

**Minutes of the Public Meeting of the Trust Board**  
**31<sup>st</sup> May 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  
Sharon Murphy 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  
Kate Dyer Deputy Director of Governance and Risk  
Kay Rippin Corporate Affairs Manager (Minutes)

TB/22/060	<p><b>Apologies for absence:</b> Mark Powell Deputy Chief Executive David Williams Director of Strategy and Partnerships (Sam Wood Head of Strategy presenting paper K) Paul Sheldon Chief Finance Officer</p> <p><b>Welcome to meeting:</b></p> <p><b>Staff Voice &amp; Service Presentation:</b> Emma Hughes Health Care Support Worker Ben Birch Crisis Plus Practitioner Astyn Tinkler Clinical Team Lead Ian Harratt Service Group Manager William Burdett Derby Service Manager, Leicester Children's Hospital UHL Paul Williams Head of Service Group 1 Services FYPC</p> <p><b>Observers:</b> Ed Melia Head of Communications Danielle Mantel Nursing Fellow Eva Kwarteng Nursing Fellow Faith Tipper Nursing Fellow Amanda Hemsley IPC Lead Jessica Ryan Student Hari Subramanian Consultant Psychologist Rob Simpson Alex Carpenter</p> <p>For the Trust Board Members – refer to Paper A</p>
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TB/22/061	<p>Patient Voice Film – Families Young People &amp; Children’s (FYPC) Services focusing on Children’s &amp; Adolescents Mental Health Services (CAMHS)</p> <p>A film was shared describing the experience of a service user who accessed the CAMHS Crisis Team services. The experience was positive and supportive, enabling coping techniques to manage difficult periods. Continuity of service was highlighted as an issue for improvement.</p>
TB/22/062	<p>Staff Voice – FYPC CAMHS</p> <p>Helen Thompson introduced the Crisis and Crisis Plus Teams (listed above) who introduced themselves to the Board. The team began in 2017 and has grown in size and structure including the introduction of the 24x7 mental health hub in the Bradgate Unit during the pandemic in 2020 and the development of the Central Access Point (CAP) offering 24 hour help and access. The team described the offer including home treatment for up to 6 weeks, immediate crisis and wrap around support for young people aged up to 18 years. The growth in the offer has made a real difference to Leicester, Leicestershire &amp; Rutland (LLR) with teams across the system collaborating and working together to support young people in the best way. A Standard Operating Procedure (SOP) has been designed and further transformational work is underway with a delivery group focusing on pathway design between providers. The staff work in a multi-disciplinary team (MDT) which ensures that the patient voice is reflected in their care plan. It will include a safety plan, goal setting and techniques for self-management. Reflecting on the patient film, continuity of care is assessed as part of this.</p> <p>The Chair asked the team how they look after their own health and well-being and the team confirmed regular annual leave and time away through shift work was used to refresh staff; team building both in and out of work served to increase staff morale. The team described a bonded team with an open door policy meaning staff can always raise issues with their managers supporting good wellbeing.</p> <p>Darren Hickman asked how an early help offer could be promoted – offering pre crisis support. Ian Harratt confirmed that there are a range of services offered supporting early interventions – that the offer outside of crisis is extensive both within LPT and across the system. The CAP offers advice and support, signposting and referral not just in crisis.</p> <p>Angela Hillery thanked the team for their collective leadership and speed and responsiveness throughout the pandemic and requested that if any organisational barriers are encountered these should be escalated so resolution can be sought.</p> <p>Angela Hillery asked for feedback on the recent CAMHS recruitment initiative and the team confirmed that this was a success with almost 400 attendees and feedback that it was well organised and well received. There were less nurses attending than hoped and so thought is going into what can be done differently to attract nurses to the recruitment initiatives.</p> <p>Ruth Marchington asked what the team are doing to consider health inequalities and ensuring services are accessible to all. Ian Harratt confirmed that a focus group is looking at the development of the offer to ensure a greater reach is achieved and this is being supported by the Mental Health Investment Standard monies. The team advised that appointments will be offered at a place most suited to the young person to ensure accessibility. Helen Thompson confirmed that analysis of the data that underpins the service offer is being undertaken which will inform this work. The CQC feedback on this service is detailed in Paper O on today’s agenda.</p>
