

Minutes of the Public Meeting of the Trust Board
27th September 2022 - Microsoft Teams Live Stream
Present:

Faisal Hussain Non-Executive Director/Deputy Chair (Chairing)
 Ruth Marchington Non-Executive Director
 Moira 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 Anne Scott Director of Nursing AHPs and Quality

In Attendance:

Sam Leak Director of Community Health Services
 Helen Thompson Director Families, Young People & Children Services & Learning Disability Services
 Sarah Willis Director of Human Resources & Organisational Development
 Chris Oakes Director of Governance and Risk
 David Williams Director of Strategy and Partnerships
 Paul Sheldon Chief Finance Officer
 Girish Kunigiri Acting Medical Director
 Helen Perfect Deputy Director of DMH
 James Mullins Interim Joint Director of Patient Safety (observing)
 Kate Dyer Deputy Director of Governance and Risk & Trust Secretary
 Kay Rippin Corporate Affairs Manager (Minutes)

TB/22/130	<p>Apologies for absence: Angela Hillery Chief Executive, Cathy Ellis Chair, Dr Avinash Hiremath Medical Director, Fiona Myers Interim Director of Mental Health</p> <p>Welcome to meeting: Girish Kunigiri Acting Medical Director, Helen Perfect Deputy Director of DMH, James Mullins Interim Joint Director of Patient Safety (observing).</p> <p>The Trust Board Members – Paper A</p>
TB/22/131	<p>Patient Voice Film – Community Health Services – Virtual Wards</p> <p>A video produced for ITV news was shared documenting the benefits delivered by the virtual wards across Leicester, Leicestershire & Rutland (LLR) preventing hospital admissions & supporting early discharge.</p>
TB/22/132	<p>Staff Voice – Community Health Services – Virtual Wards</p> <p>Alex Woodward – Operational and transformation lead Caroline Wears – Heart Failure Team Lead Jackie Chown – Heart Failure Nurse Mani Moodley – Respiratory Physio Aleesha Karia – Cardio-respiratory HCA Alison Shaw – Cardio-respiratory Lead Helen Brightmore – Cardio-respiratory Lead</p> <p>The team introduced themselves and described the service provision – providing services out of hospitals and in the patients’ homes where appropriate – and their roles within the team. The team were committed and excited by the transformational benefits the initiative was already delivering for patients in Leicester, Leicestershire and Rutland. The team were</p>

	<p>asked what their biggest current challenges are and these were described as the fast paced change in ways of working and the need to ensure that all staff are aware that these are enhancements to the service to improve patient care. Regular multi-disciplinary team meetings are held and support and training is offered to staff around digital health. Clinical engagement is strong and referrals take place between nurses in acute and community teams and with patient centred discussions are also key – collaboration ensures that the teams are integrated. These collaborations also link in with local authority and social care colleagues as required. Digital equipment and coaching is offered to patients on virtual wards & non digital solutions are available to those who struggle to ensure equitable access. All patients are supported through ongoing support from clinicians and the helpline number. Feedback from services users is used and early feedback on education materials informed the development of further literature to support self-management. The technology behind the wards was described as a small part of the process with the clinician being key, as in any ward.</p>
TB/22/133	<p>Declarations of Interest Report – Paper B</p> <p>Chris Oakes presented the paper confirming that additional declarations to be added to the register are Sharon Murphy, Cathy Ellis & Faisal Hussain are Trustees of Raising Health and Faisal Hussain is a member of the Seacole Group. These will be added to the declaration register and be present in the next report.</p> <p>Action: Declarations Register to be updated to reflect the above.</p> <p>Resolved: The Board accepted the report for information.</p>
TB/22/134	<p>Minutes of the Previous Public Meeting: 26th July 2022 – Paper C</p> <p>Resolved: The minutes were approved as an accurate record of the meeting</p>
TB/22/135	<p>Matters Arising – Paper D</p> <p>Resolved: The matters arising were agreed as complete</p>
TB/22/136	<p>Chair’s Report – Paper E</p> <p>Faisal Hussain presented the paper confirming that the recent AGM held virtually on 5th September had over 100 attendees. Health & Wellbeing Roadshows, FTSUG, Equality team and Raising Health have been on LPT sites and were successful. A joint ICS strategic development workshop for Chairs and NEDs from UHL, LPT and the ICS met and considered system working and strategy development.</p> <p>Resolved: The Board accepted the report for information.</p>
TB/22/137	<p>Chief Executive’s Report – Paper F</p> <p>Mark Powell presented the paper confirming that winter preparedness response both as LPT and as the system has 8 objectives around creating capacity. LPT’s Winter Planning Group is led by Sam Leak. There have been recent nominations for awards for services including Chat Autism and Chat Health and the Veteran Aware Programme has received reaccreditation. The first cohort of international nurses have now graduated and plans are underway for further recruitment. The NHSE segment rating for LPT has improved moving from 3 to 2 which is very positive and means that LPT are no longer assessed as requiring significant support.</p> <p>Resolved: The Board received the report for information.</p>
TB/22/138	<p>Organisational Risk Register – Paper G</p> <p>Chris Oakes presented the paper confirming that the Board were to note the approved risk closures that have been undertaken and the new risks for approval today.</p> <p>Ruth Marchington asked if risk 86 included the issues around Community Mental Health Teams patients & review of harm raised at level 1 committee meetings and Helen Perfect confirmed that reviews were taking place of all caseloads across community mental health and the risk stratification process is considering harm minimisation as an integral part of this quality improvement process. Mark Powell confirmed that the paper reflects recent discussions regarding risks and aligns to the plans in place to address these risks.</p> <p>Hetal Parmar asked about evidence of outcomes with regards to the closure of risk 58 and</p>

