

**Minutes of the Public Meeting of the Trust Board**  
**26<sup>th</sup> October 2021 9.30am - Microsoft Teams Live Stream**
**Present:**

Ms Cathy Ellis Chair  
 Mr Faisal Hussain Non-Executive Director/Deputy Chair  
 Mr Darren Hickman 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  
 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 Sam Leak Director of Community Health Services  
 Ms Fiona Myers Interim 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 Mark Farmer Healthwatch  
 Ms Kate Dyer Deputy Director of Governance and Risk  
 Mrs Kay Rippin Corporate Affairs Manager (Minutes)

TB/21/126	Apologies for absence: Mr Mark Powell Deputy Chief Executive Mr David Williams Director of Strategy and Business Development Ms Ruth Marchington Non-Executive Director
TB/21/127	The Trust Board Members – Paper A Introducing all Trust Board members.
TB/21/128	Patient voice film – Adult Mental Health The film was shared with Trust Board featuring Ryan who has been with the Community Enhanced Rehabilitation Team (CERT) for 12 months following a lengthy hospital stay. The team have given him increased confidence and techniques to manage his anxiety and Ryan feels that his life has direction now. The team offered regular and ongoing contact and support and have had a positive impact on Ryan's life and rehabilitation.
TB/21/129	Staff voice – Adult Mental Health Dr Kelly Fenton - Consultant Clinical Psychologist & Enhanced Rehabilitation and Recovery Pathway Lead; Adele Wheway – Occupational Therapist; Michelle Gray – Team Leader; Nick Johnstone – Health Care Support Worker. Dr Kelly Fenton described how proud she was of the team which had been formed during the pandemic. It is a multi-disciplinary team offering holistic person centered care which offers service users a genuine choice about their care within a community setting. Michelle Gray confirmed that staff and service user feedback on the team had been very positive and the team continued to see positive results for service users

including engagement with meaningful activities and service users moving into housing and employment.

Adele Wheway explained that in her role she supports service users to overcome both mental health and physical health barriers and is passionate about supporting service users to engage in meaningful activities to support recovery. This includes meeting the spiritual needs of service users from our diverse communities in LLR.

Nick Johnstone offers one to one support in his role including supporting with activities such as cooking, obesity and getting outdoors into the community

Faisal Hussain asked if the service was being overwhelmed and Kelly Fenton confirmed that the team are very responsive and currently have no waiting list. They begin working with service users before they are discharged from the inpatient setting and data confirms that this reduces both anxiety and readmissions. The team remain mindful of increasing pressures.

Avinash Hiremath commented that it was great to see the service evaluations and that he would be happy to support with evaluations and sharing learning across the Trust.

Darren Hickman agreed it was really positive to see service users being reintegrated back into their communities and asked what happens if service users have difficulty engaging? The team confirmed that once trust is built engagement is usually successful.

Kevin Harris commented that the pandemic has driven the already present health inequalities wider and asked the team if they actively try to minimise these inequalities. Kelly Fenton confirmed that the client group have severe and enduring mental health difficulties and are some of the most deprived within society which in the past has resulted in multiple readmissions. There is focus on the service users' physical health and wellbeing and environmental factors to support addressing inequalities. Patients with severe and enduring mental health die on average 20 years earlier There are plans to build in more support work like this in response to feedback. Michelle Gray added that the CERT team help service users connect with their GP, optician, podiatrist and housing to give a holistic service centred on individual needs.

Angela Hillery commended the team on their great work commenting that their compassion was evident and asked how they have stayed connected as a team during covid. The team confirmed that they work a blended working model and hold a huddle on MS Teams every morning. They have shared lunch and other social events over MS Teams and have held one to one supervision and team meetings outdoors to connect in person. Kelly Fenton added that the team have created a video about meetings outdoors to boost wellbeing for the CERT team.