TB/22/063	<p>Declarations of Interest in Respect of Items on the Agenda</p> <p>No declarations were received.</p>
TB/22/064	<p>Minutes of the Previous Public Meeting: 29<sup>th</sup> March 2022 – Paper B</p> <p><b>Resolved:</b> The minutes were approved as an accurate record of the meeting.</p>
TB/22/065	<p>Matters Arising – Paper C</p> <p>There is one amber item on the action log – not due until the July Trust Board</p>

	<p>meeting where an update will be provided. Avinash Hiremath confirmed that the consultant caseload size in LPT is above the benchmarked average and there is work ongoing around this as part of the Step Up To Great (SUTG) mental health work which supports a more patient centered approach which will reduced caseloads – a further update will be given at the July Trust Board as this item remains open on the action log.</p> <p><b>Resolved:</b> The Trust Board agreed the action log actions closed and outstanding.</p>
TB/22/066	<p>Chair’s Report – Paper D</p> <p>The Chair presented the paper confirming that recent board walks and visits had evidenced high quality compassionate care. The UNICEF baby friendly assessment feedback has been positive with compliments from mums and the final outcome was awaited. The University of Leicester’s recent research results have been fantastic with 89% of their research assessed as world leading and LPT are proud to be their research partners. It was noted that clinical medicine and sports science are both rated as 2<sup>nd</sup> in the country.</p> <p><b>Resolved:</b> The Board received the report for information</p>
TB/22/067	<p>Chief Executive’s Report – Paper E</p> <p>Angela Hillery presented the report confirming the de-escalation from a level 4 to a level 3 incident. Although the level is now different which is welcomed, staff remain challenged in terms of demand and we continue to work to manage this as we move into reset and rebuild. The Health &amp; Care Act 2022 is a legislative change and an increased focus on Integrated Care System (ICS) finance is expected. This will need to be managed together as a system and increased rigour in terms of achieving a break-even budget is expected. Thanks were offered to all staff who have supported the acute mental health core service inspection which resulted in increased Care Quality commission (CQC) ratings. The recent Health Service Journal (HSJ) partnership award is validation and recognition of our work in this area.</p> <p><b>Resolved:</b> The Board received the report for information</p>
TB/22/068	<p>Organisational Risk Register – Paper F</p> <p>Chris Oakes presented the paper confirming that there are 25 risks on the register. The proposal today is to close risk 63 – the winter and covid impact risk with the mandatory training element picked up in risk 61. Risk 79 &amp; 80 have been added to the register as agreed by the Finance and Performance Committee (FPC) and the Quality Assurance Committee (QAC) at their April meetings. There are two new risks in draft – one around financial control and one around the loss of the 11 plus Healthy Together contract.</p> <p>Ruth Marchington asked what had caused the facilities management increased residual risk (12 to 16) position in risk 65 – requesting more detail around this risk and the implications of the lack of data on our safe systems. More detail was needed so we could be clear where the risk lies.</p> <p>Darren Hickman noted that with regard to the staff risks 60 &amp; 61; the risks seem to be increasing including a 12.3% vacancy rate, increased staff turnover, inflation impacts on agency costs and suggestions of increased recruitment and growth within LPT – should this not be reflected in a higher risk and risk score? It was agreed that this would be considered at the end of the meeting in light of the information presented throughout the agenda.</p> <p>Sarah Willis confirmed that we were living in an uncertain climate around workforce challenges and that local plans were in place including the international nurses recruitment 5 year plan; the transitional programme of over recruitment and growth of health care support workers; new roles and service redesign to mitigate against these risks. It was confirmed that the risk score remained under review and adjustments will begin to be reflected. It was suggested that a future Board development session could consider discussion around workforce development in light of the ICS.</p>

