

**Minutes of the Public Meeting of the Trust Board
21st December 2021 9.30 am - 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
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 Sam Leak Director of Community Health Services
Mrs Fiona Myers Director of Mental Health
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/21/161	<p>Apologies for absence: Ms Helen Thompson Director Families, Young People & Children Services & Learning Disability Services, Kate Dyer Deputy Director of Governance and Risk.</p> <p>Welcome to meeting: John Edwards – Paper H, Pauline Lewitt – Paper Q, Kevin Paterson (observing); Pradeep Khuti (observing) and Asha Day (observing)</p> <p>Staff Voice: Emma Day – Team Manager Individual Placement and Support service and Therapy services for people with personality disorder, Peter Smith – Team Lead for Employment and Support Services, Charlotte Yates - Employment support specialist.</p> <p>The Trust Board Members – Paper A</p> <p>The chair confirmed that public questions would be heard at the end of the meeting. Due to the level 4 national incident all papers will be taken as read during this meeting with focus on the 6 priority areas: 1) Covid-19 2) Quality and Safety 3) Health and Wellbeing of Staff 4) Risk 5) Finance and Impacts on Performance 6) Statutory requirements.</p>
TB/21/162	<p>Patient voice film – Adult Mental Health - Getting Into Employment – a film was shown – Erin’s story – a service user since aged 15 now receiving support from the employment support service to get into work. With LPT’s support and a wellness action plan Erin has now been offered a role with LPT as a peer support worker starting in January 2022, supporting her recovery and moving her life forward.</p>
TB/21/163	<p>Staff voice – Adult Mental Health - Employment Services - Emma Day – Team Manager Individual Placement and Support service and Therapy services for people with personality disorder, Peter Smith – Team Lead for Employment and Support Services, Charlotte Yates - Employment support specialist delivered a PowerPoint presentation which will be shared after the meeting with Trust Board members and</p>

	<p>on the Trust's website. The service use a research based model offering individual placement support which is recovery orientated, person centred and needs led. The team is increasing in size and makes a real difference to people's lives – gaining employment is a key predictor of good outcomes for service users. In November alone 18 service users were starting work which is a total of 66 since April.</p> <p>Faisal Hussain asked how successful the work in partnership with other agencies has been and the team described the journey with a steering group whose membership is growing.</p> <p>Angela Hillery praised the team for their compassion and commented that this was a good example of partnership working and this could be shared more widely within the ICS. It was important to see the fidelity to the programme.</p>
TB/21/164	<p>Patient Voice – People's Council and Health Watch Report – Paper B – Mark Farmer presented Paper B confirming that the People's Council met again last night with Angela Hillery in attendance. The group plan to offer a focus on assurance moving forward, ensuring the patient carer voice is heard – especially during the period of this level 4 incident where groups are standing down.</p>
TB/21/165	<p>Declarations of interest in respect of items on the agenda – Verbal – no declarations.</p>
TB/21/166	<p>Minutes of the previous public meeting: 26th October 2021 – Paper C Resolved: The minutes were approved as an accurate record of the meeting.</p>
TB/21/167	<p>Action Log & Matters arising – Paper D Resolved: The action log was agreed and the complete items approved to be closed.</p>
TB/21/168	<p>Chair's Report – Paper E – The Chair presented the report which was taken as read – it showcases excellent innovation across the Trust and great work in the area of diversity and inclusion and health inequalities. The chair thanked Kevin Harris for all his work in the Trust and wishes him well in his retirement from LPT</p>
TB/21/169	<p>Chief Executive's Report – Paper F – Angela Hillery presented the report which was taken as read. All staff were thanked for their continued hard work in this pressured situation as the omicron transmission rates present a significant risk for staff absences. The ICC is now operating 7 days a week and there has been a call to action to support the vaccination programme.</p> <p>Mark Farmer commented that the patient and carer voice needs continued involvement during this period and it was confirmed that the patient and carer voice is embedded within the levels of ICS governance and we will continue to ensure that this remains robust.</p>
TB/21/170	<p>Governance Arrangements – Additional Paper – this paper was circulated and uploaded to the public website yesterday in response to the Level 4 incident.</p> <p>Chris Oakes presented the paper confirming that there will be a stepping down of some level 2 and 3 committees and groups during this level 4 incident to free up time for operational work. Level 1 committees will remain and will focus on the 6 priority areas -1) Covid-19 2) Quality and Safety 3) Health and Wellbeing of Staff 4) Risk 5) Finance and Impacts on Performance 6) Statutory requirements. Level 2 and 3 committees and groups will step down apart from some level 2s that will need to continue with essential business. The ICC will work 7 days a week. Executive Boards and Strategic Gold meetings will continue. This will ensure that agile, robust plans are in place for governance.</p> <p>Mark Farmer commented that the patient and carer voice needs continued involvement during this period, in particular where patients/carers are represented at meetings of level 2 and 3 committees. Chris Oakes confirmed that the patient and carer voice is embedded within the levels of ICS governance and the escalation of significant matters will apply</p> <p>Resolved: The Trust Board supported the approach detailed in the paper.</p>
TB/21/171	<p>Organisational Risk Register – Paper G – Chris Oakes presented the paper which describes the in depth review process that has taken place in the Board development session on 23rd November and 1:1 with Executives. The ORR has been through the QAC and FPC meetings and is now at Trust Board for consideration.</p>