Mark Farmer asked how long the support was for and if there are key lessons from the work that could be shared across LPT? Kelly Fenton confirmed that there were 3 timescales with the work – Transition – 12 week period supporting the move from inpatient to community; Hub – up to 2 years within the community setting and Spoke – bespoke work that is carried out alongside other community mental health teams in LPT. Learning from this centres around the success of this 'social model' which is a more holistic approach and can this can be shared across the Trust.

Faisal Hussain commented that this model requires collaboration and partnership working with other agencies and asked if this had presented any challenges. The team confirmed that they sit within the Enhanced Rehabilitation Community Pathway and they work with colleagues from all sectors and hold monthly meetings to consider collective care. The agencies all work well together and they are currently looking at developing further links with supported accommodation to support flow through the system.

The Chair thanked the team for presenting to the Board today and thanked them for stepping up this new service during the pandemic.

	<p>Mark Farmer presented the report confirming that the People's Council had now been established for one year and had recently received 5 new applications for membership including a member to represent Rutland which is really positive. There is work ongoing around developing patient director and lived experience roles to support within LPT. The People's Council have been joined at meetings by Mark Powell (Deputy CEO) and Moira Ingham (Non-Executive Director and Chair of QAC).</p> <p>Healthwatch have a current focus on GP access and services and also plan some Enter &amp; View service inspections for next year.</p> <p><b>Resolved:</b> The Trust Board received the report for information.</p>
TB/21/131	<p>Declarations of interest in respect of items on the agenda – Verbal</p> <p>No additional declarations were received.</p>
TB/21/132	<p>Minutes of the Previous Public Meeting: 31<sup>st</sup> August 2021 – Paper C</p> <p><b>Resolved:</b> The Trust Board approved the minutes as an accurate record of the meeting held on 31st August 2021</p>
TB/21/133	<p>Action Log &amp; Matters arising – Paper D</p> <p><b>Resolved:</b> The Trust Board agreed the actions as complete and closed.</p>
TB/21/134	<p>Chair's Report – Paper E</p> <p>The Chair presented the report which detailed recent activity including a recent staff awards ceremony – Covid Heroes – reflecting the support and innovation shown by teams through the pandemic. Ongoing activity across the Trust includes a continued focus on inclusion and staff wellbeing. Over 350 staff attended the October Health and Wellbeing Festival held on MS Teams. The Annual General Meeting (AGM) was held virtually in September and over 100 people attended this meeting. Positive work with stakeholders continues to support the development of the ICS for the region.</p> <p><b>Resolved:</b> The Trust Board received the report for information.</p>
TB/21/135	<p>Chief Executive's Report – Paper F</p> <p>Angela Hillery started by thanking all staff for their incredible work supporting LPT and the system in relation to covid, general pressures, vaccinations and now moving into winter pressures. Children and Young People's Mental Health services are under increasing pressure in particular in relation to eating disorders and there is a national challenge around demand and a regional summit planned. There has been a recent appointment to the National Director for Learning Disabilities and Autism (Tom Cahill) who will be a great advocate. Teams within LPT have been receiving national awards - further evidence of teams going above and beyond. Thanks were offered to the Communications Team for their ongoing work across the Trust for the Covid Heroes awards and AGM.</p> <p>Faisal Hussain asked if the new National Mental Health Standards were unrealistic considering the backlogs within services, a view echoed in national forums he attended, and Angela Hillery responded that any change in access standards can cause concerns but LPT have just completed the Step Up To Great (SUTG) Mental Health public consultation and so are on the right path to work through this standard. Access does need to be improved and so we welcome the focus on improving access.</p> <p><b>Resolved:</b> The Trust Board received the report for information.</p>
TB/21/136	<p>CQC Update – Paper G</p> <p>Anne Scott presented the paper confirming that the CQC core and Well Led inspections took place in May, June and July this year and positive verbal feedback was received at the time, we await the publication of the final report and once this is received an action plan will be put into place to address issues raised. The Quality Surveillance Tracker continues to monitor actions and the Foundations For Great Patient Care Forum continues to meet. The CQC staff focus groups have recommenced. Peer reviews based on the 15 steps will report through its clinical governance route.</p>