	<p>The Chair asked if both risk 71 &amp; 81 were needed for finance and Sharon Murphy confirmed that these were both under review – that 71 relates to the planning risk and may evolve into the ICS capital strategy delivery risk and that 81 relates to the revenue plan delivery risk. These will remain under review.</p> <p><b>Action:</b> Paul Sheldon - further description to be added to risk 65 so it is clear where the risk lies and why the residual risk has increased.</p> <p><b>Action:</b> Kate Dyer – include workforce development in light of the ICS at a future Board development session.</p> <p><b>Resolved:</b> The Board approved the new draft risks 81 and 82 and approved the closure of risk 63.</p>
TB/22/069	<p>Governance Arrangements – Paper G</p> <p>Chris Oakes presented the paper which is a response to the de-escalation from level 4 to level 3. Full agendas are to be reinstated in level 1 &amp; 2 meetings and level 3 meetings are to stand back up. This remains under review should the situation change.</p> <p><b>Resolved:</b> The Board received the paper and supported of the recommendations within it.</p>
TB/22/070	<p>Documents Signed Under Seal Quarter 4 Report – Paper H</p> <p>Chris Oakes presented the paper for information.</p> <p><b>Resolved:</b> The Board received the paper for information.</p>
TB/22/071	<p>NHS Provider Licence Self Certification (G6 and FT4) – Paper I</p> <p>Chris Oakes presented the paper confirming that following a self-assessment, LPT are compliant with G6 and compliant under FT4 and this is recommended for adoption by the Board.</p> <p><b>Resolved:</b> The Trust Board received the report and confirmed the compliance</p>
TB/22/072	<p>AGM Date to be agreed – 5<sup>th</sup> September 2022 – confirmed the meeting will be held online.</p>
TB/22/073	<p>Non-Executive Directors (NED) Responsibilities – Paper J</p> <p>The Chair presented the paper which reflected handovers and responsibilities - confirming that two new Non-Executive Directors joined LPT on 1<sup>st</sup> June 2022 – Alex Carpenter and Hetal Parmar. Thanks were offered to Darren Hickman who begins a new role as the audit chair for the ICS.</p> <p><b>Resolve:</b> The Trust Board received and approved the paper</p>
TB/22/074	<p>Service Presentation – FYPC CAMHS</p> <p>Paul Williams presented the PowerPoint presentation contained within the combined paper pack – talking through the detail contained within each slide including the roadmap of the CAMHS services; the increased number of complex referrals; the increased investment; increased workforce challenges; early intervention work; links to the SUTG mental health programme; work with Northamptonshire Healthcare Foundation Trust (NHFT) and the improved system working supported by the new model employed allowing the opportunity to do things differently. Staff are working collaboratively as part of the ICS to find solutions to service problems.</p> <p>Ruth Marchington suggested that the Beacon Quality Improvement (QI) plan and reduction in incidents data will be useful to see once ready at QAC and it was confirmed that this will be included in the new quality dashboard that is planned.</p> <p>Ruth Marchington also suggested that physical care data would be useful to see alongside the mental health data and Paul Williams confirmed that physical health forms part of the QI plan, there has been investment in the physical healthcare pathway.</p> <p>Kevin Paterson asked if the pandemic has contributed to the increase in complex referrals and Paul Williams confirmed that whilst this time of year always sees an increase in referrals the impact of covid is evident with lockdowns, school closures and exams having a negative impact on young people’s mental health. This impact is expected for the next 2-3 years.</p>

	<p>Angela Hillery asked what more we can do to support the workforce challenge particularly in the inpatient provision and Paul Williams suggested improved links with educational institutions could support this. Paul Williams also noted that the inpatient post structure offers less development opportunities. Helen Thompson confirmed that there is a workforce plan in the directorate which links with colleges and universities offering good clinical placements and improvements which is within our gift to deliver. This includes the 0% health care support worker vacancy ambition, creating a peripatetic team and filling all administration vacancies.</p> <p>Avinash Hiremath asked what the teams are doing to support staff wellbeing and Paul Williams described supervision, engagement events, listening events and improved staff rest areas along with the Trust -wide initiatives including the golden ticket initiative, and access to the health and well-being hub. Visible leadership supports staff although there remains a challenge in creating reflective time due to staffing levels however the staff survey results suggest improvement and a sense of hope and optimism within the team.</p>
