

Minutes of the Public Meeting of the Trust Board
25th January 2022 - Microsoft Teams Live Stream
Present:

Cathy Ellis Chair
 Faisal Hussain Non-Executive Director/Deputy Chair
 Darren Hickman Non-Executive Director
 Ruth Marchington Non-Executive Director
 Moira Ingham Non-Executive Director
 Kevin Paterson Non-Executive Director
 Angela Hillery Chief Executive
 Mark Powell Deputy Chief Executive
 Sharon Murphy Interim Director of Finance
 Dr Avinash Hiremath Medical Director
 Dr Anne Scott Director of Nursing AHPs and Quality

In Attendance:

Sam Leak Director of Community Health Services
 Fiona Myers Interim Director of Mental Health
 Helen Thompson Director Families, Young People & Children Services & Learning Disability Services
 Sarah Willis Director of Human Resources & Organisational Development
 Chris Oakes Director of Governance and Risk
 David Williams Director of Strategy and Business Development
 Mark Farmer Healthwatch and Chair of LPT People Council
 Kate Dyer Deputy Director of Governance and Risk
 Kay Rippin Corporate Affairs Manager (Minutes)

TB/22/001	<p>Apologies for absence: Richard Wheeler Chief Finance Officer; Vipal Karavadra Non-Executive Director (resigned due to personal commitments). Welcome to the meeting: Professor Kevin Paterson Non-Executive Director; Kamy Basra- Associate Director of Communications. Staff Voice: Kristen Dy – Physiotherapist, LPT; Shanice Rattu – ICRS Senior Officer Leicester County Council; Tracy Arnott – Senior Nurse for Complex Care, LPT; Sara Lowe – Transformation Lead, LPT. Service Presentation - Melanie Rowland, Operational and Transformation Lead The Trust Board Members – Paper A</p>
TB/22/002	<p>Patient Voice Film – Community Health Services Mr and Mrs Popat’s story - a video was shared describing the journey with the Home First support service who became involved in Mr Popat’s care following a fall at home. This integrated service provided them with an assessment for the support and equipment required and offered home visits to support them in recovery. The family described what a positive experience of integrated care this was and how Mr Popat was able to remain at home rather than being admitted into hospital because of the service provision. This was followed by a video from Amanda Pritchard, NHS Chief Executive following her visit to see LPT’s Integrated Community Response Team</p>
TB/22/003	<p>Staff voice – Community Health Services - Kristen Dy – Physiotherapist, LPT; Shanice Rattu – ICRS Senior Officer Leicester County Council; Tracy Arnott – Senior Nurse for Complex Care, LPT; Sara Lowe – Transformation Lead, LPT The team gave an overview of the system wide integrated working taking place. A</p>

	<p>holistic assessment approach is taken ensuring patient centered care is offered, working with CCG's, social services, and other teams and partners across the LLR system. The teams work in a multi-disciplinary way and are co-located with social care. Further enhancements are being made to SystmOne supported by training to improve data quality and generate electronic dashboards.</p> <p>The Chair thanked the team for the positive achievement on this ground-breaking national pilot and asked about their own health and wellbeing, the team felt very supported and team managers are on hand to ensure they are taking breaks and available to offer advice when required. Angela Hillery thanked the team for the success and asked what advice they would give other teams using this approach. The team considered being honest, building trust and being open were key. Faisal Hussain asked if Trust Board members could offer further support and the team requested that the continued investment of the Board would support the growth of this system method and help to ensure a consistent approach to assisted technology in virtual wards across LLR.</p>
TB/22/004	Declarations of interest in respect of items on the agenda – no declarations received.
TB/22/005	Minutes of the previous public meeting 21 st December 2021- Paper B Resolved: The minutes were agreed as an accurate record of the meeting.
TB/22/006	Matters Arising – Paper C Resolved: The action log was approved.
TB/22/007	Chair's Report – Paper D The Chair presented the report which was taken as read. The report highlighted attendance at the LLR Integrated Care Board (ICB) meeting to focus on current operational priorities for the ICS. The Chair has recently been part of the interview panel for the ICB Non-Executive appointments and recruitment has taken place into 4 new roles for Audit, Quality, Health Inequalities and People Boards.
TB/22/008	Chief Executive's Report – Verbal Update Angela Hillery gave a verbal update describing how the system is currently working at incident level 4. The Omicron variant has high case rates which have further impacted staffing levels and teams have adapted supporting absences, particularly in critical areas. Staff were thanked for their continuing commitment. As part of the level four incident, national notification has been received around reducing the burden and releasing capacity in the Trust to support the frontline during this stage of the pandemic to ensure we stay safe and focused during this time. The Integrated Care Board (ICB) will take effect as of 1st July 2022 and will continue to work on the priorities and planning for 2022/23 considering integrated working across the system and increasing capacity when required. The CQC report around Learning Disabilities – “Out of Sight – One Year On”, focusses on the challenges faced in this area. David Williams, Director of Strategy and Partnerships is leading on this work across the LLR system and we are making strong progress. The schools' mental health programme continues to successfully expand. The Step up to Great Mental Health programme was approved on 14 December 2021 by the CCG governing body and the implementation will now be co-produced with our communities and partners. Angela Hillery thanked the participants for their contribution in this consultation. LGBTQ+ history month will be celebrated from the 21st February 2022 in conjunction with Northamptonshire Healthcare Foundation Trust. LPT have been nominated for a HSJ partnership award with UHL and Spirit.
TB/22/009	Organisational Risk Register – Paper E Chris Oakes presented the paper confirming that the interim governance arrangements have been applied in line with reducing the burden. ORR 59 – increased staffing pressures – the Incident Oversight Group continue to monitor this and ORR 62 continues to be monitored by the Quality Forum. Work on the Public Inquiry has been paused and this will be reviewed in February. Ruth Marchington asked about the level of risk appetite for ORR finance risks 70 &