	<p>Mark Farmer suggested that once received the CQC report could be presented to the People's Council for their views and Anne Scott confirmed that this was planned.</p> <p>Angela Hillery added that it was important to share that we anticipate the CQC to comment on the dormitory accommodation within LPT's estate. We have plans underway to eradicate this accommodation..</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance.</p>
TB/21/137	<p>Organisational Risk Register – Paper H</p> <p>Chris Oakes presented the paper confirming that there were no changes in the risks to highlight to Board. It is proposed that risks 8 and 52 are closed. Work continues through robust reviews with directors and there was a Board workshop held on 22<sup>nd</sup> October where an in-depth review took place.</p> <p>The Chair asked with regards to risk 10 – the maintenance of our estate – is there an opportunity to address any more backlog maintenance? Richard Wheeler confirmed that there was backlog across a number of Trusts and that an expression of interest had been submitted to the New Hospital Programme which could support ongoing work in progress.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance and approved the closure of Risks 8 &amp; 52.</p>
TB/21/138	<p>Documents Signed under Seal Q2 Report – Paper I</p> <p>Chris Oakes presented the paper for information.</p> <p><b>Resolved:</b> The Trust Board received the report for information.</p>
TB/21/139	<p>Level 1 Committees Annual Reports:</p> <p>Chris Oakes presented the reports</p> <ul style="list-style-type: none"> <li>• Quality Assurance Committee (QAC) - Paper Ji – the focus of the committee is on quality, safety and workforce. There have been effective arrangements throughout the year including peer review from NHFT. The committee is well run and key changes have included the move to bi-monthly meetings, revised report formats and support from the Corporate Governance Team. Focus for the future will be to build on the good work and focus on the health and wellbeing of staff.</li> <li>• Finance and Performance Committee (FPC) – Paper Jii – a similar picture to QAC with a focus on financial and operational performance. Successes are described within the report and the future focus will be building on this work and recovery and financial delivery in H2 and beyond.</li> <li>• Charitable Funds Committee – Paper Jiii – report contains great news around the NHS Charities Together monies to support staff wellbeing and patient experience brand awareness and an increasing focus on income generation and partnerships.</li> <li>• Audit and Assurance Committee – Paper Jiv – the committee have oversight of governance and the ORR review and continue to meet quarterly. The meetings are effective and all members are well involved with external assurance provided by 360 internal audit and KPMG external audit. Key successes are detailed within the report and include reviewing the embeddedness of the ORR.</li> </ul> <p>Overall best practice has been deployed working within our group and with the enhancement of governance to support the committees there is ongoing quality improvement evident.</p> <p>Moira Ingham commented that she has joined LPT recently and has evidenced good flow from level 2 to level 1 committees and working together with FPC in shared areas of risk. Faisal Hussain commented that having a cross committee Non-Executive Director (NED) for QAC &amp; FPC helped to support the joint work.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance.</p>
TB/21/140	<p>Trust Board Dates 2022 – Paper K</p> <p>Cathy Ellis presented the paper for information.</p> <p><b>Resolved:</b> The Trust Board received the report for information.</p>