TB/22/075	<p>Step Up To Great Strategic Delivery Plan – Paper K</p> <p>Sam Wood presented the paper confirming that a number of delivery plans sit behind each brick within the annual strategic delivery plan and that this plan follows a robust process and has oversight at the Transformation Committee. This plan will be presented to Trust Board throughout the year to demonstrate the progress made towards the strategic objectives.</p> <p><b>Resolved:</b> The Trust Board approved the Step Up To Great Strategic Delivery Plan</p>
TB/22/076	<p>Joint Working Group Highlight Report – 3<sup>rd</sup> May 2022 – Paper L</p> <p>Chris Oakes presented the paper detailing the real opportunity for learning within the group. The joint roles have been supported by the committee.</p> <p><b>Resolved:</b> The Trust Board approved the highlight report and the MOU for submission to the Remuneration Committee.</p>
TB/22/077	<p>Quality Assurance Committee Highlight Report – 26<sup>th</sup> April 2022 – Paper M</p> <p>Moirra Ingham presented the report confirming that the second report on the Ockenden Review will be received by QAC at their June meeting before coming to Trust Board in July. The areas where QAC received medium assurance were the Performance Report which highlighted concerns around mandatory training compliance. The Pressure Ulcer Update where a focused improvement plan is in place but numbers remain higher than desired and serious incident investigations where a quality summit has taken place and actions are being examined. The quality dashboard is under development and will further allow QAC to monitor these areas. Mental Health Act compliance data is being provided to QAC from the Legislative Committee highlight reports and there is a continued focus on improving the data.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/078	<p>CQC Update – Paper N</p> <p>Anne Scott presented the paper confirming that the re-inspection report from May 2022 has a positive outcome with improvements to two ratings and has generated 3 new must do actions. There is more to do but improvement is acknowledged. There has been positive informal feedback from the CQC visit to the mental health Liaison Service at the Leicester Royal Infirmary in April 2022. The CQC Mental Health Act visits continue across the Trust.</p> <p><b>Resolved:</b> The Trust Board received the report and note the oversight of the CQC action plan.</p>
TB/22/079	<p>LPT Urgent &amp; Emergency Care LLR System Inspection feedback (Psychiatric Liaison Service at LRI) – Paper O</p> <p>Angela Hillery presented the paper detailing the system review inspection of LLR which LPT as a partner are part of. The visit to the Psychiatric Liaison Service at the Leicester Royal Infirmary is detailed within the paper with positive feedback</p>

	<p>received. Angela Hillery thanked all staff involved and noted the areas to note including system wide wait times detailed in the report.</p> <p><b>Resolved:</b> The Trust Board received the report for information and noted the feedback and actions required with partners on wait times.</p>
TB/22/080	<p><b>Safe Staffing - Monthly Report – Paper P</b></p> <p>Anne Scott presented the papers which cover February and March 2022. Safety huddles were increased to daily during the February school half term and the same approach is taking place in this May half term. There is increased temporary and agency staff utilisation over both months and mitigation remains in place to support the areas of note in the inpatient and community teams. Training compliance continues to be monitored as the revert back to the pre covid compliance framework has had an impact on training compliance. Rates are increasing for substantive staff but remain low for bank staff and plans are in place to improve this. The staffing position remains challenged and there is emerging evidence that controls do not always mitigate.</p> <p>The Chair asked how the staffing issues on the Diana and Looked After Children’s Teams are being managed as this has limited the service provision and Anne Scott confirmed that work was underway looking at recruitment plans, what can be done differently, skills mixes across teams and that teams continue to feel supported and supervised including psychological and safeguarding supervision.</p> <p>Darren Hickman commented that there is a high bank and agency utilisation but when you consider the fill rates – they are mostly achieved – with night shifts filled more than day shifts. Anne Scott confirmed that night shifts are easier to fill and that work is ongoing around offering contracts for nights only shifts.</p> <p>Darren Hickman asked if the move towards virtual wards will impact on the safer staffing and Anne Scott confirmed that there is a pathway management board looking at the planning of staffing on virtual wards.