

Minutes of the Public Meeting of the Trust Board
26th July 2022 9.30am - Microsoft Teams Live Stream

Present:

Cathy Ellis Chair
Faisal Hussain Non-Executive Director/Deputy Chair
Ruth Marchington Non-Executive Director
Moirah Ingham Non-Executive Director
Alex Carpenter Non-Executive Director
Hetal Parmar Non-Executive Director
Kevin Paterson Non-Executive Director
Mark Powell Managing Director/ Deputy 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
Alison Gilmour Director of Strategy
Kate Dyer Deputy Director of Governance and Risk
Kay Rippin Corporate Affairs Manager (Minutes)

TB/22/094	<p>Apologies for absence: Angela Hillery Chief Executive Chris Oakes Director of Governance and Risk David Williams Director of Strategy and Partnerships Paul Sheldon Chief Finance Officer</p> <p>Welcome to meeting: Daniel Gaughan Nursing Fellow (observing) Pauline Lewitt (Paper U)</p> <p>Staff & Patient Voice & Service Presentation: Rob Melling Mental Health Improvement & Transformation Lead Teresa Spilsbury Community Development Lead Catherine Freer Peer Support Worker Eleanor Smith Peer Support Worker</p>
TB/22/095	<p>The Trust Board Members – Paper A Theme today – Mental Health Services</p>
TB/22/096	<p>Patient & Staff Voice – Directorate of Mental Health Fiona Myers introduced the section describing how peer support is a key element supporting the development of workforce planning in the mental health transformation plan with an ambition to have at least 75 peer support workers Trustwide. LPT an inclusive recovery focused organisation where lived experience can help others. Catherine Freer Peer Support Worker described her role on the Charnwood Team – Mental Health Service for Older People – successes both for the people she supports and for her own mental health recovery journey. Eleanor Smith Peer Support Worker</p>

	<p>described her role on the Early Intervention Psychosis Team as having positive benefits on her own mental health and her lived experience as being beneficial to those she supports. She is excited to be working in a role she is passionate about and feels that her new job has changed her life.</p> <p>Teresa Spilsbury Community Development Lead and Rob Melling Mental Health Improvement & Transformation Lead shared a PowerPoint presentation which will be circulated to the Board members post meeting. They described how the peer support workers receive training, volunteering opportunities, employment opportunities and enhance the local offer. Benefits of the peer support worker project were described as supporting growing our own workforce, building diversity and transforming our offer. The Chair asked the team if any difficulties had been encountered and what the Board could do to support them better. The peer support workers confirmed that they were members of supportive team, had received great training and nothing could have gone better.</p> <p>Mark Powell commented that the Board will reflect on the session today and this could become part of the wider workforce planning discussions.</p> <p>Ruth Marchington commented that the connection with the community and crisis cafes was helpful, and the team are breaking new ground. Ruth Marchington asked how the referral to peer support workers worked in practice. It was confirmed that this was on a case-by-case basis considering those service users who may benefit from the support. Avinash Hiremath commented that this project not only aids the recovery journey but also brings benefits to the clinical journey to instill hope and optimism.</p> <p>Teresa Spilsbury described the need to embed the process further, to see it as business as usual and commented that there had been some early difficulties with student placements which were being resolved.</p> <p>The Chair asked the peer support workers how they were looking after their own mental health, and they confirmed that they felt well supported with regular supervision and an open door policy at work.</p> <p>Fiona Myers confirmed that it is important that this work is seen as business as usual, and the Board thanked the team for attending today.</p>
TB/22/097	<p>Declarations of Interest in Respect of Items on the Agenda</p> <p>No declarations were received.</p>
TB/22/098	<p>Minutes of the Previous Public Meeting 31st May 2022 – Paper B</p> <p>Resolved: The minutes of the Public Meeting 31st May 2022 were approved.</p>
TB/22/099	<p>Matters Arising – Paper C</p> <p>The Chair noted that action 949 will have received assurance through the executive team route and Avinash Hiremath confirmed that a paper highlighting the risks has been presented to the executive team and the process of caseload amendments is being implemented. The executive team will continue to receive updates on this matter.</p> <p>Resolved: The Board approved all actions as closed.</p>
TB/22/100	<p>Chair’s Report – Paper D</p> <p>The Chair presented the report highlighting that the Non-Executive Directors have been visiting LPT services. The Healthy Together Team have just received the UNICEF baby friendly accreditation and offered congratulations to the team involved. The Let’s Get Gardening competition supporting therapeutic gardening activities held on wards has taken place and the results will be revealed later this week. South Asian heritage month has events taking place across the Trust. Raising Health, the Trust’s charity has a roadshow planned to raise its profile and an initiative it backed – open water swimming for veterans was recently featured on the One Show.</p>
TB/22/101	<p>Chief Executive’s Report – Paper E</p> <p>Mark Powell presented the report confirming that the integrated care system partnerships became legal entities on 1st July 2022. NHSImprovement & NHSEngland are now merged to</p>