TB/21/141	<p>Service Presentation – Community Enhanced Rehabilitation Team – Paper L  Dr Kelly Fenton - Consultant Clinical Psychologist &amp; Enhanced Rehabilitation and Recovery Pathway Lead; Michelle Gray – Team Leader;.</p> <p>Fiona Myers introduced the presentation commenting that this was a great opportunity for the Board to learn about the holistic work of this, ambitious and compassionate team. The team talked through and shared the PowerPoint Presentation included in the Board pack (Paper L). This included the approach to recovery, the new pathways, the evaluated impact of the service for service users and the health and wellbeing of the CERT staff.</p> <p>Angela Hillery thanked the team for presenting and commented that she was pleased to see the group work with NHFT noting the excellent work within both Trusts.</p> <p>Mark Farmer asked if the time frames with work with services users, this could feel arbitrary for some people and asked if support can be extended if required. Kelly Fenton confirmed that the time frames are simply guidelines based on current evidence and could be extended as required – once needs are identified measures can be put in place to meet those needs. Mark Farmer also asked about the equality and diversity needs of service users. Kelly Fenton advised that the CERT team link with neighbourhood services and that care plans reflect the holistic needs of the service user, including interpreting and chaplaincy services..</p> <p>Faisal Hussain asked how the work is aligned with the community mental health teams but does not duplicate this work. Michelle Gray confirmed that the teams work collaboratively together within the same pathway and the collaborative working prevents duplication. This team’s work is enhancement – work that other teams are unable to carry out. The work therefore compliments rather than duplicates.</p> <p>Fiona Myers reflected that this team enables service users transition well to live in the community and continue to have good outcomes.</p> <p>The Chair thanked the team for their presentation and would like to feature the CERT team in the next Wellbeing Wednesday message.</p>
TB/21/142	<p>People Plan Progress Report – M</p> <p>Sarah Willis presented the report detailing an update on activity aligned with the national People Plan. The 9 Principles for the Health and Wellbeing Guardian role are detailed in the appendix to the report. Health and Wellbeing work continues to be a focus across the Trust with the TripleR Programme, blended working principles and health working day guidelines as examples of this work. Other work includes the recruitment of 30 international nurses, Together Against Racism work across the group including the recent masterclass. The Trust’s Change Champions are currently supporting culture and leadership work. The Staff Survey is out now.</p> <p>Vipal Karavadra asked for some detail around the challenges of international recruitment and Sarah Willis confirmed that the lead for this work has been working in partnership with University Hospitals Leicester (UHL) and the learning from these challenges will be shared with the working group. Anne Scott added that this is a nationally supported programme, moving forward we will be looking at what happens when it becomes a local pressure to resolve – plans for the future are being considered.</p> <p>Vipal Karavadra asked what are LPT doing locally to promote recruitment for example to young people and Sarah Willis confirmed that there are recruitment fairs and that we have good relationships with local universities. Anne Scott added that LPT have honorary contracts with the universities both for nurses and Allied Health Professionals (AHPs) providing lecturing and shadowing opportunities.</p> <p>Moira Ingham asked if there was a plan for international mental health nurses moving forward and Anne Scott confirmed that there was a plan, and for international consultants too.</p> <p>Kevin Harris raised the ethical dimension of the recruitment of international nurses from countries which may need and value them more and Sarah Willis confirmed</p>