</p> <p>Sam Leak added that the virtual wards are a great opportunity, are clinically led and there is capacity for each of the pathways. We will work together to consider safer staffing.</p> <p>Faisal Hussain asked what measures were being taken to prevent harm considering the high rate of temporary/agency usage and Anne Scott confirmed that this risk is managed and mitigated everyday by ensuring there are substantive staff on shift, clinical leads are overseeing and supervising and regular safety huddles are held.</p> <p>Faisal Hussain asked how the mandatory training rates will be improved for bank staff and Sarah Willis confirmed that work was ongoing around this including block booking training for bank staff and considering preventing non-compliant bank staff taking shifts. This risk needs to be balanced to support safe staffing levels. Bank and agency are often block booked, they are a regular workforce and are not always new staff, they are part of the team who work in a flexible way.</p> <p>Ruth Marchington commented that on a recent visit to the Diana Team two new team members felt very supported and the clinical and psychological supervision was impressive. The focus on agency staff and the tension between agency staff and the finance driver will be discussed further at the QAC &amp; FPC joint meeting due to be held on 7<sup>th</sup> June 2022. Anne Scott added that quality and safety of patient care will always be the top priority.</p> <p><b>Resolved:</b> The Trust Board received assurance from the report.</p>
TB/22/081	<p><b>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper Q</b></p> <p>Anne Scott presented the paper confirming challenges remain as the recovery from the backlog position through the pandemic continues. A quality summit has taken place and a collaborative plan for improvements drafted – all directorates now have QI plans in place and improvements are evident with national key learning being applied. A follow up quality summit is planned for June. The work around pressure ulcers is ongoing with QI initiatives in place. Sam Leak confirmed that LPT are</p>

	<p>benchmarked at average with the grade 2 pressure ulcers and there is improvement in the grade 4 numbers towards the ambition of zero. The number of self harm reports continues to be high and patient stories to share learning are included within the report.</p> <p>The Chair asked if the directorates are on track with their trajectories for backlog clearance and Annes Scott confirmed that each directorate has a plan in place and are making great progress.</p> <p>Kevin Paterson asked for further explanation on the targets within the statistical process control (SPC) graphs contained within the report and Anne Scott confirmed that the Head of Patient Safety would be able to explain this detail outside of today's meeting.</p> <p>The Chair asked if the increasing incidents evident on some of the graphs are related to staffing pressures and Anne Scott confirmed that at the moment there is no evidence to suggest this, but monitoring continues.</p> <p><b>Resolved:</b> The Trust Board received assurance from the report.</p>
TB/22/082	<p>Patient and Carer Experience and Involvement and Complaints Quarter 4 Report – Paper R</p> <p>Anne Scott presented the paper confirming that work was ongoing to address breaches in the 45 day timeframe for complaints and improvement was evident. There has been a review of the complaints themes and a deep dive undertaken on communications. The carer and service user networks continue to grow and the development of the proposed lived experience representative continues. The People's Council continue their focus on the outcomes of their independent review work. The Community Mental Health survey results are detailed in the report and these downward trend results are being used to inform QI work.</p> <p>Angela Hillery confirmed that it has been challenging throughout the pandemic to be as responsive as we would have like to have been and the patient leadership work is a significant shift towards collaborative working.</p> <p>Faisal Hussain asked if the recruitment of "listen and talk" volunteers would be extended if successful and Anne Scott confirmed that this would be the plan.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/083	<p>Learning From Deaths Quarter 4 Report – Paper S</p> <p>Avinash Hiremath presented the paper confirming that there had been no change in the reported numbers. A structured approach to analysing deaths and learning is evident across the trust and evidence indicated that there are no problems associated with care. The National Medical Examiner system went live for Community Health Services (CHS) in April. Improvements within reporting are ongoing in particular in relation to demographics to support health inequality work. Faisal Hussain commented that a more coordinated approach to demographic data would be required across the system. Avinash Hiremath confirmed that forums across the system discuss health inequalities and there is an active ongoing project around reducing inequalities in accessing health at Accident &amp; Emergency in UHL and for mental health in LPT..