	<p>become NHEngland. We are now working to the living with covid guidance due to the changes to transmission within the community which is now stable. The first of 11 new Crisis Cafes has just launched offering positive interventions for our communities. The LPT Staff Excellence Awards are currently being judged ready for our celebratory event in October.</p> <p>Ruth Marchington commented that the Equalities and Human Rights link within the report raises interesting conclusions about the speaking up and raising concerns agenda – particularly in relation to the low paid cohort of staff. Mark Powell confirmed that this will be discussed as part of the work of the Equality Diversity and Inclusion Workforce Group. Alexander Carpenter commented that on a recent boardwalk the benefits of Raising Health charity funding for the Podiatry Team were clear to see.</p>
TB/22/102	<p>Organisational Risk Register (ORR) – Paper F</p> <p>Kate Dyer presented the report requesting that the Board supported the closure of risk 71 which was drafted before the financial plan was put in place, now that it is in place risk 81 covers the delivery of the financial plan.</p> <p>The Chair asked with regards to risk 67, progress is being made with the Green Plan – will this be followed up for assurance in the Finance and Performance Committee (FPC)? Kate Dyer confirmed that a deep dive into the Green Plan is on the FPC 30th August agenda. The Chair commented in relation to risk 75 that further assurance has been received following the Care Quality Commission (CQC) report and will this be reflected in the narrative in this area and others – adding more evidence to the amber assurance areas to support turning them green. Kate Dyer confirmed that a deep dive on the whole ORR is planned to focus on strengthening assurance and support changing from amber to green. This will take place over the next 4-8 weeks.</p> <p>Hetal Parmar asked what is being tracked in terms of outcomes? Kate Dyer confirmed that the ORR monthly review considers what we are prepared to tolerate and what would close the risk – this process considers the outcomes. Whilst we may never be able to remove the risk completely, actions change the score and support moving towards closure of the risk. Hetal Parmar asked when multiple risks happen at the same time how well placed are we as an organization to deal with them? Kate Dyer confirmed that the level 2 delivery groups consider their cut of the ORR and ask for assurance to come through the meetings. Assurance can flow through these routes with the robust systems and structure in place. Mark Powell added that work was ongoing around focusing the trust risk profile, to ensure that we are specific about strategic risks, the drivers and the controls and actions in place for these risks and this work will ensure that the ORR remains dynamic.</p> <p>Resolved: The Board received paper F for assurance and supported the closure of risk 71</p>
TB/22/103	<p>Service Presentation – Directorate of Mental Health - Step Up to Great Mental Health Implementation Plan - Getting help in Neighbourhoods video</p> <p>Fiona Myers outlined that Step Up to Great Mental Health is about getting consistency of services across the 8 community teams, working closely with the voluntary sector and other health partners.</p> <p>Fiona Myers introduced the video detailing how this offer works with other sectors and brings localized services to the needs of the area. The Crisis Cafes are expanding offering support and referral into secondary services. Fiona Myers explained that the second delivery phase is now underway, there had been some delays due to the pandemic and significant workforce challenges but that this was now picking up pace.</p> <p>The video Getting Help in Neighbourhoods was shared describing the offer and the successful applicants to the round 1 local fund including Falcon Support services, The Community Hub, the Adhar Project, the Shama Women’s Centre and Without Walls Christian Fellowship.</p> <p>Mark Powell commented that it was great that we are exploring and implementing these extra initiatives by building capacity in the community</p>