	<p>that conversations are had with the recruits around their future aspirations. Avinash Hiremath added that with doctors international recruitment, two years working away from their home country can give them additional skills to return with. A recent retention and recruitment paper is being considered and scoped by the Strategic Executive Board.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance.</p>
TB/21/143	<p>Quality Assurance Committee Highlight Report 28<sup>th</sup> September 2021 – Paper N  Moirra Ingham presented the report confirming that the Director of Nursing Report received medium assurance from the committee due to the temporary staffing use and staffing levels in general; the SI investigations and ongoing of recruitment of the investigators. The committee noted quality improvement work on the Agnes Unit, Beacon Unit and Beaumont Ward. The Performance Report offered split assurances with the committee being assured around the measures in place to support quality and workforce but low assurance around the vacancy rate although noting that this rate included new roles. There was assurance on compliance with the annual seclusion room audit.</p> <p>Anne Scott gave a verbal update on the NHSI Infection Prevention and Control visit which has taken place since the report was written. The NHSI previous visit was in January 2020 where the Trust was rated as a strong amber. The re visit took place on 14<sup>th</sup> October – 3 clinical areas were inspected (Evington Wards &amp; Agnes Unit), 2 announced and 1 unannounced and significant improvements evidenced and the Trust is now rated as green. The letter and action plan will be presented to Trust Board in December 2021.</p> <p><b>Action:</b> Present the findings and associated action plans from the IPC Visit to the Trust Board December meeting.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance.</p>
TB/21/144	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper O  Anne Scott presented the report which covers August and September 2021. Timescales continue to be a challenge with variable compliance evident. However, work is ongoing to progress, improve and mitigate these risks. There are inconsistent trends shown for category 4 pressure ulcers. The success with the quality improvement work around falls is evident within the report. There is a decline in the numbers of self-harm incidents in August but this is not the case in the September report. There continues to be a higher level of violence and aggression incidents across the Trust and a deep dive into this showed a theme – which was an individual patient on a low secure unit waiting for a transfer to a medium secure unit which better suited their needs. The culture of candour is embedding across the Trust with no statutory breaches to report in this time period.</p> <p>Vipal Karavadra asked how are the incidents of violence and aggression incidents against staff mitigated against and Anne Scott confirmed that they are all subject to a serious investigation (SI) where all of the detail is contained. Wrap around support is offered to staff and the incidents are monitored by the Patient Safety Team and Health and Safety Team and other staff teams who lean in to support. Staff are trained to manage these incidents and all staff are up to date with their mandatory training.</p> <p>Fiona Myers commented that the acuity of the patients has changed and with the and workforce challenges a deep dive is planned which will support triangulating the information.</p> <p>Moirra Ingham added that the Statistical Process Control (SPC) charts make the information very clear and are good to support preventing themes reoccurring. Future reports could also detail how practice has changed as a result of learning to support this.</p> <p>Faisal Hussain commented that the pressure ulcer data is still concerning and asked if visits into the community have improved along with increased early provision of information, guidance and support to service users and their carers on</p>

	<p>reducing them? Anne Scott confirmed that here has been a significant focus in this area and there is a level of concern which is detailed in the Safe Staffing paper and directorates are paying attention to this area and focusing on mitigating the risk. Sam Leak confirmed that rapid response actions are in place and team meetings are held regularly to support this. A quality summit is being held next week. Transformational change within the team is being considered and measures are in place to ensure that this is embedded.</p> <p>Anne Scott added that they are working coherently and supporting family members and carers and all best practice improvements are being followed.</p> <p>Angela Hillery asked how the human factors work is developing and Anne Scott confirmed that both the Head of Patient Safety and the Head of Clinical and Quality Governance are passionate about human factors and are developing this line of work and linking with NHFT..</p> <p>Darren Hickman asked with regard to the overdue SIs – when can we expect to see this coming down and how are the families being kept informed? Anne Scott confirmed that that 4 of the 8 investigators have now started with LPT and we anticipate a dramatic impact from this. Part of the role of the investigator is to keep the families informed and involved.</p> <p>Kevin Harris asked if violence and aggression incidents are referred to the police. Anne Scott advised that a decision is made locally and the most serious incidents are referred to the police.</p> <p>The Chair highlighted that the medications incidents chart has plateaued and asked if there was anything more we could do with pharmacy colleagues to further reduce the medication errors. Anne Scott confirmed that the ‘Medicines Management Group’ is considering this.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance on the systems and processes and emerging themes.</p>
TB/21/145	<p>Safe Staffing Monthly Reports</p> <p>August 2021 – Paper Pi – this paper was taken as read and the focus was on the most recent paper.</p> <p>September 2021– Paper Pii</p> <p>Anne Scott presented the paper confirming that temporary worker utilisation rate was lower in September. Key inpatient areas of note include the Beacon Unit, Agnes Unit, Mill Lodge and Beaumont Ward. There are in addition to this 13 community areas of note – details are within the report. There was a quality summit held to look at these issues at the end of September This looked at patient safety risks and the NHSI tipping point factors. Weekly safe staffing meetings continue to be held and the Beacon Unit will operate 7 beds until the end of December due to staffing issues. There are quality improvement and recruitment plans in place with oversight by QAC. The community hospitals are operating at an amber risk with an increasing number of shifts having 1 registered nurse and over 50% agency staffing. Mill Lodge has nursing vacancies, with only 1 registered nurse on a night shift, but they are supported by neighbouring Stewart House. The Beaumont ward follow up quality summit showed no evidence to suggest that the ward was not safe.</p> <p>Community Health Services are operating at OPEL level 3 and business continuity plans are in place with reprioritisation of appointments. There have been 3 Sis with pressure ulcer harm. Anne Scott and the senior team have undertaken clinical visits and a quality summit is planned next week for the Community Hubs.. Any actions from this will go through the governance route and feed through to QAC and Trust Board as necessary. Anne Scott confirmed that further reports would be balanced and detailed and there is current consideration of new roles and different ways of working to release time to care. Clinical mandatory training has improved, but improvement is still required for bank staff.</p> <p>Angela Hillery noted that both Anne Scott and Avinash Hiremath are part of the ICS clinical leadership groups and all learning will be shared across the system. Anne</p>

