

Minutes of the Public Meeting of the Trust Board
29th March 2022 9:30am - 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 Director of Finance

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
 Paul Sheldon Chief Finance Officer
 Mark Farmer Healthwatch
 Kate Dyer Deputy Director of Governance and Risk
 Girish Kunigiri Deputy Medical Director
 Emma Wallis Interim Deputy Director of Nursing & Quality
 Michelle Churchard - Smith Interim Deputy Director of Nursing
 Tracy Ward Head of Patient Safety
 Kay Rippin Corporate Affairs Manager (Minutes)

TB/22/024	<p>Apologies for absence: Dr Avinash Hiremath Medical Director Dr Anne Scott Director of Nursing AHPs and Quality David Williams Director of Strategy and Partnerships Welcome: to all board members, additional attendees and observers. The Trust Board Members – Paper A – introduces the Board.</p>
TB/22/025	<p>Patient voice film – Learning Disabilities & Autism A film was shared telling the journeys of Kyle, Claire and Colin and their experience of support from the service. Charlotte Needham Discharge Coordinator at the Agnes Unit spoke about the service and its successes in supporting services users to lead a full and fulfilling life.</p>
TB/22/026	<p>Staff voice - Learning Disabilities & Autism Multi-Agency Team – Transforming Care Collaborative - Laura Smith Service Group Manager, Cheryl Bosworth Senior Programme Manager Transforming Care Leicester CCGs, Michelle Larke Lead Commissioner at Leicester City Council and Jane Richardson Locality Children’s Service Manager Barnados presented. Laura Smith explained how the team came together to respond to the system being in escalation with NHS England, sharing a dissatisfaction around silo working and resistance to change that this brought. The team meet every 2 weeks and report in to a management group and then into the Design Group. The team have a shared</p>

	<p>purpose and vision and open and honest conversations supporting innovative initiatives and sharing risks and successes. There is a 3-year plan and 31 projects were undertaken last year aligned to the road map.</p> <p>Cheryl Bosworth detailed how the team hold regular discharge planning meetings in an integrated hub to discuss hospital discharges. There are currently 38 people in hospital – some long stay, some short stay, some complex. All will receive bespoke packages. Michelle Larke led the covid response cell to ensure that the collaborative was efficient and effective. Successes include becoming a team, a risk management system which kept people safe and supported the early dynamic support pathway and the Learning Disabilities Vaccination Clinics which received national media coverage for their success.</p> <p>Jane Richardson commented that the third sector contribution was invaluable for the team supporting the work across Leicester, Leicestershire & Rutland to mobilise the dynamic support register. The third sector provided additional challenge and brought different strengths to the table. The focus was on collaboration, connection, co-production and children, young people and their families.</p> <p>Helen Thompson praised the team commenting that the strength is in their differences, the sum of the whole is greater than the individual parts. Creating a bespoke solution for each patient in our care takes time and the team have really connected well on this collaborative work.</p> <p>Angela Hillery thanked the team and commented that the Integrated Care System (ICS) is all about people coming together to make a difference and this team is leading the way. This learning will be shared across our group. Michelle Churchard-Smith added that the multi-agency approach put patients at the heart of decision-making and the service had come such a long way.</p> <p>Faisal Hussain asked if there were any major challenges or blockages and the team commented that specialist staff are required on the team and the outcome of a bid is awaited. Whilst the Learning Disability physical health check had met the 70% threshold this meant that there were 30% not receiving this annual check and the reach therefore needed to be extended.</p> <p>Angela Hillery commented that the Learning Disability collaborative was discussed at the joint Health Overview and Scrutiny Committee (HOSC) on 28th March, and we are keen to focus on the importance of employment and encourage all partners in the system to do this as it is so important for health and wellbeing.</p>
TB/22/027	<p>Patient Voice – Healthwatch Report - verbal</p> <p>Mark Farmer confirmed that the People’s Council review had taken place – recommendations included: expanding the membership, improving the impact and decision making and providing welfare support to council members. The People’s council are working with LPT to implement the patient carer leadership triangle which is cited as NICE best practice. Healthwatch are in the process of setting priorities for next year with a focus on engaging with diverse communities and work on the ‘Getting the Ball Rolling Campaign’ for men’s mental health. Healthwatch have concerns around dementia diagnosis services online assessments and long wait times; and with serious mental illness physical health checks. ‘Enter and View Visits’ will start with the Trust next month.</p> <p>Angela Hillery commented that she welcomed the People’s Council opportunity to move forward towards best practice. The balance between face to face and virtual appointments is being considered nationally. Pre covid, face to face appointments made up 75% of all appointments and the effectiveness for all services is being considered.</p> <p>The Chair thanked Mark Farmer for his contribution at the Board meetings as Healthwatch have made the decision to work differently moving forwards and will no longer be attending Trust Board meetings.</p>
TB/22/028	Declarations of interest in respect of items on the agenda

	No declarations were received.
