

**Minutes of the Public Meeting of the Trust Board
31st August 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
Ms Moira Ingham Non-Executive Director
Professor Kevin Harris Non-Executive Director
Mr Vipal Karavadra 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 Samantha Leak 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 and Independent Chair of the LPT People's Council
Ms Kate Dyer Deputy Director of Governance and Risk
Mrs Kay Rippin Corporate Affairs Manager (Minutes)

TB/21/096	<p>Apologies for absence and welcome to meeting - The Trust Board Members are introduced in Paper A. No apologies were received for the meeting. Welcome Sam Leak and Vipal Karavadra to their first Trust Board meetings and welcome to Kamy Basra Associate Director of Communications, Eric Waweru and Iza Kunciewicz who are observing today.</p> <p>All papers are taken as read and only key changes since the paper was written or changes to the risk profiles will be discussed. During the covid pandemic the Trust Board remains focused on the six priorities at the top of the agenda. The theme of today's meeting is Families, Young People and Learning Disabilities (FYPC LD) with a particular focus on Special Educational Needs and Disability (SEND).</p>
TB/21/097	<p>Patient Voice film – FYPC Special Educational Needs and Disability – Verbal</p> <p>A video was shared detailing the experience of a parent-carer of a young person accessing the occupational therapy (OT) support services during the pandemic. It was a positive experience both in terms of access and support, with both digital and face to face contact. The parent had found the videos particularly helpful in supporting their child.</p> <p>Helen Thompson commented that the balance between face to face and digital needs to be right and be based on feedback from our service users. Angela Hillery asked what adjustments and alternatives are available if methods aren't suitable for</p>

	<p>service users and it was confirmed that telephone calls can be used instead of videos, interpreters are used also.</p>
TB/21/098	<p>Staff voice - FYPC Special Educational Needs and Disability – Verbal Welcome: Rebecca Wallen – Occupational Therapist, Alice Templeman- Speech and Language Therapist, Emily Robertshaw- Governance Manager, Patient Involvement and Experience.</p> <p>The team confirmed that opportunities to think and work differently have been used throughout the pandemic. Digital improvements and enhancements have led to increased communication with parents. The telephone and video calls to the young person’s home have been very helpful and there are plans to offer this post pandemic. Some parents found it helpful to talk to staff and share their concerns without the child being present. Parent workshops have moved on line and their success continues to be monitored, overall it is felt that there has been increased contact with parents which allows reviews to focus on school and home life rather than just through school. Teenagers with ADHD or ASD often prefer to engage via video as it reduces the stress of attending a clinic setting. Covid has had an impact on speech and language with schools reporting that the September 2020 intake of reception children required more support with communication than in previous years. This has led to an increase in referrals to Speech and Language Therapy (SALT). The Youth Advisory Board (YAB) moving on line has been of great benefit allowing more young people to engage from all around the city and county and a blend of online and in person meetings are planned moving forward. The YAB had engaged and helped co-produce on line workshops and video support materials and had designed surveys.</p> <p>Darren Hickman asked if there is a waiting list to access these services and how is this managed. Alice Templeman confirmed that the 18 week referral to treatment target is largely met and the team is mindful of the waits post first appointment – different ways of working including neighbourhood clusters and shared case-loads and a focus on high priority cases are used to mitigate this.</p> <p>Ruth Marchington asked if there was any data around the families who the service is not reaching to consider health inequalities and it was confirmed that the team collect feedback to understand barriers to access and they have clear, simple, motivating communications to help address the health inequalities.