	<p>Ruth Marchington agreed that the community and voluntary sector involvement is fantastic and can form a big part of reducing acute interventions. Ruth Marchington asked if there will be an evaluation of how this work is reducing demand on other services, considering value based care? Fiona Myers confirmed that this evaluation will be fundamental, it will be key to understand how the investment improves outcomes and increases investment. It will be important to have a consistency of offer reflective of neighbourhood needs.</p> <p>Kevin Paterson suggested the opportunity to link with local universities should be explored and Fiona Myers agreed this was important and that it would be important to be creative and work closely to develop programmes.</p> <p>Moira Ingham commented that the community groups are wide and diverse and asked if we were confident that we have the appropriate links back to primary care. Fiona Myers confirmed that this was an evolving process and that mental health facilitators will focus on this area of work.</p> <p>Action: Report on Progress of the Step Up to Great Mental Health Implementation Plan to be brought to the 27th September Trust Board.</p>
TB/22/104	<p>LPT Response to Healthwatch paper: Accessing mental health services during crisis – Paper Gi</p> <p>Fiona Myers presented the report responding to the May 2021 report confirming that the response was delayed due to the Step Up to Great Mental Health public consultation. The sample size was small and therefore has its limitations. The recommendations have been captured within the consultation process and it remains an important focus to ensure that people know how to access help in their local areas. The Central Access Point (CAP) is now in place providing a clear pathway and a shared care record approach is currently being developed. The findings around localised support in neighbourhoods have been captured and the Board is asked to note and support the actions being progressed.</p> <p>Mark Powell asked if the response has been fed back to Healthwatch and Fiona Myers confirmed that engagement continues with Healthwatch and the Health and Wellbeing Boards. Mark Powell asked how the accessibility for service users with hearing difficulties is being addressed and Fiona Myers confirmed that addressing inequalities is intrinsic within the consultation.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/105	<p>LPT response to Healthwatch paper: Male Suicide - Turning the Tide: raising awareness to reduce death by suicide – Paper Gii</p> <p>Fiona Myers presented the report published February 2022. There are 13 recommendations within the report. Leicestershire Partnership NHS Trust is an active partner across Leicester Leicestershire and Rutland (LLR) and is a part of the suicide Audit and Prevention Group. It is key to understand the needs of this group and to raise awareness of the impacts of male suicide. The report found a lack of knowledge, a reluctance to access services and a lack of support in groups with learning difficulties in relation to self-harm. A NICE consultation is ongoing, and a pathway will be developed once the results of this consultation are known. There is work to do around raising awareness and supporting signposting across neighbourhoods and we are working collaboratively and with Public Health colleagues on this. Avinash Hiremath commented that the system wide group are working on a plan with clear priorities to increase awareness and information. In respect of governance across the system, each case is notified, has a rapid review and learning within a week and trends are mapped. Two quality summits have taken place focusing on the Central Access Point and the Crisis Service. We are connected to other system partners such as the Police, the Railways, Car Parks and Public Health and are part of the national Zero Tolerance Suicide Network.</p> <p>Faisal Hussain asked if the data gives an accurate picture of what improvements are we making in our data collection particularly around protected characteristics. Fiona Myers</p>