	<p>71 considering that the assurance and actions are all green. Sharon Murphy confirmed that the risks the Trust are managing remain unusual and whilst we now have the guidance, but we do not yet have the 2022/23 allocations information – once received there will be more certainty, and this will be reflected in the score. The Chair asked with regards to risk 76 – vaccination as a condition of deployment – how this was being carefully monitored by clinical services.</p> <p>Sarah Willis added that there was significant work ongoing as the 3rd February 1st dose deadline draws closer with daily monitoring in place. This includes support workshops for staff. Letters will be going out to staff this week before the formal process begins. The ICC continue to monitor the numbers.</p> <p>Anne Scott added that whilst a challenge there is robust monitoring ongoing from a safe staffing perspective.</p> <p>Ruth Marchington asked about the impact of the change in scope guidance relating to vaccination as a condition of employment and Sarah Willis confirmed that incidental contact had been removed from the guidance but that this has had little impact on the numbers in scope.</p> <p>Resolved: The Trust Board received assurance from the Report.</p>
TB/22/010	<p>Service Presentation – Community Health Services – Coping with Covid Pressures – Paper F.</p> <p>Melanie Rowland presented the slides circulated as Paper F describing the LLR journey in developing the urgent crisis response model which was developed from the Home First Service. Patient flow through the system is key, with collaboration and shared vision, a multi skilled approach and the use of digital technology supporting this. A rapid response is essential for the first patient contact, sometimes this is digital contact to give immediate support to the carer. Case studies are detailed in the paper for information. Success is measured by the number of patients who remain at home, avoid an admission to UHL and are taken out of the EMAS (East Midlands Ambulance Service) and DHU (Derbyshire Health United) category 3 and 4 referrals stack. The challenges are the lack of integrated technology and data quality.</p> <p>Angela Hillery thanked the team for the work and the local and national influence. She noted that the national team were very complimentary about our ICRS team. LLR remain challenged around supporting people getting home and an increase in capacity with the model could be considered. Melanie Rowland confirmed that the model of delivery works very effectively, and they are currently exploring offering the services in different ways to support increased capacity and an investment and planning for a longer-term approach.</p> <p>Faisal Hussain asked if the variation in pace of integration in Leicester City, Leicestershire County and Rutland is having an impact on the quality of care and Melanie Rowland confirmed that whilst the 3 places were at different starting points this works well as pilots can begin in 1 area and then be rolled out – it does not impact on quality of care.</p> <p>Sam Leak confirmed that the Home First board feeds into the System Flow Partnership Board and conversations are ongoing in around sustainability. Sharon Murphy confirmed that the Design Group meetings continue to consider what LPT need to do to deliver transformation in the services.</p> <p>The Chair noted that there is more emphasis on community service within the new planning guidance for 2022/23.</p>
TB/22/011	<p>Group Update and Joint Working Group Highlight Report including Group Terms of Reference – Paper G</p> <p>Chris Oakes presented the paper describing the close work that NHFT & LPT have been doing over the last few years with the buddy trust arrangement and the share director roles. The joint working group will build on the benefits of being a buddy trust and promote the sharing of ideas, the sharing of teams and</p>