</p> <p>Ruth Marchington asked how the team is looking after their own health and well-being and the team confirmed that whilst it may be difficult to join in the wellbeing events offered during the working day by LPT, the team support each other with WhatsApp groups, frequent Teams meetings, 30 minutes protected time for lunch breaks, taking annual leave and supportive line managers.</p> <p>Angela Hillery commented that the co-production work is valuable and learning from the YAB will be taken into Northamptonshire Healthcare Foundation Trust (NHFT). Angela Hillery asked is there anything that could be done differently to support staff through periods of change. The team confirmed that knowing why the change was needed was helpful when implementing difficult changes – and for this to be communicated via a number of platforms so that it is easily accessible and understood by all affected.</p>
TB/21/099	<p>People’s Council & HealthWatch Report – Paper B</p> <p>Mark Farmer, Healthwatch presented paper B confirming that the People’s Council’s first priority – Step Up To Great Mental Health (SUTG MH) continues to be focussed upon and a comprehensive response has been provided to the public consultation led by the Clinical commissioning Groups (CCGs). Healthwatch conducted a review of urgent access (the report is attached as part of paper B) and this has been to the design group and included in the consultation. There is a statutory requirement to provide a response to Healthwatch and this will be included as part of the decision from the SUTG MH consultation. A review of the People’s Council is due at its 1 year anniversary and a joint board session to be</p>

	held shortly will focus on the next 2 priorities – equity, diversity and inclusion and the personalisation of the care agenda. The People’s Council had also looked at the leadership development strategy for LPT and was impressed by the breadth and depth of the offer. They had seen the LPT strengthen the engagement with patients. Sam Leak confirmed that Community Health Services (CHS) were keen to engage with the People’s Council and she had a 1:1 meeting arranged with Mark Farmer to shape this. The Chair confirmed that the Trust Board continue to be supportive of the work of the People’s Council and HealthWatch.
TB/21/100	Declarations of interest in respect of items on the agenda – no declarations were received.
TB/21/101	Minutes of the previous public meeting: 29 th June 2021 – Paper C Resolved: The Trust Board approved the minutes as an accurate record of the meeting.
TB/21/102	Action Log & Matters arising – Paper D Resolved: The Trust Board agreed all matters were complete and should be closed.
TB/21/103	Chair’s Report – Paper E The Chair presented the report confirming that the recent patient involvement induction sessions have been a positive success and it is great to see this work progressing and get this valuable insight from people who have experienced our services. The LPT Covid Heroes Awards shortlisting and judging had taken place and the award ceremony will be on 1 st October 2021 and the highlights will be shared at the next Trust Board meeting. The Chair attended the events for the South Heritage Month and continues meeting with her Reverse Mentor learning about living and working with a disability, including a review of the Workforce Disability Equality Standard (WDES) action plan. There is a health and well-being festival planned for the Autumn which all staff are welcome to attend. Staff health and well-being remains a priority and the team have looked at improving access to our events to make this part of the working day.
TB/21/104	Chief Executive’s Report – Paper F Angela Hillery thanked all staff for their continued hard work, vigilance and for putting safety first. David Sissling has been appointed as Chair of the ICS and the ICS CEO is to be recruited in the Autumn. The urgent and emergency care pathway is currently under a lot of pressure and LPT are supporting partners. The East Midlands CAMHS collaborative are currently accessing additional national money to support alternatives to hospital admission. Gordon King is retiring at the end of September; he has made a significant difference to both the NHS and LPT and will be missed. Angela thanked all those who have contributed to the SUTG MH consultation including the public whose response and sharing of their stories have made such a difference. The Annual General Meeting (AGM) will be held virtually on 14 th September 2021.