	<p>Anne Scott confirmed that there had been no risk identified in terms of outcomes and ongoing monitoring will continue through safeguarding reports and committees, with the potential to develop a new risk if required.</p> <p>Resolved: The Trust Board approved risk 86 & the closure of risks 58, 77 and 82.</p>
TB/22/139	<p>Fit and Proper Person Requirement Annual Declaration – Paper H</p> <p>Sarah Willis presented the paper which is the annual declaration confirming that all signed declarations and online checks have been received.</p> <p>Resolved: The Trust Board received the paper and approved the position.</p>
TB/22/140	<p>Documents Signed Under Seal Quarter 1 Report – Paper I</p> <p>Chris Oakes presented the paper confirming that it was for information and was taken as read.</p> <p>Resolved: The Board received the report for information.</p>
TB/22/141	<p>Level 1 Committees Annual Reports – Paper J</p> <p>Chris Oakes presented the paper confirming that the reviews had been approved by the level 1 committees and all committees had performed well and had actions to take forward to support their development into next year. Mark Powell added that as the committees evolve there will be an increased focus on strategic oversight.</p> <p>Resolved: The Trust Board approved and signed off the Level 1 Committees Annual Reports</p>
TB/22/142	<p>Trust Board Meeting Dates 2023 – Paper K</p> <p>Chris Oakes presented the paper confirming that the dates had been set and were here for information.</p> <p>Resolved: The Board received the report for information.</p>
TB/22/143	<p>Service Presentation – Community Health Service – Virtual Wards</p> <p>The PowerPoint included in the Board papers pack was shared by the team. The team confirmed that the future for LLR included embedding virtual wards. There is a plan to increase virtual ward beds across all specialities and to have approximately 280 beds by October 2022. Plans are to mobilise further beds to have 500 virtual ward beds across all specialities by October 2023. With the bed days saved from the virtual wards they are expected to release 138 acute hospital beds. A full review and ongoing analysis of the existing proposed virtual wards and their effectiveness is planned and will be reported back through the governance route.</p> <p>Girish Kunigiri noted that there was a cultural change for clinicians to think virtual ward as default and asked if there would be a mechanism for healthcare workers to refer direct to avoid A&E presentations. Alex Woodward confirmed that these plans were being considered along with supporting a culture shift for acute care colleagues and that a step down model is being used currently – but in the future step up models could have direct referral options.</p> <p>Ruth Marchington asked if the money used to fund the initiative is permanent and asked if ongoing data collection would support a future business case. Alex Woodward confirmed that there is a 2 year funding programme with the second year having 50% match funding by the system. Data collected and regularly submitted shows impacts and will contribute towards an Outline Business Case next year. Ruth Marchington asked if any risks in the service were out of tolerance and Alex Woodward confirmed that the biggest risk was workforce, there are 75 Whole Time Equivalent staff linked to this service.</p> <p>Moira Ingham asked what provision has been put in place for benchmarking and shared learning and Alex Woodward confirmed that NHSE offer good support and sharing of information and best practice regularly takes place. The NHS Futures website is used as a forum for connecting people.</p> <p>Alexander Carpenter asked how the evidence and outcomes are being used as a narrative to bring staff and patients on board and Alex Woodward confirmed that this is used as the patient story has been shown to have the best impact for culture change.</p>
TB/22/144	<p>Step Up To Great Strategy Progress Report – Paper L</p>