</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/084	<p>Annual Staff Survey &amp; Action Plan – Paper T</p> <p>Sarah Willis presented the staff survey action plan which includes feedback including workforce race equality and disability data indicating positive improvements – work is ongoing around this. Sarah Willis outlined the main areas of focus moving forward. Reset and Rebuild, which includes getting the basics right, health and wellbeing initiatives and strengthening the blended working approach. Reducing inequalities looking at staff experience and engagement. The People Promise Exemplar is a detailed programme of work which is currently underway and will bring about change. Financial and mental health and well being are being considered. Workforce capacity and demand is an area of focus including transforming recruitment and new initiatives including fayres and</p>

	<p>campaigns. Local interventions are planned with targeted programmes of work to support teams and team peer to peer support planned. There is a focus on segmenting teams according to their staff survey results, providing in reach support to lower performing teams.</p> <p>Ruth Marchington asked if the cost of living pressures and financial wellbeing were being considered particularly in light of mileage rates. Sarah Willis confirmed that there is a local arrangement in place for high level community staff mileage which are over a set threshold where a supplementary payment is being offered to support. Work is ongoing with both UHL &amp; NHFT building a detailed financial health and wellbeing plan.</p> <p>Faisal Hussain commented that there had been positive feedback from the staff support networks around events that have been held but a concern that these events may not be reaching all directorates in the same way. Sarah Willis confirmed that lower performing teams are being targeted and the Change Champions will update on progress at a future board meeting.</p> <p><b>Resolved:</b> The Board received the report and noted the actions in place.</p>
TB/22/085	<p>Equality Diversity &amp; Inclusion (EDI) Plan Refresh – Paper U</p> <p>Sarah Willis presented the plan confirming that it had been supported by QAC at their April meeting.</p> <p><b>Resolved:</b> The Trust Board supported and approved the plan and actions detailed within the plan.</p>
TB/22/086	<p>Finance and Performance Committee Highlight Report – 26<sup>th</sup> April 2022 – Paper V</p> <p>Faisal Hussain presented the report confirming that the business pipeline work over the last 2 years had been great and thanked the team. The performance assurance had been split as the performance framework was embedded and working well, offering high assurance but there were areas where performance and data collections were not so strong and this offered low assurance, however, plans and trajectories were in place. The Improving Access committee report also was given split assurance with low assurance due to the waiting times backlog – a matter that will be discussed further in the joint QAC &amp; FPC workshop planned for the 7<sup>th</sup> June.</p> <p><b>Resolved:</b> The report was received for assurance.</p>
TB/22/087	<p>Finance Monthly Report – Month 1 – Paper W</p> <p>Sharon Murphy presented the paper confirming that there is a £688,000 overspend in month 1 with £512,000 within the directorate of mental health. This has been offset against central reserves so the planned £497,000 deficit has been reported. There is a finance improvement plan within mental health and we are assured that the actions will deliver. Agency costs continue to accelerate with £2.9m reported in April 2022. Nationally this will need to reduce to comply with the NHSI ceiling which is anticipated to come back into force with a likely ban on the use of non-clinical agency. There is an operational group meeting every 2 weeks to discuss agency usage and a directorate level oversight group which meets monthly. The cash and Better Payments Practice Code (BPPC) both show good performance. Capital spend to date has been £33,000 and it is too early in the financial year to review this performance.</p> <p>The Chair commented that the agency efficiency scheme is a big opportunity and month 2 should indicate more trends on run rates.<b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/088	<p>Performance Report – Month 1 – Paper X</p> <p>Sharon Murphy presented the paper detailing new items which include the mental health core data pack (NHSE) which shows the system performance and LPT's contribution to it – this is important moving forward as how we do as a trust impacts on the system and region as a whole. CQUINs (Commissioning for Quality and Innovation) framework targets will be included once the information is available. The single oversight framework metrics – some are included and some</p>