TB/21/105	Organisational Risk Register – Paper G Chris Oakes presented the paper. Risk 6 for SUTG MH has mitigation in place and now that consultation is closed it will be progressing to implementation and de-escalation should be considered. There are plans to de-escalate the LD and Autism transformation risk 8 as leadership is now in place. Increases in demand and waiting times for Children and Young People are included within risk 28 and are being managed in the directorate. Ruth Marchington asked with regards to risk 6 – are there risks around implementing SUTG MH and Chris Oakes confirmed that this will continue to be reviewed and would be a different risk once we move into implementation – the ORR is dynamic and risks can be brought back as necessary. Ruth Marchington asked with regards to risk 26 and the recruitment and workforce supply – are there enough actions around medical consultants and the capacity concerns? Also with regards to the sickness and turnover of Healthcare Support

	<p>Worker (HCSW) – are there any actions relating to this? Sarah Willis confirmed that risk 26 requires further update following a paper on medical workforce which has gone to the previous Strategic Executive Board (SEB). Avinash Hiremath confirmed that with regards to the consultant shortage, trainee schemes are being tapped into and long term locums are filling the vacancies.</p> <p>The Chair asked with regards to risk 54 on the current year financial position – the residual risk is above the target risk appetite – are mitigations in place? Sharon Murphy confirmed that this was in relation to uncertainty due to the H2 guidance not yet being released, this is anticipated within the next 6 weeks and LPT are planning for this.</p> <p>The chair asked with regards to risk 2 – safeguarding having an amber assurance rating – what is needed to make this green? Anne Scott confirmed that this risk is reviewed monthly and this is a cautious realistic review in light of covid and the risks the ongoing pandemic presents.</p> <p>The Chair asked with regards to risk 3 – lessons have been learned and shared – are there any further actions to improve our internal insurance on this? Anne Scott confirmed that this is in progress and it is anticipated that this will be green soon. All Quality Improvement (QI) programmes look at how we learn lessons across LPT.</p> <p>Action: Sarah Willis to update risk 26 to reflect recent changes and include narrative around HCSW risk.</p> <p>Resolved: The Trust Board agreed to close risk 6 on the ORR.</p>
TB/21/106	<p>CQC Update Including Registration– Paper H</p> <p>Anne Scott presented confirming that the formal Care Quality Commission (CQC) report is expected in September and the factual accuracy process is in place with an action and improvement plan approach. The Quality Improvement tracker continues to capture improvement areas and progress well.</p> <p>The Chair commented that it was good to see the accreditation process restarting and asked if there were plans to move this into other services. Anne Scott confirmed that this was the plan for the future.</p> <p>Angela Hillery commented that the Well Led Inspection had given some good, high level feedback including that patient safety was a priority. Actions are being taken on improvement areas and there is a clear implementation plan for the elimination of the dormitory accommodation. The CQC commented that there are some privacy and dignity improvements to be made and these are progressing. Call bells were raised as an issue with some inability to access – improvements around this are planned.</p> <p>Faisal Hussain asked if the Learning Lessons Group and Foundations For Great Patient Care group will continue to encourage staff to share their experiences and Anne Scott confirmed that this was the plan with a focus on the CQC Report, actions and QI actions.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/107	<p>Fit and Proper Person (FPP) Requirement for Directors Annual Declaration – Paper I</p> <p>The chair presented paper I confirming that FPP checks were completed in October 2020 and then refreshed for today. This included new starters who have checks undertaken upon appointment. 16 out of the 19 FPP responses have been received due to staff returning from annual leave today. There will be confirmation to the next Trust Board that the remaining 3 have been completed.</p> <p>Action: Complete the remaining 3 FPP checks and report complete through the action log at the 26th October Trust Board meeting.</p> <p>Resolved: The Trust Board approved the position for 2021</p>
TB/21/108	<p>Service Presentation –FYPC Special Educational Needs and Disability (SEND)– Verbal</p> <p>Welcome Janet Harrison - Head of Service in FYPC.LD who presented a</p>