	<p>David Williams presented the paper confirming that the Q1 report shared initial progress and this is a further update. The CQC actions are now complete; change leaders recruitment across LPT continues and work remains on track for May 2023.</p> <p>Ruth Marchington asked if the next report could include more data against outcomes. David Williams confirmed that this is being considered and it is key to avoid duplication.</p> <p>Faisal Hussain asked for an update on the unresolved risk around the Healthy Together mobilisation and David Williams confirmed that work is ongoing with the Integrated Care Board around this and LPT are employing additional staff so the risk is reducing.</p> <p>Resolved: The Trust Board received the report and supported the progress and implementation.</p>
TB/22/145	<p>Directorate of Mental Health - Step Up to Great Mental Health (SUTG MH) Implementation Plan – Update Report – Paper M</p> <p>John Edwards presented the paper confirming that the SUTG MH brand is evolving and work with partners has led to a rebrand ‘Better Mental Health For All’ which demonstrates unity for the wider system and is more identifiable with everyone. A further update is being presented to the Health Overview & Scrutiny Committee in November. Work continues with wider partners and a 1st collaboration network event with over 100 partners attending is being held on 28th September. The paper details the progress against the implementation of the consultation process including the opening of more than 11 crisis cafes and the Getting Help In Neighbourhoods initiative supporting strengthening resources which are localized and built around local populations. The recent ‘Decider Skills Programme’, a programme of psychologically informed work developing skills to support identifying needs and supporting people in every contact we have has received great feedback.</p> <p>Girish Kunigiri asked how this work links into the community mental health teams and John Edwards confirmed that clinical and directorate leaders are moving towards neighbourhood working as the 1st priority of the transformational steps and the casework reviews are helping to shape the design of the neighbourhood work.</p> <p>Mark Powell commented that the connection between this work and LPT’s strategic risks both medium and long term and the benefits of collaborative work in relation to our ambitions and strategy should be explored further at the next Trust Board.</p> <p>Resolved: The Trust Board received the report and supported the progress.</p>
TB/22/146	<p>Committees In Common Group Highlight Report – Paper N</p> <p>Chris Oakes presented the paper confirming that it was a joint report of the committees in common and that the governance arrangements and mobilisation of the joint roles is now complete. An effectiveness review has been undertaken and review of the MOU and these will come back to Trust Board next meeting. There is a Board to Board meeting planned for 2023 to discuss future plans. The Together Against Racism (TAR) programme is going to be broadened out to have a broader equality focus and a workshop is being held on 21st November to plan this initiative.</p> <p>Resolved: The Trust Board received the paper for assurance and approved and supported the plans contained within.</p>
TB/22/147	<p>Quality Assurance Committee Highlight Report – 30th August 2022 – Paper O</p> <p>Moira Ingham presented the paper confirming that extensive and useful discussion took place around the workforce plan with a quality and safety lens applied. QAC will continue to monitor the QI Safeguarding work programme and the Mental Health Act Assurance Group action plan at their meetings.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/148	<p>CQC Progress Report – Paper P</p> <p>Anne Scott presented the paper confirming that it was provided for assurance against the competencies on CQC standards and gave an update on the recent inspections of the mental health liaison service. The action plan illustrates good progress and all work remains on track.</p>