	<p>Darren Hickman commented that some of the staffing risk tolerance levels are quite high and Chris Oakes explained that this reflects the risk the Trust are willing to take to ensure that the workforce is in place – it relates to levels of innovation for example. This risk remains dynamic and managing it will change depending on needs. This is considered daily in the ICC. Angela Hillery added that system discussions around staffing are agile and processes are robust to ensure the risk remains mitigated. Sarah Willis added that the ICC move staff to the locations where they are needed most to keep services running.</p> <p>The Chair added that staffing risks were considered extensively at the Trust Board development session deep dive held in November.</p> <p>Ruth Marchington commented that the level of maturity of the ORR was evident and it is clear if actions are having an impact on controls and gaps in controls. Risk 72 shows a gap in control and no action to address this and David Williams commented that work is ongoing around data quality in the Data Quality Committee and this is also discussed in department meetings to support improvements.</p> <p>The Chair suggested that the risk score for risk 70 (financial position) was high given the level of controls in place as evidenced by the year end external / internal audits and this could be considered further moving forward.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/172	<p>Step Up To Great (SUTG) MH Business Plan –Paper H – Fiona Myers confirmed that this was the outcome of the recent consultation which had been approved by the CCG governing body on 14th December 2021.</p> <p>John Edwards confirmed that a staff engagement event took place on 15th December attended by over 100 staff and this was very positive. David Williams added that the voluntary and community sector have been involved in the process throughout and this is a great example of Reaching out within the Step Up To Great Strategy. Angela Hillery thanked all staff involved in this piece of work and specifically thanked John for his leadership commenting that it is a strong mandate from our population which we need to use well.</p> <p>Mark Farmer asked how patients and carers will be involved in the implementation phase and if flexibility in approach will be maintained throughout. John Edwards confirmed that co-design continues to be key and the consultation included a rich diversity of views and experiences. Flexibility in the model was agreed at the consultation – one size does not fit all and flexibility is paramount.</p> <p>Faisal Hussain asked how the communities who may not have been reached will contribute and John Edwards confirmed that through the voluntary and community groups including faith groups the reach was wide but work will continue to reach others such as the travelling community who may have been under represented.</p> <p>Resolved: The Trust Board supported the SUTG MH Business Plan.</p>
TB/21/173	<p>Quality Assurance Committee Highlight Report 30th November 2021 – Paper I – Moira Ingham presented the report confirming that whilst there are medium assurance items contained in the reports, the committee had high assurance over the grip in these areas and will continue to receive updates at future meetings. All areas of risk are highlighted and are identified on the ORR.</p> <p>Resolved: The Trust Board Received assurance from the report.</p>
TB/21/174	<p>CQC inspection report and action plan – Paper J – Anne Scott presented the report noting that key findings of inspections and action plans including the must do action plan are detailed within the report. There is a robust governance process with clearly identified areas for improvement.</p> <p>The Chair noted the number of amber rated must dos due for the 31st January and Anne Scott confirmed that these are amber until there is evidence of embeddedness and the next report will detail this more clearly. Fiona Myers added that audits are being carried out over the next 6 weeks to evidence embeddedness in the 3 core services that were inspected..</p> <p>Resolved: The Trust Board received the report for assurance.</p>