	<p>PowerPoint which will be shared after the meeting and uploaded to the website for information. The presentation covered the legal framework, working together with partners, what we are good at, what will be next. Each of the 3 areas: Leicester, Leicestershire and Rutland have a “local offer” to support children and young people with SEND and in May a virtual event was held including workshops and support networks. This was well received by parents who help to shape our services. There are 9,000 young people with an Education, Health and Care plan (EHCP) and LPT has a 100% performance of meeting the 6 week target for returning health contributions. There are 150 new referrals every month and the emphasis is on ensuring that EHCPs are high quality, accessible and reflect the voice of the child.</p> <p>Darren Hickman asked if the performance is benchmarked with other areas – particularly the success of the Early Years work. Janet Harrison confirmed that benchmarking is against the national readiness for school data – readiness for school is a real key area featured in the 1001 Critical Days Agenda and there has been system wide working on this for some time. There is health inequalities work ongoing with Leicester City Council and the Public Health Team. Benchmarking can assist in informing priorities for the preventative agenda.</p> <p>Ruth Marchington asked if the community and voluntary sector feature in the integrated system working and Janet Harrison confirmed that they do. The Parent Carer Forums are a body to encapsulate all sectors and there continues to be good involvement from local support groups.</p> <p>Faisal Hussain asked about cultural sensitivity and if the reach into the diverse communities needed further improvement and Janet Harrison confirmed that the parent and young people champions and the Youth Advisory Board (YAB) are the vehicle to ensure that all people’s experiences are shared, stories are shared across cultures. There is also staff training available on ULearn which had been developed with the LPT equalities team.</p> <p>Angela Hillery thanked the Team and Janet Harrison for her positive leadership commenting that partnership is a golden thread evident throughout. Angela Hillery asked if the team were confident that they were able to retain and recruit staff to meet the increasing pressures and Janet Harrison confirmed that they were confident although we were yet to see the impact post pandemic. Investment in future staff needs to be at an early stage in their career development through school work experience, apprentices and student placements.</p>
TB/21/109	<p>Step Up To Great Progress/Milestones/KPIs – Paper J</p> <p>David Williams presented the paper confirming that the SUTG strategy continues to be progressed with work on High Standards having positive feedback from staff who have confirmed that the infection prevention and control (IPC) measures have made a real difference. Transformation work is ongoing to support urgent care – Community Health Services are working with partners to support discharges. The other bricks including : estates, patient involvement, equalities, single patient record and data improvement work are supporting the development of high quality services. The SUTG strategy is well governed with good leadership for each of the bricks evident. The strategy refresh will be presented back to the trust Board on October 26th 2021.</p> <p>Ruth Marchington asked if the feedback on the time taken to answer Central Access Point (CAP) calls has led to improvements. David Williams confirmed that improvements are evident including the SystmOne implementation and Gordon King added that the CAP receives between 4000-6000 calls a month. Turning Point are partners and there are new ambitious targets being set for call monitoring.</p> <p>Ruth Marchington asked if the People’s Council will be consulted on the SUTG strategic priorities and David Williams confirmed the new Head of Strategy Sam Wood will be doing this.</p> <p>Angela Hillery added thanks to the whole Trust – all teams at LPT have contributed</p>

	<p>to the progress of each brick and the CQC commented that staff knew about the SUTG strategy and felt part of it. The SUTG strategy will continue to exist, it provides a good foundation for the refresh and next stage of LPT's development.</p> <p>Resolved: The Trust Board received the report and noted the progress made.</p>
TB/21/110	<p>Provider Collaborative – Paper K</p> <p>David Williams presented the paper confirming that the provider collaborative is made up of 6 mental health organisations across the East Midlands and the work they are involved in is highlighted in the report. The development of the next phase is underway and this will reflect on the work completed so far on the demand and capacity model, veterans work and the 3 collaborative services which are operating (forensic, CAMHs and Adult Eating Disorders)..