TB/22/029	Minutes of the previous public meeting 25 th January 2022 – Paper B Resolved: The minutes were approved as an accurate record of the meeting.
TB/22/030	Matters Arising – Paper C Resolved: The Board approved the action log – there were no actions outstanding.
TB/22/031	Chair's Report – Paper D The Chair presented the report confirming attendance at several staff network events that had all had good attendance and participation. The covid reflection event took place last week at Loughborough Hospital and the Chair thanked all staff for their work during the pandemic. The Armed Forces Covenant has been signed again this year. Thanks were offered to Darren Hickman who leaves LPT to become the Integrated Care System Audit Chair from 1 st June 2022.
TB/22/032	Chief Executive's Report – Paper E Angela Hillery presented the report echoing the thanks already offered across the whole Trust to staff going above and beyond. We remain in a level 4 incident and challenges remain. Moving forward the reset and rebuild work led by Mark Powell Deputy CEO will build on the big conversations that took place across the Trust. Blended working is now being implemented across the Trust. The CQC have been back to visit the Bradgate Unit to follow up on dormitories and call bells and we await their formal feedback. The urgent and emergency care pressures continue within the Leicester, Leicestershire & Rutland system and we are working collectively to respond to this. Sam Leak is leading work on the community 2 hour response and virtual wards. The CQC will be undertaking a system review including a review of the urgent and emergency care pathway. Thanks were offered to Brendan Daly who has been instrumental and displayed trust values in driving the Armed Forces Covenant work. LPT have been asked to share case studies around our out of area mental health placements as LPT have been very successful in achieving zero out of area placements and this has caught national attention – thanks to all the mental health teams involved. LPT's international nurse recruitment – 30 recruits have now passed and are NMC pin registered – thanks to all involved including Asha Day.
TB/22/033	Organisational Risk Register – Paper F Chris Oakes presented the paper confirming that KPIs are now linking to some risks on the register. The VCOD rule has been revoked by the Secretary of State and the Board is requested to support the closure of risk 76 today. Risks 70 & 71 scores have been reduced as detailed in the paper. Ruth Marchington confirmed that staff workload pressures are evident through papers at Board and Board committees and wondered how these are reflected fully in the ORR. Sarah Willis confirmed that these risks flow through a number of the ORR risks and that the reset and rebuild work will have a key focus on this area as well as health & wellbeing, safe staffing, supply and our equality work with Together Against Racism. Chris Oakes confirmed that this matter will continue to be reviewed as the ORR is reviewed each month to ensure the risk is adequately reflected. Resolved: The Trust Board received the report for assurance and approved the closure of risk 76.
TB/22/034	Documents Signed under Seal – Q3 Report – Paper G Resolved: The Trust Board received the paper for information.
TB/22/035	Enhancing Board Oversight - NED Responsibilities & Champion Roles – Paper H The paper was presented by the Chair and Chris Oakes detailing the introduction of new NHSEI guidance around the proposal of NED champions. Chris Oakes put forward Ruth Marchington as the SID NED for approval by the Board. It was noted that Darren Hickman was not a member of the Remuneration Committee as detailed in the paper – this would be amended in the document. Resolved: The Board approve the SID NED nomination as Ruth Marchington.