	<p>still require work to clarify what needs to be reported. The waiting times picture is mixed, full details are within the report with each directorate having some improved and some deteriorated services. The month 1 performance reviews confirmed that all services have improvement plans in place and this offers assurance for improvement – services are clear where they are off target and clear around their plans to address this. The transfer of care delays have increased to 6.4%, the extended criteria for patients in a CHS bed whilst waiting for a package of care may have had an impact on this. The push on IG mandatory training continues, to ensure the 95% target is met. Fiona Myers confirmed that a deep dive into data discrepancies on 72 hour mental health follow up has been completed. Angela Hillery commented that a recent regional deep dive into mental health metrics confirmed that LPT's data around zero out of area placements is one of the best in the country.</p> <p>Sharon Murphy confirmed that the performance report continues to evolve and changes will be seen to content over the coming months.</p> <p><b>Resolved:</b> The Trust Board approved the report and noted the new metrics</p>
TB/22/089	<p>Operational and Financial Plan 2022-23 – Paper Y</p> <p>Sharon Murphy presented the summary of the plan which was submitted to NHSI on 28<sup>th</sup> April 2022. Priorities for the year include growing the workforce including the facilities management transfer in of staff. The financial plan is predicting a £1.4m deficit for the year which is due to inflationary pressures. The ICS is predicting a deficit plan too. Since the plan's submission there have been further meetings with the national NHSI team and further funding has been released to reduce inflation pressures, so a revised plan is being worked on for submission on 20<sup>th</sup> June 2022. Board will be further updated in advance of the plan being submitted .</p> <p><b>Resolved:</b> The Trust Board received and approved the Operational and Financial Plan 2022-23</p>
TB/22/090	<p>Review of risk – any further risks as a result of board discussion?</p> <p>The staffing risk may need a further review due to increased pressure within the system.</p> <p>The Facilities Management transfer needs further review so that there is a better understanding of where the risk lies.</p> <p>CAMHS workforce and bed closures remains a risk and this should be considered further.</p>
TB/22/091	<p>Any other urgent business</p> <p>A late paper was received for discussion under AOB. The Charitable funds Bank Account – a new savings account was being opened for the Trust's Charity Raising Health.</p> <p><b>Resolved:</b> The Trust Board approved the plans in the paper.</p>
TB/22/092	Papers/updates not received in line with the work plan - NA
TB/22/093	<p>Public questions on agenda items:</p> <p><b>Question:</b> On-line meetings are a really helpful way to enable public engagement, however using Microsoft Teams requires compatible ('up-to-date') technology and a Microsoft license. In practice this means a laptop or desktop computer and a Microsoft Office subscription, items which many families cannot afford and many people (particularly older people) cannot use. Whereas Zoom has a free license option, is compatible with most smartphones (as well as laptops and desktops) and only requires people to click on one link.</p> <p>So in using Microsoft Teams the board is limiting who can participate to only the computer literate, affluent and middle income groups in what might be considered a discriminatory move.</p> <p>Is there a good reason why this meeting cannot be held on Zoom and would the board consider taking steps to overcome these obstacles in order to open the meetings up to a wider audience?</p>

	<p><b>Response:</b> We would like to thank you for raising your concern. Throughout the pandemic we have been using as many interactive ways as possible to reach out to our audiences. MS Teams is easy to access for our staff and for the public. You do not need a license or app to access the platform as it is also available via your website's browser, meaning it is just as accessible as Zoom. Until recently our information governance policy has not allowed us to use Zoom due to security reasons, although we are currently reviewing this again in light of new improved data security information and will be looking to diversify where we see this as appropriate.</p>
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