</p> <p>Faisal Hussain commented that he attended the development session for NEDs and found it very useful – are services and service users enthusiastic about its future? David Williams confirmed that they are keen to explore, all CEOs have given a commitment to make it work and this is a real opportunity. There are benefits from Directors working together for example the Directors of HR have met to explore better recruitment and retention. The Chair added that similarly Medical Directors and Directors of Nursing have met to explore joint working opportunities. Mark Farmer Healthwatch asked if patients and carers are linking in to this regional work and if so how this is being fed back to local organisations. David Williams confirmed that all formal providers have an expert by experience supporting the work and all 3 collaboratives have asked the individual providers about the conversations to ensure that service user feedback is triangulated.</p> <p>The Chair confirmed that the governance route for the performance of these 3 collaboratives is through the Strategic Executive Board (SEB), the Quality Assurance Committee (QAC) and the Finance and Performance Committee (FPC) – the commissioning hub produces one common report for all 6 provider boards.</p> <p>Resolved: The Trust Board received the update</p>
TB/21/111	<p>Quality Assurance Committee Highlight Report 27th July 2021- Paper L</p> <p>Moira Ingham presented paper L confirming the reasons for the split assurance – on the Director of Nursing's Report – this was a comprehensive report with a high assurance on IPC, complaints, the families and friends test, the ligature group work and the Agnes Unit quality report. However- there were 2 ongoing quality summits (Beaumont Ward and Mill Lodge) and issues around the timely completion of Serious Incident (SI) investigations which were amber. Anne Scott updated the Board that the NHSEI IPC visit was postponed due to the increase in covid cases locally and nationally.</p> <p>The Safe and Effective Staffing paper received at QAC (and also on the Board agenda today) was also given a split assurance. This work had been paused during covid and whilst LPT had responded well to the key priorities set out by NHSE there is still a high level of temporary staff/agency usage. Further updates will be reported back to QAC. There was an excellent deep dive on pressure ulcers showing key actions taken, the next deep dive will be on violence and aggression</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/112	<p>Patient and Carer Experience, Involvement and Complaints Quarter 1 Report – Paper M</p> <p>The paper was presented by Anne Scott who confirmed that the details were in the paper and there had been no changes to report since it was written. Anne Scott highlighted that complaints were higher in Q1 but there was strong clinical oversight and grip and the informal complaints process was working well to address complaints early. The Friends and Family Test (FFT) had achieved the Quality Account target and the use of SMS text messaging had been reviewed and adapted for LD services to ensure improved access.</p> <p>The Chair commented that the complaints across the 3 directorates are mostly</p>

	<p>within community services rather than inpatient settings; and in mental health there was only 58% positive feedback – are there any common themes or learning from this? Anne Scott confirmed that directorate teams review this information and harvest this learning and they will be monitoring and understanding this now. Angela Hillery asked if there was the ability to triangulate complaints and new ways of working during the pandemic and could this be fed back via the next report. This is important to take the learning into the recovery phase.</p> <p>Moira Ingham raised the fact that the often complaints relate to communications and could this be looked at more deeply to ensure we know what is causing the problems. Anne Scott confirmed that themes are analysed and platforms of communication has not been a theme to date.</p> <p>Darren Hickman commented that the response rate was 8% and the themes for positive responses almost entirely mirrored the themes for negative responses and was there an identifiable reason for this. Anne Scott confirmed that she would look into this and report back.</p> <p>Action: Anne Scott to ensure that the triangulating of complaints and new ways of working is covered in the next quarter report.</p> <p>Action: Anne Scott to feedback on the reasons that the negative and positive response rates mirror each other in the feedback responses detailed in the report.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/113	<p>Patient Safety Incident and Serious Incident Learning Assurance Report - Paper N</p> <p>Anne Scott presented the report covering June and July 2021. The backlog of action plan closures is improving and the reporting details are shown in appendix 1. All information was contained in the report and there had been no changes since the report was written. The patient safety team continued to focus on the quality of SI investigation reports and ensure that there was learning from Sis. The importance of timely closure of action plans was emphasised.</p> <p>Grade 4 pressure ulcers were showing an inconsistent trend, CHS had a robust implementation plan which had been covered at QAC. Falls were being monitored closely by the Falls Group and early learning and action was being taken.