TB/22/036	<p>Service Presentation – Learning Disabilities & Autism</p> <p>Rohit Gumber – Consultant Psychiatrist & Clinical Director for Learning Disabilities & Autism & Mark Roberts Associate Director for Learning Disabilities & Autism presented slides which will be shared after the meeting. The slides covered system working, performance targets, successes and challenges and improvement plans for 2022/23.</p> <p>Angela Hillery commented that the team were leading the way across LLR and really making a difference for people with learning disabilities and autism. Securing the collaborative way of working will ensure that we become accountable to the population’s needs. Mark Farmer referred to patients waiting for assessment and treatment and this would be raised at the People’s Council.</p> <p>Darren Hickman commented on the great improvements and was supportive of the model. With regards to the annual health checks which met the target of 70% complete but leaves 30% not complete – what will be done differently to address this. Mark Roberts confirmed that this is a GP led process but has a large public health agenda to support, the team had bid for health inequalities funding for nurses to support GPs</p> <p>Ruth Marchington asked about the learning from deaths improvements, Mark Roberts responded that the LeDer reviews highlighted themes of respiratory disease, obesity, exercise and there are very much on the public health agenda. Girish Kunigari advised that there is a robust process with feedback to clinicians and GPs. Ruth Marchington commented that violence & aggression & restrictive practices are not referenced in the slides, and this is a matter that we are monitoring for improvement. Mark Roberts confirmed that there is patient specific monitoring – this can be seen in the context of care plans.</p> <p>The Chair commented in relation to the need for increased sensory environments the Trust’s charity Raising Health may be able to support this development.</p>
TB/22/037	<p>Step Up To Great Mental Health Implementation Plan – Paper I</p> <p>Fiona Myers presented the paper which is an update on progress since the conclusion of the consultation. There has been good progress with engagement and co-production and there is a summary of this by service within the paper. The recruitment of an OD practitioner to support and enhance the conversations across the system is in progress. There are plans to open 4 further crisis cafes with the ultimate aim to be 20. Ruth Marchington asked if future reports could begin to show the impact on performance and Fiona Myers confirmed that this would be triangulated to demonstrate improvements and pressure points in future reports.</p> <p>Mark Farmer supported the investment in voluntary and community sector grants. He was keen to ensure that the patient and carer voices are heard and suggested links to the People’s Council. Mark raised a concern about the waiting time for personality disorder services. Fiona Myers confirmed that engagement with stakeholders is key and needs to be meaningful – the OD practitioner recruitment will support this work. Girish Kunigiri was keen to engage clinicians more to overcome challenges in access. He commented that this transformation was closely linked to the Clinical Plan supporting NICE guidance and value-based care. Moira Ingham noted the continued recruitment difficulties and plans to expand perinatal care and Fiona Myers confirmed that creative thinking will support recruitment along with aligning and integrating with the voluntary and community sectors.</p> <p>The Chair noted the increase in referrals and demand for services alongside staff workload pressures – the Chair requested that the Board received quarterly updates on progress.</p> <p>Action: Implementation plan update to be brought quarterly to Trust Board. Resolved: Trust Board received the report for assurance and information.</p>
TB/22/038	<p>Joint Working Group Highlight Report – 21st March 2022 – Paper J</p> <p>Chris Oakes presented the paper for information detailing the ongoing work of the</p>

	<p>committees in common at Leicestershire Partnership NHS Trust and Northamptonshire Healthcare NHS Foundation Trust. The group have a common focus on 8 strategic project and shared learning is embedded.</p> <p>Resolved: Trust Board received and approved the highlight report.</p>
TB/22/039	<p>East Midlands Alliance Partnership Agreement – Paper K</p> <p>Mark Powell presented the report on behalf of David Williams describing this common paper with three key items of note. There has been good progress made in services across the alliance with joint working taking place. The Board is recommended to approve the updated collaborative agreement. The Board received an update on perinatal service developments</p> <p>Angela Hillery commented that this is an important stage of the formal governance for the collaborative agreement becoming a formal entity which has helped to secure funding and is an important step moving forwards.</p> <p>Resolved: Trust Board approved the new agreement and received the report for information and assurance.</p>