	<p>confirmed that organisations have historically worked in silos and work is ongoing to bring all data together as a system.</p> <p>Ruth Marchington commented that it is good that veterans’ needs are being addressed but that accurate data will be required for identification. Ruth Marchington asked if the views of experts by experience will be included moving forward and Fiona Myers responded that views of people are key to shaping and framing support.</p> <p>Resolved: The Trust Board received the report for assurance and noted the suggested actions.</p>
TB/22/106	<p>Step Up to Great Q1 Progress Report – Paper H</p> <p>Alison Gilmour presented the quarter 1 report noting that SMART objectives, deliverables and key milestone dates will be contained in the quarter 2 report. This work is monitored by the Transformation Committee. Mark Powell agreed that the quarter 2 report would be clearer and tie in with the ORR.</p> <p>Moira Ingham suggested that the Quality Improvement approach could support this work and Mark Powell confirmed that this work is going on in the background trustwide and examples of this will be detailed in future reporting. Sam Leak added that in the Community Health Services directorate Step Up to Great forums have been held to evidence the progress.</p> <p>Faisal Hussain commented that it would be useful to understand if any of the key deliverables go off plan and Ruth Marchington commented that equality and leadership outcomes against the objectives would be useful.</p> <p>Resolved: The Trust Board received the report and supported the progress.</p>
TB/22/107	<p>Clinical Plan – Paper I</p> <p>Avinash Hiremath presented the clinical plan which has been coproduced and codesigned and compliments the Step Up To Great Strategy. This has previously been considered by the Board in detail at development sessions. This clinical approach is based on the central concept of value based health care considering quality improvement, transformation access to services and patient safety. The appendix shows the details of the plan which has local ownership and locally led interventions. The plan also has executive level ownership. The next steps are to develop frameworks, scope projects, test concepts and roll out.</p> <p>Hetal Parmar asked what the success factors were, and Avinash Hiremath explained that two basic outcomes are expected on this clinical pathway – good quality clinical outcomes and a good financial outcome. The value based plan eliminates unnecessary interventions that do not add value to the patient pathway. Evidence of outcomes will be gathered across the 3 directorates.</p> <p>Resolved: The Trust Board approved the clinical plan and requested an update is brought back to Board in due course.</p>
TB/22/108	<p>Research and Development Plan – Paper J – This paper was deferred to a future Trust Board session.</p>
TB/22/109	<p>Group Highlight Report 5th July 2022 – Paper K</p> <p>Kate Dyer presented the report confirming a review of the effectiveness of the joint working group was being undertaken as part of the routine work. As part of this exercise the Memorandum Of Understanding will be considered and an update will be given in the next report to Board.</p> <p>Resolved: The Trust Board received and approved the report.</p>
TB/22/110	<p>Quality Assurance Committee (QAC) Highlight Report – 28th June 2022 – Paper L</p> <p>Moira Ingham presented the paper confirming that the limited assurance areas included the Safeguarding Q4 Report where the national requirements for training have led to delays in LPT safeguarding training. There was low assurance and low compliance for the Mental Health Act Report with issues around the census data and the Legislative Committee Highlight Report with SystemOne issues and a review of the Legislative Committee is ongoing. Within the Quality Forum Highlight Report received by QAC there were a number</p>

	<p>of low assurance areas where further evidence of progress is required. The Board are to note that this highlight report will be presented to the LLR System Quality and Safety Committee supporting a wider system connection.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/111	<p>Care Quality Commission (CQC) Update Including Registration – Paper M</p> <p>Anne Scott presented the paper confirming that all must do actions from last year’s report have now been completed and the dormitory plan is on track. The CQC report of the system wide urgent and emergency care noted many aspects of good practice and a further should do action has been added to the plan due to this. Individual wards have received Mental Health Act inspection reports and actions. The provider collaborative visit to the Langley Ward results are awaited.</p> <p>Resolved: The Trust Board received the report for assurance around the current position.</p>
TB/22/112	<p>Ockenden Report – Paper N</p> <p>Anne Scott presented the paper as an update and to provide assurance on our response to review and identify transferable actions and learning.</p> <p>Hetal Parmar asked what the outcome will be if all actions are completed and Anne Scott confirmed that the overarching outcome and philosophy would be to enable and share learning, this is managed at the Learning Lessons Exchange Group forum. Mark Powell added that there are significant transferable issues for the whole of healthcare and the learning process underpinned by safe services is one of the key outcomes.</p> <p>Resolved: The Trust Board received the report for assurance on learning and actions.</p>
TB/22/113	<p>Safe Staffing Monthly Reports – Paper s Oi & Oii</p> <p>Anne Scott presented the paper confirming that the latest report shows a reduction in temporary worker utilisation and agency use overall. A Trustwide group has been set up to strengthen the process around agency use. Key areas to note in the report are Basic Life Support (BLS) and Immediate Life Support (ILS) training where substantive staff rates are improving but for bank staff remain low. Staff are being deployed productively across services but there remains a level of concern around staffing risks in some services – these are being reviewed and risk managed. Staffing levels have not impacted on patient harm. Ruth Marchington asked about the safeguarding risk due to the reduced offers with Healthy Together, looked after children and The Diana Service and if this will be reflected in the ORR. Anne Scott confirmed that this is being managed at service level currently.</p> <p>The Chair noted that some wards are using more agency than bank staff and the trust vacancy rate is 14% which is high. Sarah Willis confirmed that a deep dive was undertaken by the Strategic Workforce Committee and due to increased establishment (250 Full Time Equivalent) the vacancy rate has increased – once this is removed the normalized vacancy rate is 10%.</p> <p>Mark Powell confirmed that the strategic risks associated with safe staffing and workforce are linked but are also separate and once the ORR has been considered in more depth over the next 4-8 weeks the risk levels may change. This separation of issues will be clearer moving forward.</p> <p>The Chair asked if the trends around the nurse sensitive indicators are being tracked at a more granular level for each ward and Anne Scott confirmed that this was being carried out at safe staffing huddles and at committees and groups that consider staffing. This includes looking at areas that use more agency and cannot secure bank.</p> <p>Resolved: The Trust Board received the report for assurance on the current position and on actions taken.</p>
TB/22/114	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper P</p> <p>Anne Scott presented the paper confirming that this work concentrates on aligning with the new national patient strategy. The next report will include a summary of each example of learning. Investigation timescales remain a challenge and improvement actions are in place, a risk is on the ORR and the Incident Oversight Group supports this work. The national</p>