</p> <p>Incidents involving violence and aggression had shown an increasing trend and the next QAC meeting would receive a report on the deep dive focusing on the nature and place. The Duty of Candour showed continual improvements both in the quality and timeliness of the letters.</p> <p>Ruth Marchington commented that there was a recurrent theme of a lack of risk assessment reviews and putting in mitigation and asked why this is. Anne Scott confirmed that the patient safety team is looking at the processes and systems that are in place to complete the risk assessments – staff are interviewed after every incident to get their feedback and this forms part of the improvement work being undertaken to make templates on SystemOne easy to complete.</p> <p>Helen Thompson added that it is a challenge for front line staff due to the volume of incidents and frequency of updating risk assessments which need to be manageable and accessible. Staff are clear about the improvement journey that we are on particularly at the Agnes Unit and the Beacon with improvement being evident..</p> <p>The Chair asked if more resource has been put in to support the overdue SI reports and action plans in the mental health directorate and Anne Scott confirmed that new SI investigators were due to start in September, offering wrap around support for the mental health directorate – improvements will be seen shortly.</p> <p>Resolved: The Trust Board received assurance from the report</p>
TB/21/114	<p>Safe Staffing Monthly Reports – June 2021- Paper Oi & July 2021 – Paper Oii</p> <p>Anne Scott presented the papers confirming that since the reports were written Gwendolen Ward has now reopened for covid positive patients. There has been an increase in the use of temporary workers which are mainly from LPT’s own bank</p>

	<p>staff. The increased demand and acuity and holiday season has also led to an increase in agency staff usage. Mill Lodge was an area of concern and a quality summit had been held to review the quality and safety of the unit, including a deep dive into falls. The review concluded that Mill Lodge was operating safely and a report had been to QAC. Overall all areas were safely staffed.</p> <p>Faisal Hussain asked if the cancelled visits reported by CAP and Crisis Team had an impact on patient safety and if there was a risk assessment process to underpin this and Anne Scott confirmed that there was a weekly safe staffing review that discussed these matters. Gordon King added that all decisions relating to resource management were risk assessed.</p> <p>Resolved: The Trust Board received assurance from the report</p>
TB/21/115	<p>Staffing Capacity and Capability 6m Report (NQB) – Paper P</p> <p>Anne Scott presented the report confirming that it had been through QAC with no gaps identified. This report is the first since the pandemic pause was lifted. All information is detailed in the report and there have been no changes or additions since the report was written. LPT had responded to the national workforce initiative and as part of this 30 international nurses had been recruited.</p> <p>Angela Hillery asked what is being done about the bank staff compliance with mandatory training and Sarah Willis confirmed that there are safeguards in place and if risks are identified the bank staff will cease working. It is ensured that there is a skills mix and training compliance mix and the pay progression for bank staff has been reintroduced which requires training compliance in order to receive pay progression.</p> <p>The Chair suggested that as nursing applications to Universities are currently higher than the number of places available, more strategic work will need to be done to ensure that the long-term future pipeline of nurses is secure.</p> <p>Resolved: The Trust Board received assurance from the report on staffing capacity.</p>
TB/21/116	<p>Learning from Deaths Q1 Report – Paper Q</p> <p>Avinash Hiremath presented the report confirming that it contains the data from quarter 1 and the learning from quarter 4. Steps have been taken to enhance the governance around Learning from Deaths. The information on demographics is now included in the report and this will be explored further to support understanding on health inequalities. The Chair noted the improved reporting and level of work undertaken.</p> <p>Resolved: The Trust Board received assurance from the report.</p>
TB/21/117	<p>Annual Equality Reports – Workforce Race Equality Standard (WRES) Annual Report – Paper Ri & Workforce Disability Equality Standard (WDES) Annual Report – Paper Rii</p> <p>Sarah Willis presented the reports confirming that they require approval from Trust Board for publication. The NHSEI 6 high impact actions for WRES are woven in to the LPT actions and also integrated work is being carried out across the ICS in this regard.</p> <p>The BME network staff group co-produced the WRES action plan and the MAPLE staff support group co-produced the WDES action plans enabling them to be robust plans. The MAPLE staff network had reviewed the reasonable adjustments policy and created a health passport which allows disabled staff to move easily between roles. There will be an estates and facilities audit of LPT premises to ensure we are supporting our disabled staff. LPT led the Reverse Mentoring programme for LLR including BAME and disabled staff.</p> <p>Faisal Hussain asked why the other protected characteristics are not reported on and published in the same way nationally and Sarah Willis confirmed that there are other LPT staff support networks and groups and they each have their own action plan which they report to.</p> <p>Ruth Marchington asked with regards the WDES report and the access audits –</p>

