff and triangulated the outputs of these with annual staff survey feedback. Our staff have told us – very much in line with what you have stated – that, for many, there have been benefits to being able to work remotely in terms of improved balance between work and life outside of work. Staff have told us that they want to keep some of the technological and digital solutions we've introduced during the pandemic. Balanced with this is an identified need to have some physical and face to face contact with colleagues. We have a TripleR programme looking at reflect-reset-rebuild for our staff and services. Sitting across the 3 projects within this programme is an objective to maximise the use of technological and digital solutions in order to enable different ways of working. The Trust is committed to taking forward a strategic approach to support blended working – keeping and building on the best of what we have learned during Covid. It's probably worth noting that we have, for many years, had a policy that allows for flexible working requests to be considered, and feedback through the national staff survey is generally positive about the Trust's approach to flexible working, so we are building on this sound footing. In addition to this, the Trust has a comprehensive programme to support staff's mental and physical health and wellbeing. Continuing to develop this programme and ensure accessibility for all is another key objective in our recovery programme.

2 - Question received from Khzayad:

What is the strategic plan for infection control in medical laboratory?

Avinash Hiremath responded:

We access laboratory facilities from UHL. From LPT perspective, all samples collected are done with aseptic techniques under infection control guidance as per policy. The samples are usually blood tests and these are then sent to UHL labs in appropriate packaging.

Date of next public meeting:

31st August 2021 - Microsoft Teams