TB/22/040	<p>People Plan 6 monthly Update including assurance from Health & Wellbeing Guardian – Paper L</p> <p>Sarah Willis presented the paper confirming that LPT have signed up to the NHSE NHS People Promise Exemplar Programme which is a 12-month piece of work around workforce retention and this programme of work will inform the People Plan going forward. The ‘Be Well to Care Well’ initiative was launched yesterday by the NHSE Midlands Region and will run until 19th April – this will support informing our health & well being plans moving forward. The 5-year international nurses’ strategy has been signed off with plans to recruit 60 nurses every year for the next 5 years. The Trust wide transformation programme has an ambition of a zero-vacancy rate for health care support workers and grow your own and talent management programmes. The EDI work is progressing with work with NHFT around Together Against Racism. The system reverse mentoring programme is currently open for applications. There are plans underway to refresh and relaunch the zero-tolerance campaign and the Trust is holding an admin and clerical celebration day on 27th April 2022. The new Health & Wellbeing lead starts with the Trust on 1st April 2022, the Health & Wellbeing Guardian report is appended to this paper giving assurance on LPT’s wellbeing activities.</p> <p>Faisal Hussain asked if the cost of living rise is being considered, particularly for fuel cost and Sarah Willis confirmed that this is on everyone’s agenda and a task and finish group has been set up with a focused piece of work currently ongoing. Moira Ingham asked if any work was ongoing with local universities to attract recently qualified staff and Sarah Willis confirmed that this work takes place with students joining our bank staff and then taking up substantive roles.</p> <p>Sarah Willis described the buddy work around leadership and culture ongoing with St Andrew’s that has been very well received, this is similar to LPT’s “our future our way” programme with change champions.</p> <p>The Chair commented that the healthcare assistant entry point pathway was a great initiative and asked how we were reaching out to all of our diverse communities in LLR. Sarah Willis confirmed that there was a detailed recruitment campaign as part of the zero vacancies strategy. The next steps include a transformation piece covering all Trust recruitment activities.</p> <p>Resolved: Trust Board received the report and note the progress.</p>
TB/22/041	<p>Quality Assurance Committee Highlight Report 22nd February 2022 – Paper M</p> <p>Moira Ingham presented the report confirming that quality measures within the performance report are monitored and the committee are focusing on key work streams including serious incidents and pressure ulcers. The Mental Health Act census data is a low assurance area and the Legislative Committee have been asked to address these points and to append detailed data to their highlight reports to QAC. The Safeguarding Committee have completed deep dive work to extract</p>

	<p>key learning from Clawson Park.</p> <p>Resolved: Trust Board received the report for assurance.</p>
TB/22/042	<p>CQC Update Including Registration – Paper N</p> <p>Emma Wallis presented the paper confirming that the final must do action has been signed off since this report was written meaning that all CQC must do actions are now complete.</p> <p>Resolved: Trust Board received the report for information and oversight.</p>
TB/22/043	<p>IPC BAF – Update – Paper O</p> <p>Emma Wallis presented the report which is an updated version of the previously presented report including an additional 82 key lines of enquiries (KLOEs). There are now 9 areas for improvement listed. This action plan will be monitored through the Infection Prevention and Control Committee and report up through the quality governance route to Board. Angela Hillery thanked Emma Wallis and the IPC team and asked how the team have supported their own health and wellbeing during this period and Emma Wallis described regular twice weekly catch ups and health and well being check ins; group supervision; restorative supervision and psychological support as we move towards living with covid.</p> <p>Resolved: Trust Board received the report and approved the governance route outlined within the report.</p>