	<p>implementation of the new strategy has been delayed but LPT have begun to implement the foundations. The directorate of mental health are piloting a process of identifying themes and this will be shared once completed. Other issues detailed in the report include ongoing incident analysis looking at falls reduction; body worn camera trials and the learning from deaths backlog of reviews.</p> <p>Ruth Marchington asked if “interventions” mapping on SPC charts will be used as we move forwards as it is difficult to see the impact of action taken without this and Anne Scott confirmed that this was the intention.</p> <p>Fiona Myers confirmed that within the directorate of mental health a revised process of review was being used, the learning is being discussed, the management team have a deep dive each month and the senior leadership team are sighted on the learning. The significant workforce challenges (vacancies) are preventing the quick close down of incidents but there is a clear trajectory in place.</p> <p>Helen Thompson confirmed a backlog remains in Families Young People and Children’s services, the focus is on closing down incidents but due the number of actions and the focus on having robust evidence this has led to outstanding action plans. Learning is shared at weekly directorate management meetings and the process is strong.</p> <p>Faisal Hussain commented that there was a reduction in violence and aggression and has the body worn cameras had an impact on this. Anne Scott confirmed that a group was looking at this and learning and evidence from other organisations is also being considered.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/115	<p>Infection Prevention and Control (IPC) 6 Monthly Report – Paper Q</p> <p>Anne Scott presented the report to provide assurance that robust and effective IPC process are in place. The report shows compliance with the statutory guidance and details the impact of covid, covid and nosocomial outbreaks and the learning in relation to these. The report contains a podiatry decontamination update. Monkey Pox is now a health emergency of international concerns. The IPC board assurance framework has had 2 updates since December 2021 and all actions on this are now complete and closed.</p> <p>Faisal Hussain asked if considering the number of old buildings within the LPT estate , is the Estates Plan aligned with meeting the IPC guidelines. .Anne Scott confirmed that they were aligned and the teams work closely together.</p> <p>Alexander Carpenter asked if the staff covid vaccination plan is in place and Anne Scott confirmed that there is a lead nurse for the covid and flu vaccinations. The Chair asked if all recruitment issues for the IPC team were now in hand in this specialist area and Anne Scott confirmed they were.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/116	<p>Privacy and Dignity and Single Sex Accommodation Annual Declaration 2021-22 – Paper R</p> <p>Anne Scott presented the summary of the Trust position for 2021-22. There was 1 justified breach which was in line with national guidance where an older married couple shared a room – the risks were mitigated in this case. The Chair asked about the transgender policy work, Anne Scott advised that itis ongoing and the policy has been through the Equality Diversity and Inclusion group and will be ready for publication shortly.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/117	<p>Ligature Risks Annual Report 2021-22 – Paper S</p> <p>Avinash Hiremath presented the report confirming that 3 areas of ligature risks have been identified for capital expenditure and are being monitored through the Ligature Group. Non-fixed ligature risks are being addressed as a key priority as part of quality improvement work.</p> <p>The Chair asked about the compliance position on doors on the estate and Anne Scott confirmed that a replacement plan was ongoing and the compliance rate would be reported as an action at the next Board.</p> <p>Action: Report the compliance position on doors across the LPT estate at the next Trust</p>