TB/21/175	<p>Infection Prevention & Control (IPC) 6 Monthly Report – Paper K – Anne Scott presented the report detailing a robust, effective and proactive IPC strategy. There have been 6 covid outbreaks between July and November 2021 all have been well managed, 2 identified as serious incidents (SIs) and initial learning has been shared. The staff flu vaccination rate is currently at 56% and the covid booster vaccination is being delivered within this vaccination programme. The Flu Group continues to have oversight. The Water Management Group have oversight of the legionella issues at the Bradgate Unit and Coalville hospital where immediate action was taken. The Chair enquired about the podiatry decontamination issue, Anne Scott advised that within podiatry this is being overseen by the IPC committee, at directorate level and in executive boards and will be subject to an SI investigation with quick responses, alternative methods of treatment and actions in place.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/176	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper L – Anne Scott presented confirming that compliance in the SI investigations remains variable, all directorates are working hard on improvements and the Quality Assurance Committee (QAC) is well sighted on the matter. A quality summit on SIs is planned for the new year. There has been an increased in category 4 pressure ulcers and 4 work streams have been developed to address this and a quality summit has been held. There has been a decrease in falls particularly in MHSOP and Mill Lodge services. The LLR Suicide Prevention Group is leading on work around the increased numbers of suicides during October 2021. QAC continues to monitor issues around violence and aggression.</p> <p>Moira Ingham asked if the 8 new SI investigators present the opportunity to look at how learning is shared across the Trust and Anne Scott confirmed that this would be part of their role, to ensure learning is both robust and embedded. The Chair asked about the pace of backlog investigations with the new team, Anne Scott advised that the investigators will be taking on new cases (not backlog cases).</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/177	<p>Learning from Deaths Q2 Report – Paper M – Avinash Hiremath presented the report which describes the processes in place for gathering information and how this information is processed and shared. There are no significant changes in trends reported. The Chair requested that more demographic information will be included in the report from next year.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/178	<p>Patient and Carer Experience, Involvement and Complaints Quarter 2 Report – Paper N – Anne Scott presented the report which is an overview and update of quarter 2 where there has been a slight increase in complaints. The working day response is reducing from 45 to 35 for quarter 3 and this will be overseen at the Quality Forum and QAC. Compliments have also been received and good news stories are shared in the report.</p> <p>Mark Farmer asked how learning from complaints is shared to avoid repetition and how this is measured and monitored and Anne Scott confirmed that the Complaints Group monitor this and have representatives from all directorates attend and invited Mark Farmer to attend the group to visit. The Chair asked about the increased number of complaints around district nursing services, Anne Scott advised that was directly linked to staffing levels and quality summit had been held in November and a robust plan is in place to address this.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/179	<p>Safe Staffing Monthly Report – Paper O – Anne Scott presented the paper which contains the October report and a briefing for November. The full November report will come to the January Trust Board meeting. Areas to note in November are detailed within the paper and include both community and inpatients.</p> <p>The Chair noted that in the October report nearly all wards were meeting the exception criteria and asked if there were plans to do things differently and Anne</p>

	<p>Scott confirmed that daily safe staffing meetings take place to have dynamic risk assessments of these areas.</p> <p>Ruth Marchington asked if there was a tipping point to escalate to the system and asked if there was an ambition to reduce the use of agency staff at some point. Anne Scott confirmed that tipping points can vary on a daily basis and she is in regular contact with regional and local chief nurses. The ORR is updated regularly and we have robust and resilient staff and innovative thinking which helps to manage the situation well. Agency staff are a core group, often block booked to ensure consistency. There are high levels of both supervision and training that they adhere to. The Chair noted the importance to ensure the staff are supported to stay well and resilient.</p> <p>Angela Hillery commented that it is important that the Trust Board are clear that this is a system position and cannot be solved by LPT alone. Safety huddles are an important feature of how we work with clear risk escalation.</p> <p>Faisal asked how we mitigate when agency staff cannot be used e.g. for specialised areas and Anne Scott confirmed that this is managed on a risk based approach by prioritising and wrapping around teams. Sam Leak confirmed that tissue viability nurses have been supported in this way by podiatry, allowing them to focus on their specialised areas.</p> <p>Resolved: The Trust Board note the position and received assurance from the report.</p>
TB/21/180	<p>BAF Winter 2021 preparedness: Nursing and midwifery safer staffing - Paper P – Anne Scott presented this overview of the Trust’s self-assessment, key actions have been reviewed and there are 4 areas which require further action – this will be monitored through the Strategic Workforce group (who will continue to meet in a condensed format during the level 4 incident period) and the governance structure.</p> <p>Resolved: The Trust Board received assurance from the report.</p>
TB/21/181	<p>Freedom To Speak Up Guardian 6 Month Report – Paper Q – Pauline Lewitt presented the report and outlined that the self-assessment had been considered by the board at their November development meeting. Pauline Lewitt confirmed that guidance on self-assessment gap analysis was released yesterday and so the report is to be updated accordingly. The FTSUG has had input into quality summits supporting triangulation and quarterly meetings continue to take place with Angela Hillery, Darren Hickman and the Chair.</p> <p>Angela Hillery thanked the FTSU champions and staff for speaking up which is important for a healthy culture.</p> <p>Resolved: The Trust Board received assurance from the report and noted the strategy to be developed moving forward.</p>
TB/21/182	<p>Finance and Performance Committee Highlight Report – 30th November 2021 – Paper R – Faisal Hussain presented the report confirming where there are medium assurance levels there is grip with clear systems and processes in place. These areas will continue to be monitored. A national issue around suppliers is an emerging risk for estates and procurement of IT and FPC will continue to monitor this.</p> <p>Resolved: The report was received for assurance.</p>
TB/21/183	<p>Finance Monthly Report – Month 8 – Paper S – Sharon Murphy presented this report confirming that the current revenue year end forecast is break even. There has been slippage on investment and mitigations are being managed as a system. There is a recurrence of income received at short notice and mitigations to manage this are in place. Agency costs remain a risk factor, this month the vacancy rate has decreased but sickness absence remains an issue. Agency staff are often used to cover sickness so we would expect an improved underlying position next year. Capital remains in a volatile position with one third of the plan spent to date. This feeds into the scoring for risk 70 that was mentioned earlier by the Chair. The laptop replacement programme has been brought forward into this year because of procurement lead times and the ability to use capital. 22/23 financial planning</p>