TB/22/044	<p>Patient and Carer Experience, Involvement and Complaints Report Quarter 3 Report – Paper P</p> <p>Emma Wallis presented the report confirming that the complaint response timeframe was extended to 45 working days in December 2021 – this is being reviewed in April. During quarter 3 there were no reopened complaints, and this demonstrates the continuous improvement within the area. The People’s Council and the lived experience framework are currently undergoing a reflect and rebuild process.</p> <p>The Chair noted an increase in the number of complaints particularly around access to services and waiting times and asked how waiters are being managed. Emma Wallis confirmed that it is an open and transparent process, and a deep dive is planned into face to face access moving forward. The Complaints Group will consider this issue at their April meeting.</p> <p>Sam Leak confirmed that there is a piece of work ongoing reviewing patients on waiting lists – offering phone calls and a point of contact if there is any deterioration in their condition. There is also a clinically led review of wait times on going within Community Health Services.</p> <p>Mark Farmer Healthwatch noted that there were also 138 compliments received. He offered the People’s Council and Healthwatch’s support in this area. Angela Hillery commented that we need to be agile in feedback to patients and ensure that this can be demonstrated.</p> <p>Resolved: Trust Board received the report for assurance.</p>
TB/22/045	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper Q</p> <p>The report was presented by Michelle Churchard Smith and Tracy Ward who described ongoing work to support governance over serious incidents. There have been significant challenges in investigations and 8 new investigators are now in post and making an impact. The work to close the list of outstanding serious incident investigations is ongoing and these challenges have been reflected in the risk in the ORR. A recent Quality Summit considered the whole process of incident management. New learning is included in the report – Gloria’s Story, category 3 and 4 pressure ulcers have been increasing and a Quality Summit was held in October to examine this. There has been an increase in falls which is attributed to patient acuity and temporary staffing levels on some wards. Michelle Churchard Smith advised that for violence and aggression incidents there has been a deep dive with health and safety and the positive and safe approach was supporting staff practice. There have been no statutory breaches of the culture of candour this</p>

	<p>quarter.</p> <p>Darren Hickman referred to staff pressures and triangulation with the number of incidents, he commented that the learning within Gloria's story is difficult to read but an opportunity for learning and asked when we may start to see the impact of the work of the new investigators feeding through. Michelle Churchard Smith confirmed that following the recent Quality Summit new models are being used to support the investigators and additional training is being offered to support the patient safety team. Next quarter report should evidence improvement, 9 incidents had been signed off last week.</p> <p>Moira Ingham asked how lessons learned are shared with the whole Trust – particularly during this period where the Learning Lessons Exchange Group has not met. Tracy Ward confirmed that there are lessons learned – such as Gloria's story – shared from each directorate within the Patient Safety Improvement Group and then this cross-directorate learning is shared. Sam Leak added that there is ongoing work around pressure ulcer themes and that the investigators will release more time back into the clinical settings.Resolved: Trust Board received assurance on the processes and learning.</p>
TB/22/046	<p>Ockenden Review – Paper R</p> <p>Michelle Churchard Smith presented the report confirming that there are 7 key themes for learning and whilst these are for maternity services this learning is transferable to LPT and there has been QI and changes to practices as a result of this review. The Board were asked to support a patient safety champion agreed as Moira Ingham.</p> <p>Resolved: Trust Board received the report for assurance and agreed Moira Ingham as the patient safety champion.</p>
TB/22/047	<p>Learning from Deaths Quarter 3 Report – Paper S</p> <p>Girish Kunigiri presented the paper confirming the key themes were timeliness of the reviews; patients' support from other stakeholders in the system and how to share this with directorates. There is a robust system in place and the data is broken down into protected characteristics. Angela Hillery commented that there was an opportunity to work across the group on this type of learning.</p> <p>Resolved: Trust Board received the report, receiving assurance on the implementation of national quality standards.</p>