	<p>collaboration. There are 8 priorities for the group, each led by an executive director, details of which are in the pack.</p> <p>Resolved: The Trust Board approved the Terms of Reference and received assurance on the progress of the group.</p>
TB/22/012	<p>Step Up to Great Strategy Refresh – Paper H</p> <p>David Williams presented the paper which is the final version of the strategy. The detail which will form the annual delivery plan is now being progressed and will be presented to Board in due course. The strategy contains the new brick -Reaching Out’ – reaching out to all of our communities.</p> <p>Angela Hillery commented that this work builds on what the CQC noted on their visit, and this is our opportunity to build on this further from the strong position we are in now. There will be quarterly reports to the Board on implementation of the delivery plan.</p> <p>Resolved: The Trust Board received and approved the Step Up to Great Strategy Refresh</p>
TB/22/013	<p>NHS Net Zero Green Plan Approval – Paper I</p> <p>Mark Powell presented the paper describing how the plan aligns with the ambitions with the national requirements. Further work is ongoing around the implementation plan – the proposed actions are detailed in the report. There will be cross working on this using the LPT/NHFT Group and within the LLR ICS. The governance route will be through the Finance and Performance Committee to Board</p> <p>Resolved: The Trust board supported the development of the plan.</p>
TB/22/014	<p>CQC Update – Paper J</p> <p>Anne Scott presented the update and action plan contained within the appendix confirming that there was firm grip and steady progress on all actions. Mandatory training has been further impacted due to the current covid situation and the team continue to understand and mitigate the risk keeping the ORR updated in this regard.</p> <p>Mark Farmer asked how the patient and carer voice can be strengthened in delivering this action plan and Anne Scott confirmed that the People’s Council can work together on this. Fiona Myers added that the patient and carer voice is the golden thread that runs through all implemented changes within the Trust.</p> <p>Ruth Marchington asked how we can ensure action following audits is embedded and Anne Scott confirmed that this is key and forms part of the signing off process. It is important that we use the audit process to ensure that we have sustainability in improvements.</p> <p>The Chair asked if the call bells target for action of the end of January is on track and Anne Scott confirmed that it was on track.</p> <p>Resolved: The Trust Board received the report and noted the oversight of the programme.</p>
TB/22/015	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper K</p> <p>Anne Scott presented the report which covers December 2021 confirming that covid has had a direct impact on serious incident investigations and these have been reallocated where possible and their timely closure continues to present a challenge. 8 investigators are now in post and the impact of this should be seen shortly. The ORR has been updated to reflect the challenges and deteriorating position. A quality summit is planned in this area for February 2022. The incident Monitoring Group continues to have good oversight of these areas.</p> <p>The Chair asked how the increase in incidents and the link to staffing are being monitored in terms of levels of patient harm and Anne Scott confirmed that triangulation across directorates and weekly incident review group meetings are held and further detail on this is in the Safe Staffing paper.</p> <p>Mark Farmer asked if the increase in pressure ulcers detailed in the paper is linked with an inconsistent approach to care in LLR for which Healthwatch have limited evidence of and Anne Scott confirmed that there is a quality improvement plan to</p>