	<p>Scott will continue to monitor the delivery of LPT services to ensure that they remain safe. Workforce is one of the greatest challenges that we have and we are confident about the ongoing quality summit work around safer staffing. Sarah Willis added that there was an energy around recruitment with lots of activity in this area. Kevin Harris added that this will not be a quick fix and the reports will need to show how we are managing the risk and what mitigations are in place.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance on the processes to ensure safe staffing.</p>
TB/21/146	<p>Annual Flu Plan – Paper Q</p> <p>Anne Scott presented the paper outlining the Trust plan for flu, covid 19 and boosters for staff and frontline workers. There is an increased risk of flu this year as it was low last year. We have a 100% offer of boosters to LPT staff and enough vaccine has been ordered. The co delivery plans for flu and covid are outlined in the paper. We have taken a quality improvement approach and we have used the Public Health England best practice checklist. Equitable uptake considerations are being looked at and there is a robust plan in place to support conversations around vaccine hesitancy. The data for Friday 22<sup>nd</sup> October was 15% flu; 92% covid – covid booster data is not yet available.</p> <p>Faisal Hussain asked how the trust planned to engage and utilise our diverse community infrastructure including existing faith and community groups to increase uptake and Anne Scott confirmed that the trust has linked in with other areas where there is good practice and this will be made explicit in updates which will be taken to the executive team regularly.</p> <p><b>Action:</b> The percentage of vaccination uptake data to be captured in a report that feeds through QAC and will then feed up to Trust board through the QAC highlight report.</p> <p><b>Resolved:</b> The Trust Board received the report and approved the plan detailed within the report.</p>
TB/21/147	<p>Safeguarding Annual Report – Paper R</p> <p>Anne Scott presented the annual report which is here to be approved for publication on the Trust website. The report demonstrates that we have transformed access to the safeguarding team for frontline LPT staff. The identified risks are noted in the report and are mainly around staff capacity – mitigations are detailed in the report and include external support.</p> <p>The Chair noted that the safeguarding NED is Moira Ingham and this role is carried out through QAC.</p> <p>Helen Thompson commented that it is good to see the theme of thoughtfulness running through the report and asked that within the objectives could the "ThinkFamily approach be specifically referred to. SystmOne is the golden opportunity to join up and link with families.</p> <p><b>Action:</b> To reference the Think Family theme within the Safeguarding Annual report.</p> <p><b>Resolved:</b> The Trust Board approved the report for publication subject to the further enhancement on think family.</p>
TB/21/148	<p>Patient and Carer Experience and Involvement Annual Report - Paper S</p> <p>Anne Scott Presented the report which forms part of the 3 year delivery plan. The development of the People's council is one of the key successes detailed in the report. Overall there is greater patient, service user and carer involvement and co-design in LPT services.</p> <p><b>Resolved:</b> The Trust Board received the report for information.</p>
TB/21/149	<p>Complaints Annual Report – Paper T</p> <p>Anne Scott Presented the report confirming that 1441 individual pieces of concerns, comments and compliments feedback had been received during the year – breakdowns can be found within the report. There have been challenges throughout the pandemic year and processes have been adapted to meet need. There have</p>