TB/22/048	<p>Safe Staffing Monthly Reviews – Paper T</p> <p>Emma Wallis presented the reviews for December 2021 and January 2022 – both containing similar themes and significant challenges. The impact of Omicron was seen in outbreaks, staff sickness and higher absence and difficulty in the ability to fill. Daily staffing and safety huddles and wrap around support have helped support teams and mitigate risk. There was no link between staffing and harm, but re-prioritised visits had led to increased complaints about access. Learning from the recent half-term has led to the introduction of twice weekly forecasting with daily huddles in readiness for the Easter holiday period.</p> <p>The Chair noted that it had been a challenging period and there had been significant agency usage. Ruth Marchington asked if there was any data on staff absence due to work related stress and Sarah Willis confirmed that all levels of sickness are broken down in directorate reports. Clinical supervision supports staff wellbeing and executive meetings currently have a focus around improving supervision compliance rates which have dropped due to reporting issues and are on trajectory to get back on track. Emma Wallis added the recent guide to logging supervision had been helpful.</p> <p>Fiona Myers described an ongoing piece of work around agency staff and using a stable regular agency workforce as much as possible to meet patients' needs and support teams. In mental health the teams have been supported by skillsets from other practitioners - Psychology input has been supporting team dynamics and patient care.</p>

	Resolved: Trust Board received the report for assurance and information.
TB/22/049	<p>Staffing Capacity and Capability 6m Report (NQB) – Paper U Emma Wallis presented the report confirming that 30 international nurses have been recruited, and interviews are taking place for the June 2022 cohort which will include mental health nurses. The direct entry route for trainee nursing associates is currently being considered.</p> <p>Ruth Marchington suggested that there was a gap in assurance for medical staff – as the board do not review caseloads and capacity for this group of staff. Girish Kunigiri confirmed that this was a big challenge and work is ongoing in this area. There is a GMC fellowship scheme of overseas clinicians that is supporting remote working in some part of the UK in Community Mental Health Teams. Sarah Willis added that the Executive Team had held a deep dive on recruitments including time to recruit, campaigns and capacity of HR resources. There was scoping work ongoing considering the campaigns and doing things differently.</p> <p>Action: To ensure that assurance around medical staffing capacity is brought to Board.</p> <p>Resolved: Trust Board received assurance from the report.</p>
TB/22/050	<p>Safeguarding Annual Declaration – Paper V Michelle Churchard Smith presented the report to request approval to publish on the website.</p> <p>Resolved: Trust board approved the declaration for publication.</p>
TB/22/051	<p>Finance and Performance Committee Highlight Report 22nd February 2022 – Paper W Faisal Hussain presented the report confirming that the 2022/23 operational and financial plan received medium assurance due to the level of efficiency targets. The schemes in the planning process represent a point in time view of efficiencies. The performance and waiting times received medium assurance as there is a plan and process in place but the complete picture of improvement was not evident at the last meeting. A joint Quality Assurance Committee and Finance and Performance Committee is planned for 24th May to deep dive into key issues.</p> <p>Resolved: Trust Board received the report for assurance.</p>
TB/22/052	<p>Finance Monthly Report – Month 11 – Paper X Sharon Murphy presented the report confirming that all statutory duties are on target to deliver for 2021/22. There was a small overspend in month 11. The directorate of Mental Health had a £1m overspend and key actions have been agreed to address this overspend.. Work is ongoing with the LLR Clinical Commissioning Group to commission the Agnes Unit for its current usage moving forward, for this year some additional income is being used to offset this overspend and reach breakeven. With regards to agency spend, there is Executive oversight on this area- next year there will be a return to price caps and a ceiling monitored by NHSIE. All 4 targets in the Better Payment Practice Code have been achieved in month with 1 non-compliance cumulatively and the target of 95% will hopefully be achieved at year end. There is £6m capital to spend this month, half of which will go towards the dormitory and shared care records, and we remain confident that we will deliver the plan.</p> <p>Resolved: Trust Board received the report for assurance and information.</p>