	<p>guidance is expected this week and work with system partners continues in this regard.</p> <p>Moira Ingham asked if there was any leverage available to carry over late allocated monies from Health Education England and Sharon Murphy confirmed that all work possible was being done around this.</p> <p>The Chair noted the significant agency growth and asked what work was being done to convert agency staff into bank or permanent LPT team members. Sarah Willis confirmed that there is a regular call out to recruit substantially, posters on wards, initiatives offered etc... This staff group are our flexible work force and it is a competitive market and personal choice.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/184	<p>Performance Report – Month 7 – Paper T – Sharon Murphy presented the report which is month 7. Month 8 report had missed the paper deadline, a key theme from the month 8 report continues to be waiting times and an increase in long waits – this continues to be reviewed and monitored by directorates. Performance review meetings continue to monitor waiting time trajectories; how this is undertaken during the revised governance arrangements will be agreed.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/185	<p>Audit and Assurance Committee Highlight Report – 3rd December 2021 – Paper U – Darren Hickman presented the report confirming all items received high assurance.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/21/186	<p>Review of risk – any further risks as a result of board discussion?</p> <p>Darren Hickman stated that the level 4 incident and omicron variant is an emergent risk as discussed throughout the meeting – with staffing risk key. Is there a further risk arising from the mandatory vaccines for NHS staff? This will be closely monitored through executive team meetings and brought back to Trust Board as needed.</p>
TB/21/187	<p>Any other urgent business – no other business raised.</p>
TB/21/188	<p>Papers/updates not received in line with the work plan: All items received.</p>
TB/21/189	<p>Public questions on agenda items:</p> <p>(1) Do you think there should be regular mental health check-up appointments to help diagnose mental health issues in early stages because some people will not even recognise that they are suffering from mental health problems until the doctor has told them? (anon)</p> <p>Answer - Fiona Myers confirmed that we would like to increase awareness of the public on mental health (alongside Public health initiatives) and would expect them to talk to friends, family and if needed their GP surgery. Promoting raising concerns to your GP at other routine health check-ups and screening programmes is important. Most mild mental health matters can be managed in primary care and if not, they will be referred to secondary care and we will be happy to assess. Screening the population for mental health wellbeing is not in place though we have other measures for example like supporting postnatal mums and those who are pregnant, and also dads. Children can raise concerns to teachers or FYPC have school nurses and teachers who have basic awareness to recognise where a child may be struggling with mental health or emotional issues. Social care colleagues and other agencies are trained in mental health first aid, which includes recognising some of the symptoms and signs of mental health issues in colleagues and people they work with. This training has also been promoted to employers with larger numbers of staff. There are also many voluntary agencies that we work alongside who can also help and we plan to do this even more with our step up to great strategy.</p> <p>(2) I'd very much like to ask a question....I'd like to know who...I can contact to arrange a covid vaccine for my 15 year old daughter who cannot attend busy clinics? She hasn't been contacted by anyone... (she is) vaccine hesitant, but</p>

hasn't been invited for one, nor even been able to access centres when enquiring due to unmet needs? (Name supplied)

Answer – The Chair confirmed that the mother was contacted yesterday and her daughter was vaccinated in her own car at an LPT vaccination centre and this was a very positive outcome.