	<p>been a 25% reduction in complaints compared to the previous year. The Chair confirmed that both Paper S &amp; T were helpful reports and that it was good to see an overview of activity and great to see the increased involvement of service users.</p> <p><b>Resolved:</b> The Trust Board received the report for information</p>
TB/21/150	<p>Gender Pay Gap Annual Report – Paper U</p> <p>Sarah Willis presented the 2020/21 report which needs to be published by 31<sup>st</sup> March 2022. LPT are reporting a slight gender pay gap which can be attributed to the significant percentage of the female workforce in part time roles. There is an action within the people plan to offer flexible working from the employment start date. We continue to work on the blended approach to work as part of our Triple R (Reflect, Reset, Rebuild) programme.</p> <p><b>Resolved:</b> The Trust Board received and noted the report, endorse the action plan and approve the publication on the Trust’s website.</p>
TB/21/151	<p>Finance and Performance Committee Highlight Report – 28<sup>th</sup> September 2021 – Paper V</p> <p>Faisal Hussain presented the report confirming that the FM transformation programme is monitored through FPC and progress on this will be included in future highlight reports. The finance report was given a high level of assurance noting the agency spend is an area of concern. Further reports will be received at FPC regarding controls over agency spend. A recovery and financial sustainability plan for the Beacon Unit was requested by FPC to look at lessons learned and a further update will be brought back to FPC next year. The business pipeline received a high level of assurance due to greater cohesion and proactive working between teams including the procurement and contract teams. The Performance Report was given a split assurance due to some metrics yet to be populated. The Waiting times Report had a split rating due to the backlog of waiters but trajectories are in place and are beginning to have an impact. The work around keeping patients safe whilst waiting was good. The level 2 committee highlight reports show no escalations however FPC continue to monitor and have asked for further detail to be brought back to FPC around the Estates Returns Information Collection (ERIC) on backlog maintenance. The Transformation Committee has been reinstated for oversight of work streams.. The IMT committee continue to monitor the SytismOne migration. The Data Privacy Committee raised concerns around the email migration to nhs.net and are monitoring this closely.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance.</p>
TB/21/152	<p>Finance Monthly Report Month 6 – Paper W</p> <p>Sharon Murphy presented the report confirming a break even position in month 6. The delivery plan for H1 is complete and is break even despite some operational overspends being offset. To note that income is higher than we would usually expect and there will be a focus during H2 to look at this. The agency spend in month 6 was £2m and £21.6m is the forecasted outturn, this includes covid costs and is mostly nursing staff due to increased acuity and staffing for surge wards. A task and finish group has been set up to look at this (Sharon Murphy and Sarah Willis) and a paper is going to be presented to the Operational Executive Board around short and long term actions planned. The Better Payments Practice Code for non-NHS performance is below 95% during September but this has been identified as a single, one off issue and we remain on target to achieve 95%. With regards to capital there have been some changes in schemes due to national supply chain issues and as such a new plan is being reviewed and agreed with the Chief Finance Officer (CFO) currently. The revised forecast is £16.m which includes £0.5m extra for laptop replacement and £0.8m contingency. Monthly reviews are currently being undertaken to review any slippage.</p> <p>The Chair asked if there was any scope for using capital contingency for the backlog maintenance issues and Richard Wheeler confirmed that this had been</p>