	<p>Board meeting.</p> <p>Resolved: The Trust Board received the paper for assurance</p>
TB/22/118	<p>Guardian of Safe Working Hours Annual Report 2021-22 – Paper T</p> <p>Avinash Hiremath presented the report which details the Trust’s compliance with junior doctors’ mandatory rest and working hours. There were 27 exceptions in the year where the stipulation of the mandatory rest period was not met and of these 27, 15 were trainees new to the process and had included the 10 minutes handover period in their returns. Learning has been fed into their supervision session. The exceptions are a small number considering the approximately 1900 on call sessions annually across the 3 rotas.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/119	<p>Freedom To Speak Up (FTSU) Guardian Annual Review 2021-22 – Paper U</p> <p>Pauline Lewitt presented the paper confirming that the upward trend in the staff survey questions indicate that speaking up is becoming embedded within the organisation with LPT having a good speak up culture. Time has been spent working with leads across the Trust to underpin and embed the speak up messages. Benchmarking has taken place using the model hospital system supported by NHSEngland to assure that we can accurately assess ourselves across our peer group. The Board were made aware that training in FTSU “follow up” is available to all including senior managers. Mark Powell advised that recruitment to support the FTSU agenda has taken place and a new FTSU guardian will begin working alongside Pauline in August. The Board self-assessment tool for FTSU has been replaced by a reflect tool and this will be used in Quarter 4.</p> <p>Ruth Marchington, (the Senior Independent Director for LPT) commented that she has had ongoing informative conversations with Pauline Lewitt and the agenda is wider than the formal processes of speaking up and leadership behaviours and it’s important to remember the impact of speak up, listen up and follow up in all that we do.</p> <p>Resolved: The Trust Board received the report for assurance and awareness of trends and themes.</p>
TB/22/120	<p>Finance and Performance Committee Highlight Report – 28th June 2022 – Paper V</p> <p>Faisal Hussain presented the paper confirming that the low assurance detailed for the month 2 finance report has been superseded by the month 3 finance report. The medium assurance was due to a mixed picture and the discussions around data and narrative in the performance management framework. Medium assurance was also given for the improving access item where it was recognised that the plan trajectories were set pre pandemic and these are being reviewed post pandemic.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/121	<p>Finance Monthly Report – Month 3 – Paper W</p> <p>Sharon Murphy presented the report confirming a £1.2m deficit in month 3. The overspend has been offset by an underspend in hosted, estates and enabling and £750,000 of non-recurrent funds have been used to balance this month 3 picture. This report is the first to include a forecast and a best endeavours break even plan is still being predicted. However, there are significant risks materialising and the scenarios are laid out in the appendix to the report. There have been a number of escalation meetings with service directorates to review run rates, explore causes and discuss actions for recovery plans which will be presented to the Finance and Performance Committee in August. Since the report was written the staff pay award has been announced which will have an impact on the budget. There will be additional controls for agency usage from NHSEngland (NHSE) from 1st September including a system wide ceiling and the reintroduction of the price cap. NHSE will be providing toolkits to support Trusts. This will form part of the system oversight framework.</p> <p>The Chair noted the high agency costs and projections reiterating that this must be tackled. Ruth Marchington commented that we were only on track due to the way the figures have been planned and therefore there is not assurance in this moving forward, it will be</p>