TB/22/053	<p>Performance Report – Month 11 – Paper Y Sharon Murphy presented the report confirming that month 11 showed a mixed picture with some improvements in performance and some declines. The performance review meeting yesterday with the Directorate of Mental Health offered strong assurance around awareness and action plans. The Community Health Services directorate performance review focused on the CINSS and continence services. Further details are contained within the report. The target for the Learning Disability health checks has been met. Asperger’s referrals have significantly increased and action is being taken to address the significant decline</p>

	<p>in the pathway target. For workforce targets there is focus on increasing appraisal and supervision rates.</p> <p>Mark Farmer highlighted the personality disorder and dementia service challenges and offered that Healthwatch could support a deep dive.</p> <p>The Chair commented that when we are restoring services, we need to know that we are doing it inclusively and addressing health inequalities.</p> <p>Angela Hillery commented that waiting times is an important piece of work as a system and partnership. Fiona Myers agreed that it will be important to differentiate the impact of covid and where transformation is needed in services. We need to be clear where new investment has been allocated and monitor the impact of that in trajectories.</p> <p>Sharon Murphy confirmed that there is system work ongoing to monitor performance and considering inequalities and solutions.</p> <p>Resolved: Trust Board received the report for assurance and approved the position.</p>
TB/22/054	<p>Audit and Assurance Committee Highlight Report 3rd March 2022 – Paper Z</p> <p>Darren Hickman presented the paper confirming that the committee were well assured on all items and will meet again in April to review the accounts.</p> <p>Resolved: Trust Board received the report for assurance.</p>
TB/22/055	<p>Charitable Funds Committee Highlight Report 15th March 2022 – Paper AA</p> <p>The Chair presented the report confirming that the committee have reviewed the strategy and have kept the 4 same themes for 2022/23 – visibility, income, grants and partnerships. There are new external and internal signs around the Trust promoting the charity and the existing and new appeals are being considered to boost the income for 2022-23. The running costs versus the income received is also being considered.</p> <p>Resolved: Trust Board received the report for assurance.</p>
TB/22/056	<p>Review of risk – any further risks as a result of board discussion?</p> <p>It was agreed that staffing risk is a continuous theme, and this was a golden thread through the organisational risk register and would continued to be reviewed and drawn out. Angela Hillery suggested that the next phase of SystmOne implementation risk should be reviewed and reflected in the ORR.</p> <p>Action: Ensure that the staffing risk remains a continuous theme through the ORR and is adequately drawn out in each of the risks in the ORR.</p> <p>Action: To review and reflect the SystmOne next phase implementation to ensure that all mitigations are in place and the risk is adequately represented.</p>
TB/22/057	<p>Any other urgent business</p> <p>Congratulations were offered to Sharon Murphy for her substantive appointment to the post of Director of Finance.</p>
TB/22/058	<p>Papers/updates not received in line with the work plan – all papers received.</p>
TB/22/059	<p>Public questions on agenda items</p> <p>Question One: Stewart William Osgood - The Carlton Hayes Hospital Chapel. This is a grade 2 listed building and it is in a very bad condition. As a senior member of the Enderby Band Organisation, we are very interested in purchasing the building for a nominal fee and then restoring it so that it can provide a permanent home for the organisation that has been in existence since 1885. Our vision for the building not only involves the six bands in the organisation of which 3 consist of junior and youth members from aged 5 to 18, but to provide a music and drama hub for the local community. Once restored concerts and plays could be performed there and the building would be in use every day and because of its location would not affect the local residents.</p> <p>Answer: Richard Brown Associate Director Estates & Facilities - Thank you for your enquiry. The Chapel site is over-grown and the building state is poor. There are no live services connected to the building. This would not be safe or suitable to offer any form tenancy. In a wider context, we are looking into our estate strategy</p>

	<p>and planning across the entire trust estate. The use of our buildings and services locations will be assessed over time in order to ensure we provide the optimum models for delivery of services and have the most efficient portfolio.</p> <p>Question 2 – was regarding a confidential employee related matter which is being resolved at a local level.</p>
	Close - Next public meeting 31st May 2022