	<p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/149	<p>Safe Staffing Monthly Report – Paper Q</p> <p>Anne Scott presented the paper confirming that the temporary worker utilization rate shows a slight increase during July. The report now includes a section to reflect on nurse sensitive indicators. Basic Life Support & Immediate Life Support training data shows an improvement. Triangulations shows that staffing remains a challenge and the impact of this remains our priority which is why there is a requirement for a high temporary staff utilisation.</p> <p>Mark Powell confirmed that the tracking information in the report is useful and helps to explain the risk split. The shift fill rate table percentage rates calculation method was discussed and will be discussed further outside of this meeting to ensure presentation of numbers reflects accurately when establishments are over 100%.</p> <p>Faisal Hussain asked if the issues around temporary worker access to SystemOne have been resolved and Anne Scott confirmed that this remains on the quality surveillance tracker and IT & clinical staff are working to resolve the issues.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/150	<p>Staffing Capacity and Capability 6 Monthly Report – Paper R</p> <p>Anne Scott presented the paper confirming that recruitment and retention is a key area of focus as the vacancy rate remains high. Recruitment projects continue and agency usage has increased 10% during this period and an agency reduction Quality Improvement plan is being implemented to address this with continued risk monitoring. The recent cohort of international nurses have graduated and LPT has been recognized as an exemplar of best practice in this. A professional nurse advocate programme is underway and the annual establishment review planning has begun. Whilst staffing remains a challenge there continues to be no direct correlation to patient harm or outcomes – this is being monitored closely.</p> <p>Ruth Marchington asked if the actions LPT are taking around staff health and wellbeing are having a positive impact on supporting staff and Sarah Willis confirmed that there continues to be a strong health & wellbeing offer for staff and Sam Leak added that there is a positive feeling amongst staff with listening events taking place across directorates.</p> <p>Mark Powell commented that the change leaders’ initiative is key for ongoing engagement and for supporting the culture of the organisation and noted that the nursing and health visitor vacancy rate of 23% is in part linked to an increase in establishment as LPT grows as an organisation.</p> <p>Girish Kunigiri noted that some effects of temporary staffing may be evidenced at a later date rather than immediately for example continuity of care and the effect of varied practices. Anne Scott noted that the introduction of Schwartz Rounds was an initiative currently being considered to support staff health & wellbeing.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/22/151	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper S</p> <p>Anne Scott presented the paper confirming that the completion of incident action plans is off trajectory but plans are in place to address this across all 3 directorates. Whilst the patient safety strategy has been delayed, the patient safety incident response framework has been released and is being used. There has been a reduction in category 4 pressure ulcers, the desired decrease in patient harm remains unchanged. The reduction in falls continues and there has been a reduction in self harm with the positive and safe approach continuing and the body worn cameras are having a positive effect. The learning lessons exchange approach supports a learning culture and is working well.</p> <p>Faisal Hussain asked if more analysis of the body worn cameras could be provided as the initiative evolves. Faisal Hussain asked if the use of the temporary workforce is a contributory factor of the category 4 pressure ulcers and Anne Scott confirmed that there is no reported correlation. Sam Leak confirmed that a thematic review would take place</p>

	<p>considering benchmarking data and the action plan adapted accordingly. Resolved: The Trust Board received the report for assurance.</p>
TB/22/152	<p>Patient and Carer Experience and Involvement Annual Report – Paper T Anne Scott presented the paper confirming that the report details the work that supports the Step Up To Great strategy. There has been an increase in collaborative work and evidence of lived experience peer workers moving into paid employment. Patients and carers continue to be involved in the work detailed within the report. Hetal Parmar commented that the family & friends deliverables for 2023 could be stronger if they were made more SMART (Specific, Measurable, Achievable, Relevant, Timebound) and Anne Scott confirmed that she would feed this back to the team. Ruth Marchington commented that it was good to see evidence of feedback being used to change service delivery. Resolved: The Trust Board received the report for assurance.</p>
TB/22/153	<p>Patient and Carer Experience Involvement Quarter 1 Report – Paper U Anne Scott presented the paper confirming that there had been a slight increase in complaints attributed to waiting lists and waiting times for assessments however response to complaints was showing an improvement. A new initiative ‘message to matron’ was detailed in the report allowing both staff and patients to provide feedback anonymously. Mark Powell noted the increase in number of complaints in Families Young People and Children’s directorate and this is linked to the increase in numbers of referrals and is subject to formal escalation to the wider system and is on the system risk register being addressed across the LLR system. Anne Scott added that the coding of complaints is being considered as this may be contributing to the issues. Girish Kunigiri noted that 63% of complaints were upheld which is good evidence that we are listening – do we listen and put changes in place – are these different complaints? Anne Scott confirmed that there are some commonalities but that themes are addressed well and we have a strong grip on the issues and next steps. Resolved: The Trust Board received the report for assurance.</p>
TB/22/154	<p>Complaints Annual Report – Paper V Anne Scott presented the paper confirming that there was a 21% increase in all feedback. There is a 27% increased in complaints which is reflective of the national picture and not unexpected. The report contains good examples of improvements made as a direct response to complaints. Resolved: The Trust Board received the report for assurance.</p>
TB/22/155	<p>Safeguarding Annual Report – Paper W Anne Scott presented the paper confirming that the report provided an opportunity for reflection and sharing and provides an update on the work programme. Resolved: The Trust Board received the report for assurance.</p>
TB/22/156	<p>Learning From Deaths Quarter 1 Report – Paper X Girish Kunigiri presented the paper confirming that work around demographic data is ongoing. There has been an improvement in the backlog of reviews and robust mechanisms are in place across directorates to share and support learning to ensure key themes don’t keep arising. Ruth Marchington noted that demographic information is crucial to inequalities work and suggested that there needs to be an executive team discussion regarding mandating the data. Moira Ingham suggested these discussions could be held at system level to support finding digital solutions. Resolved: The Trust Board received the report for assurance.</p>
TB/22/157	<p>Finance and Performance Committee Highlight Report – 30th August 2022 – Paper Y Alexander Carpenter presented the paper confirming that there was no material change to any of the assurance ratings. Low assurance was given to financial performance but it is noted that there is lots of work ongoing to model potential scenarios and the area has a good focus. The strategic workforce plan was given split assurance – high assurance for the plan and medium for the delivery of the plan.</p>