	<p>support this following a quality summit in 2021 and there should be evidence of improvement in March's report.</p> <p>Sam Leak added that there are new workstreams in place for pressure ulcers and the process for allocation to district nursing and tissue viability teams has been reviewed leading to a more equitable approach.</p> <p>Mark Farmer commented that the self-harm figures are higher than predicted and why is this and Anne Scott confirmed that the incident review group has a focus on this, and this involves a limited number of patients in our care at this time but a higher number of incidents. Fiona Myers added that moving forward this data will be split to demonstrate this more clearly.</p> <p>Resolved: The Board received assurance around the systems and processes described in the report.</p>
TB/22/016	<p>Safe Staffing Monthly Review – November 2021 & December 2021 – Interim Report – Paper Li & Lii</p> <p>Anne Scott presented taking paper Li as read. Paper Lii is an interim report, and the full review will be presented at the next Trust Board public meeting. Safety huddles are now taking place daily (previously weekly) as a response to the significant staffing challenge – both Anne Scott and Avinash Hiremath attend to ensure executive oversight. December 2021 was a difficult month and a briefing was reported to the ICC (incident control centre) regarding the severe nursing and staffing pressures being experienced. Business continuity plans were enacted and some staff were redeployed to support the situation which was due to an increase in covid outbreaks in the community. This is now on the ICC risk log and continues to be monitored. January has seen a reduction in pressure and reduction in staff absence.</p> <p>Sarah Willis added that there is work ongoing internally and across the health and social care system – the Local Workforce Resilience Forum and the HR Workforce Cell – all systems partners are supporting finding resource to support services.</p> <p>Resolved: The Trust Board received assurance around the monitoring and mitigating of staffing levels.</p>
TB/22/017	<p>Finance Monthly Report – Month 9 – Paper M</p> <p>Sharon Murphy presented the paper confirming an operational overspend increase driven in part by agency costs and in part offset by hosted services cost savings. The H2 planning was undertaken prior to Omicron hence the unanticipated costs but forecasting for the year end remains at break even. The forecast outturns now detail a best- and worst-case scenario. Agency spend in month 9 is £2.8 million which is the highest value recorded – Christmas, new year and Omicron have impacted. This remains an area of concern and a deep dive is planned on agency. Capital spend is £6.2m so far and the programme is gathering pace with additional schemes ready to be deployed to manage this and ensure our forecast of £10m is spent by the year end. The Better Payment Practice Code achieved 2 out of 4 of the targets due to an issue with a backlog of invoices and extra measures have been put in place to address this – 3 out of the 4 targets are still being delivered cumulatively. 2022/23 planning guidance was released on 24th December and contains a return to more formal arrangements. Draft plans are to be submitted on 17th March and the final plan on 28th April 2022.</p> <p>Faisal Hussain asked if the provide collaborative Adult Eating Disorders underspend is being carried forward and Sharon Murphy confirmed that we are awaiting a response from KPMG on this matter as this is not the usual practice but that collaboratives are intended to be managed over the longer term. David Williams highlighted that the underspend has arisen because the collaborative has spent less on bed costs due to have a wider clinical model available in the community.</p> <p>Resolved: The Board received assurance from the report</p>
TB/22/018	<p>Performance Report – Month 9 – Paper N</p>

	<p>Sharon Murphy presented the paper which highlights an increase in hospital acquired infections with 14 outbreaks during December 2021 – key themes have been identified and actions taken to address. Whilst the November 2021 data showed some improvement the December 2021 shows more cause for concern due to operational pressures which will be investigated once this data is validated. The over 52 week wait rate remains stable and the long-term trend is decreasing in all areas, particularly personality disorder services. The longest waiters have shown an increase and this will be considered in the next round of directorate performance reviews. An increase in staff sickness absence and an increased vacancy rate has resulted in increased agency spend. Appraisal and supervision rates have deteriorated and will also be addressed in the next round of directorate performance reviews.</p> <p>Angela Hillery commented that the impact of Omicron on wait times continues to be analysed and it is important as a system partner that we get resources to manage our waiting lists in the same way that acute care will – this needs to be reinforced where possible.</p> <p>The Chair noted that the LD annual health check figure was at 49% in December 2021 and asked if it was likely that the 75% target will be met by year end. David Williams confirmed that this final quarter is key, the Omicron impact is as yet unknown and has been mitigated against with extra clinics and services – progress is visible and we are on track to achieve 70% currently.</p> <p>Resolved: The Trust Board received assurance from and approved the report.</p>
TB/22/019	<p>Charitable Funds Committee Highlight Report – 14th December 2021 – Paper O</p> <p>Cathy Ellis presented the paper confirming that the charity continues to support staff and patient well-being. The committee reviewed the overhead base which represents 24% of income. For 2022 there will be a focus on driving up the income and exterior signs are being placed in areas of significant footfall around LPT sites making it easier for people to see how to donate.</p>
TB/22/020	<p>Review of risk – any further risks as a result of board discussion?</p> <p>There are no additional risks as a result of this meeting but key risks from the ORR continue to be staffing, the level of incidents, the impact on waits and vaccination as a condition of deployment. Mitigations are in place and close monitoring continues.</p>
TB/22/021	<p>Any other urgent business – no other business was raised.</p>
TB/22/022	<p>Papers/updates not received in line with the work plan: NA</p>
TB/22/023	<p>Public questions on agenda items – no public questions were received.</p>
	<p>Close</p>