	<p>are these over and above what is required in the legislation or do we not meet the legislation? Sarah Willis confirmed that the staff networks made a decision to continually assess these matters for suitability beyond legislative requirements. Chris Oakes added that action across all protected characteristics is essential, WRES came first, followed by WDES and these are pilots which can be used for moving forward.</p> <p>Resolved: The Trust Board approved the action plans and approved the reports for publication.</p>
TB/21/118	<p>Finance and Performance Committee Highlight Report – 27th July 2021 – Paper S</p> <p>Faisal Hussain presented confirming that the split assurance on the finance report is due to the H2 guidance for the second half of 2021/22 not yet being released. The low assurance on the waiting times is due to FPC being acutely aware of the waiting times and their effect on those waiting. Trajectories are in place and we are monitoring performance to track improvements.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/119	<p>Finance Monthly Report – Month 4 – Paper T</p> <p>Sharon Murphy presented the report confirming that the month 4 income and expenditure are being delivered to plan. There are small overspends in FYPC, Estates and Enabling. Covid costs are reducing and the cash and capital delivery remain on track. All month 4 changes to the capital plan are outlined in the paper. We are waiting for NHSEI approval to drawdown £2.6m system capital expenditure to support digital working. The Better Payment Practice Code (BPPC) performance dipped slightly in month 4 and action is being taken to address this in one specific area. Whilst the agency costs have increased during month 4 the forecast outturn has slightly reduced – a deep dive has been carried out and a task and finish group has been set up to look at controls on current use of agency.</p> <p>The Chair noted the triangulation between reports on agency costs and safer staffing reports, she noted that the locum consultant costs previously referred to form a large part of this expenditure.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/120	<p>Performance Report – Month 4 – Paper U</p> <p>Sharon Murphy presented the report confirming that the 2021/22 metrics continue to be added to the report as they become available. The review of metrics and actions taken by directorate teams are included in the report. Work continues on the NHSI System Oversight Framework metrics and this will be reported through SEB in October. Waits for treatment for the personality disorder service will be included in the report moving forward to assist with context around the assessment waits metric. There have been bids to the system to help to address the activity backlogs in FYPC and CHS, DMH backlogs will be addressed through Mental Health Investment Standard funding.</p> <p>The Chair noted that the clinical supervision rate had dropped in July 2021 and Sharon Murphy confirmed that this would be picked up in the next review of the report and in directorate performance management reviews also.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/121	<p>Charitable Funds Committee Highlight Report – 20th July 2021 – Paper V</p> <p>The Chair presented the report confirming that the charitable funds continue to be used to support patient experience and staff wellbeing initiatives. There remained £50k of NHS Charities Together covid 2nd wave monies which needs to be spent by November 2021 – Sharon Murphy is leading on this.</p>
TB/21/122	<p>Review of risk – any further risks as a result of board discussion?</p> <p>No additional risks were identified as a result of the meeting however the greater use of temporary staff was noted and the staffing risks will be reviewed in the next ORR monthly review.</p>
TB/21/123	<p>Any other urgent business – no other business was raised. The CEO and Chair thanked Gordon King for his work and confirmed that his legacy of partnership and</p>

	team working will continue to be built on in the future.
TB/21/124	<p>Papers/updates not received in line with the work plan:</p> <ul style="list-style-type: none"> • Safeguarding Annual Report (moved to October) • Patient and Carer Experience, Involvement and Complaints Annual Report (moved to October) <p>Level 1 Committees Annual Reports (moved to October)</p>
TB/21/125	Public questions on agenda items – no public questions were received for this meeting.
	Date of next public meeting - 26th October 2021