	<p>interesting to see what the Trust recovery plan says – will there be enough time in the second half of the year to fulfil the recovery plan? Sharon Murphy confirmed that as we were only in month 3, this has been identified early and there is still time to ensure actions are enough and monitor delivery. Some of the ongoing reduction plans are anecdotally showing improvements and this should be evident by the end of month 4 with the key being the robustness of the mental health recovery plan.</p> <p>Ruth Marchington asked how the system challenges are and Sharon Murphy confirmed that the Integrated Care Board (ICB) has a new set of accounts following the closure of the Clinical Commissioning Groups and the ICB Transformation & Assurance Group will monitor emerging risks. The system risk/gain share agreement will be brought to Board for awareness at the next Board development meeting.</p> <p>Fiona Myers confirmed that the detail across finances is being scrutinised with the mental health directorate, with patient safety being paramount. The option of using staff differently is being considered.</p> <p>Hetal Parmar asked what the efficiency savings year end prediction was as this was currently showing as red, and Sharon Murphy explained that this is at a lower level for months 3 & 4 as the schemes take time to materialise. Whilst the agency reduction scheme figures are going in the wrong direction there are workstreams in place to target agency.</p> <p>Alexander Carpenter commented that the system risk share agreement is crucial and LPT needs to focus on the risks that may take us further off plan.</p> <p>Mark Powell commented that the executive team are concerned about the current agency position, and this is at the top of the agenda with the context of patient safety at its core. Consideration of its escalation to the ORR is ongoing in order to give visibility and focussed attention. A further update will be given to the Finance and Performance Committee on 30th August with a verbal position update at the Board Development session on 23rd August.</p> <p>Action: The risk/gain share agreement to be brought to Board for awareness at the next Board development meeting on 23rd August 2022.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/122	<p>Standing Orders, Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SORD) – Paper X</p> <p>Sharon Murphy presented the paper which has been approved by the Audit and Assurance Committee.</p> <p>Resolved: The Trust Board received the report for information.</p>
TB/22/123	<p>Performance Report – Month 3 – Paper Y</p> <p>Sharon Murphy presented the report confirming that the issue around local and national data (72 hours follow up) has now been resolved. The report includes a system oversight framework rating which has improved from segment 3 to segment 2 which demonstrates the progress LPT is making. The CQUIN targets will feature quarterly in this report. The Operational Executive Board has reviewed action plans and improvement trajectories following performance reviews in line with procedure. The monthly reviews have begun again this week and have a focus on trajectory improvement. There is ongoing consideration around meeting formats to reduce duplication, improve output and frame assurance to the Board. Sarah Willis added that the workforce data around vacancy rate prompted a deep dive and the 14.3% vacancy figure is due to establishment changes as outlined earlier. Agency reduction and workforce plans will be presented to the Finance and Performance Committee next month and include controls, rostering and director authorisation. Conversations around the health and wellbeing of staff and staff sickness absence are ongoing.. Mandatory training and appraisal rates have improved. Concerns remain around the ILS & BLS training, this is on the ORR and weekly deep dives are ongoing with more focussed work on junior doctor, bank and enabling compliance. Clinical Supervision rates are also improving and focused work to support this is ongoing.</p>

	<p>Alexander Carpenter commented that the cost of sickness and absence is stark, and that wellbeing is key considering the cost of living impacts on staff. Sarah Willis confirmed that health and wellbeing including financial health and wellbeing is receiving considerable attention with enhanced mileage rates and supportive referrals.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/124	<p>Charitable Funds Committee Highlight Report – 6th June 2022 – Paper Z</p> <p>Cathy Ellis presented the report confirming that the area of amber assurance relates to the running costs compared to the income received and there are actions to review this including working differently, road shows and signage to increase visibility of the charity.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/125	<p>Audit and Assurance Committee Highlight Report – 10th June 2022 – Paper AAA</p> <p>Hetal Parmar presented the report confirming that with regards to the medium assurance area the CEO waiver process is being reviewed but they are confident the current process is being followed. He was pleased to report the 99% follow up rate of internal audit actions.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/126	<p>Review of risk – any further risks as a result of board discussion – verbal</p> <p>Highlighted throughout the meeting were staffing pressures and 2022/23 financial trajectory. These are being monitored closely and updates will be fed back through committees and reported up to Board.</p>
TB/22/127	<p>Any other urgent business – verbal</p> <p>No other business raised</p>
TB/22/128	<p>Papers/updates not received in line with the work plan – verbal</p> <p>All papers received; one paper deferred.</p>
TB/22/129	<p>Public questions on agenda items – verbal</p> <p>No questions received.</p>
<p>Date of next public meeting: 27th September 2022</p>	