	Resolved: The Trust Board received the report for assurance.
TB/22/158	<p>Finance Monthly Report – Month 5 – Paper Z</p> <p>Sharon Murphy presented the paper confirming that income and expenditure showed a £2.5m deficit, an increase of £616,000 from month 4 meaning that we are currently £983,000 away from the plan. The run rate has decreased £500,000 between months 4 and 5 so is moving in the right direction. A £325,000 underspend across enabling, estates and hosted services has been used to offset. A £6.5m deficit is forecasted and a £750,000 gap still needs to be mitigated. A best endeavours best case scenario is still being formally forecasted. Agency spend was £2.5m in August 2022 which is lower than the average monthly use this year. The Directorate of Mental Health has had a 22% reduction in agency use between months 4 and 5 and Community Health Services a 20% reduction between months 3 and 5. There is, however, a forecasted increase in costs due to a ward opening to support system partnerships across the winter period. Capital spend is slightly above plan in month 5 due to the impact of the virtual wards. Cash & Better Payment Practice Code (BPPC) are delivering to target. The cash balance closing for March 2023 is based on a break even prediction.</p> <p>Ruth Marchington asked at what point in time would we run out of time to recover and Sharon Murphy confirmed that the system were coordinating their financial positions currently. Mark Powell added that within LLR all systems have a statutory duty to break even. LPT’s recovery actions continue as we consider how our position interacts with the wider system. The key is workforce recruitment and retention and this remains our high priority.</p> <p>Resolved: The Trust Board received the report for assurance and noted the plans within.</p>
TB/22/159	<p>Performance Report – Month 5 – Paper AA</p> <p>Sharon Murphy presented the paper confirming that the red rated Commissioning for Quality Innovation (CQUIN) indicators are due to the fact that CQUINS had not started delivery – these should be shown as N/A. The board were asked to note that no financial penalties were being issued on underperforming CQUINS this year. The perinatal access target shows improved performance and is now delivering against the year to date targets. There is anticipated improvement in performance over the next few months with green shoots evident. It was noted that there was no narrative in the 72 hour follow up after discharge rates and Sharon Murphy confirmed that this had been removed as is now being reported nationally. It was noted that the out of area beds are no longer zero and this is due to one patient requiring 5 days of Psychiatric Intensive Care Unit (PICU) as LPT PICU was full.</p> <p>Resolved: The Trust Board received the report for assurance</p>
TB/22/160	<p>Annual Equality Report – WRES and WDES Annual Reports – Paper BB</p> <p>Sarah Willis presented the paper confirming that data from these reports is used to both inform action plans and report to NHSE. Alexander carpenter asked about disclosure rates and Sarah Willis confirmed that information is from the Electronic Staff Record (ESR) data.</p> <p>Resolved: The Trust Board received the reports, endorsing the action plan and approved both reports for publication on the website.</p>
TB/22/161	<p>Review of risk – any further risks as a result of board discussion?</p> <p>Action: Risks 69 (performance management) 75 (waiting lists review) and 81 (financial risk review) – owners of these risks to consider the narrative and list 3 actions being used to address the risks.</p>
TB/22/162	<p>Any other urgent business – no other business was raised. No Public questions were received.</p>
TB/22/163	<p>Papers/updates not received in line with the work plan:</p> <p>Charitable Funds Committee Highlight Report – meeting now October – moved to November Board agenda.</p>
Close - next public meeting: 29th November 2022	