	<p>discussed and it was challenging due to the very large estates programme – there is no capacity for this financial year but it could be built into future plans.</p> <p><b>Resolved:</b> The Trust Board approved the month 6 report.</p>
TB/21/153	<p>Performance Report Month 6 – Paper X</p> <p>Sharon Murphy presented the paper confirming that the picture is more positive with the Directorate for Mental Health seeing an increase in performance, for example 67% for Community Mental Health Team of patients accessing treatment within target. The memory clinic has also seen an increase in performance against target. Community Health Services Continence Service have seen 50% of patients within target and in Families and Young People’s services Child and Adolescent Mental Health (CAMHS) Eating Disorder service saw 100% of urgent cases within target and there was an increase in target for routine cases too. 6 week diagnostics for Audiology has the lowest figures seen so far this year and this is due to recruitment issues and an increase in referrals. In relation to the 52 week waits the numbers waiting for personality disorder services assessments is lower but has increased for treatment as expected in the forecast trajectory. The key areas of escalation from the month 3 reviews and updates from the month 5 reviews are detailed within the report.</p> <p>Angela Hillery commented that it was encouraging to see the green shoots of recovery and that it is important to demonstrate the additional resources provided and the team having a clear approach around trajectories and to escalate these when we are not achieving them.</p> <p>The Chair asked why the readmissions rate went from 31% in April to 45% in September and Sam Leak confirmed that a deeper dive was needed around this but it was likely due to the flexed criteria for community beds having an impact on the readmission data.</p> <p>The Chair asked when the new KPIs would be brought in for this report for example the new community health standards of 2 hour response times –Sharon Murphy confirmed that there has been delay on the new community health service metrics due to a national issue with the system set up. There are technical solutions being developed behind the scenes.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance.</p>
TB/21/154	<p>Charitable Funds Committee Highlight Report 14<sup>th</sup> September 2021 – Paper Y</p> <p>Cathy Ellis presented the report confirming the high level of assurance throughout. The NHS Charities Together (NHSCT) community grants have been fantastic for the LLR system and most recently the NHSCT £50,000 covid fund has been allocated to reflective gardens and benches across the Trust.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance.</p>
TB/21/155	<p>Charitable Funds Annual Report – Paper Z</p> <p>Cathy Ellis presented the annual report and accounts which have been audited and which details the work of the charity during the year. Sharon Murphy noted that advice had been given nationally that NHSCT funds may need to have a different classification of funds in the accounts This will be discussed with the auditors and the Board will be advised of any change in classification.</p> <p>Faisal Hussain commented on how much the charity had achieved and looked forward to getting back out on Board walks to see the project staht had been delivered. The Chair highlighted that the charitable funds received by LPT are for projects that deliver extras over and above the core NHS funds.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance and approved the charity’s accounts.</p>
TB/21/156	<p>Audit and Assurance Committee Highlight Report 3<sup>rd</sup> September 2021 – Paper AAA</p> <p>Darren Hickman presented the report where high assurance was received for all items except for one. The committee were not fully assured as the internal audits follow up rate had deteriorated slightly. The committee were, however, supportive of the new system to be used to support this area of work.</p>

	<p>Angela Hillery added that the team are working hard on this matter and actions are being taken to resolve this issue.</p> <p><b>Resolved:</b> The Trust Board received the report for information and assurance</p>
TB/21/157	<p>Review of risk – any further risks as a result of board discussion?</p> <p>Further risks were identified as a result of the board discussions today for consideration: Staffing risk - to be reviewed in the ORR monthly review.</p>
TB/21/158	<p>Any other urgent business</p> <p>No other business was raised.</p>
TB/21/159	<p>Papers/updates not received in line with the work plan:</p> <p>Modern Slavery Act and Human Trafficking Statement (Annual) – this has been moved to the December 2021 Trust Board meeting.</p>
TB/21/160	<p>Public questions on agenda items – No questions received.</p>
	<p>Next public meeting 21<sup>st</sup> December 2021</p>