

**Minutes of the Public Meeting of the Trust Board  
29<sup>th</sup> November 2022 - Microsoft Teams Live Stream****Present:**

Cathy Ellis, Chair  
 Faisal Hussain, Non-Executive Director/Deputy Chair  
 Ruth Marchington, Non-Executive Director  
 Moira Ingham, Non-Executive Director  
 Alexander Carpenter, Non-Executive Director  
 Hetal Parmar, Non-Executive Director  
 Kevin Paterson, Non-Executive Director  
 Angela Hillery, Chief Executive  
 Mark Powell, Managing Director/ Deputy Chief Executive  
 Sharon Murphy, Director of Finance  
 Saquib Muhammad, Acting Medical Director  
 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  
 Tanya Hibbert, Director of Mental Health 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  
 Kate Dyer Deputy Director of Governance and Risk & Trust Secretary  
 Sonja Whelan, Corporate Affairs Department (Minutes)

TB/22/164	Apologies for absence: Dr Avinash Hiremath Welcome: Dr Saquib Muhammad The Trust Board Members – Paper A
TB/22/165	Patient Voice Film - Healthy Together Children’s Services – verbal Healthy Together is LPT’s universal service for children and their families from 0-19 in Leicester City and 0-11 in Leicestershire and Rutland and focuses on early identification of health needs. The film ‘Evie’s story’ was shown which documented access to the health visiting service and the benefits of ChatHealth. Feedback and complaints from other families were included and actions taken to improve were highlighted.
TB/22/166	Staff Voice - Healthy Together Children’s Services – verbal Helen Thompson introduced the team who described their different roles. <ul style="list-style-type: none"> <li>• Colin Cross, Service Group Manager, Looked After Children and Healthy Together</li> <li>• Miriam Johnson, Team Leader – Health Visitor</li> <li>• Debbie Saunders, Healthy Child Programme Nurse (School Nursing)</li> <li>• Deepa Joshi, Business Support</li> <li>• Carla Smith, Healthy Child Programme Practitioner (0-5)</li> </ul> The team introduced themselves and described the service provision as part of their differing roles – developing clinical pathways, facilitating developmental assessments and clinics, delivering targeted areas according to families’ individual needs in order to deliver individualised packages of care, partnership working and quality improvement..

	<p>The team highlighted that universal and specialist clinics had returned to face to face and there was good attendance. There are concerns that the pandemic has set back the development of some children’s readiness for school, but they were pushing public health messages to make lifestyle changes earlier. The team are driving quality improvement and are working closely with the City council to mobilise a section 75 contract for 0-11 in the City. The team learn from serious incidents via learning boards and video stories. The team felt that there was strong support from LPT for staff health and wellbeing. Angela Hillery thanked the team for their excellent work and asked if there was more that could be shared across LPT as an example of their partnership working - partnership working was embedded within the team with referrals to partners as part of the “best start for life” programme and there was good information sharing across all the LPT directorates..</p> <p>Ruth Marchington queried whether those children who had missed their developmental reviews through covid were being picked up elsewhere - the 3 year developmental review was a tool to bridge that gap before school and there was specific follow ups to access families most in need.</p> <p>Moira Ingham asked if there were any developments in connecting with maternity services at UHL as that would be key to supporting those vulnerable families with newborns – it was confirmed that the service did have links with maternity at UHL but would value the support of the Board around the digital/electronic health record link as the midwifery/maternity department worked on a different platform and caused difficulty in sharing information. Anne Scott sighted Board on the mitigations in place to address the clinical risk.</p> <p>The Chair thanked the team for telling their story and for the great work they are doing to support families and children in LLR.</p>
TB/22/167	<p>Declarations of Interest Report – Paper B No further declarations to report. <b>Resolved:</b> The Board accepted the report for information.</p>
TB/22/168	<p>Minutes of the Previous Public Meeting: 27<sup>th</sup> September 2022 – Paper C <b>Resolved:</b> The minutes were approved as an accurate record of the meeting</p>
TB/22/169	<p>Matters Arising – Paper D <b>Resolved:</b> The matters arising were agreed as complete</p>
TB/22/170	<p>Chair’s Report – Paper E The Chair presented the paper thanking all staff who showcased their outstanding work, it was good to hold the event in person and recognise the achievements of staff at the Celebrating Excellence event. Also highlighted the Together against Racism event which both NHFT and LPT Boards had attended and reinforced their commitment to be anti-racist organisations. Two examples were then given of great partnership working with Leicester City Council; the homeless charter and the veteran’s allotment, with particular thanks expressed to the veteran lead Brendan Daly and veteran volunteer Mark Eyres. There is currently a fundraising appeal for Raising Health to provide presents for all inpatients this Christmas - the link is within the paper should anyone wish to donate. <b>Resolved:</b> The Board accepted the report for information.</p>
TB/22/171	<p>Chief Executive’s Report – Paper F Angela Hillery introduced the paper and thanked all staff for going above and beyond to adapt and continue to manage increased service demand as well as thanking those who had completed the staff survey – 51% response rate which was above average. Salient points to note were highlighted as the Autumn position on finance and its implications, the number of awards which had been achieved through staff, in particular Dr Rachel Winter for receiving the Consultant Psychiatric Trainee of the Year Award and the finance team for winning 3 regional HFMA awards. Thanks were then expressed to those who supported the International Men’s Day health and wellbeing events. Finally, in the media recently a focus</p>

	<p>had been on where care had not been acceptable in certain mental health environments; a Quality &amp; Safety Review was being undertaken by James Mullins, joint Director of Patient Safety, in conjunction with Anne Scott to ensure we can be clear about our approach to closed cultures.</p> <p>The Chair mentioned the East Kent maternity report which was referred to in the Chief Executive's report and the key areas that all trusts can learn from. As a result, LPT will be taking a report to our Quality and Assurance Committee in December on the key learnings from that.</p> <p><b>Resolved:</b> The Board received the report for information.</p>
TB/22/172	<p>Organisational Risk Register – Paper G</p> <p>Chris Oakes presented the paper asking the Board to note the risk changes and closures undertaken and the new risks for approval.</p> <p>Risk 88 (closed cultures) – Angela Hillery clarified the reason for this becoming a new risk was to be visible and transparent. We are clear on the actions we are taking in the quality and safety review.</p> <p>Risk 83 (restricted access/use of electronic patient record systems) – Ruth Marchington queried the number of gaps in controls and actions without completion. David Williams confirmed the date for all these actions is February 2023 with the principle that lots of small actions would resolve the problem.</p> <p>Risk 85 (agency use) – Moira Ingham asked if this had been reviewed given it showed green assurance on actions and evidence, but yet the finance report indicated a challenge and spend was not reducing. Sharon Murphy confirmed the risk was green because there was confidence the actions are being taken but at the moment spend reductions were not being seen, hence the finance report being different.</p> <p>The Chair queried three risks which were above the tolerance level. Chris Oakes confirmed that risks are constantly being assessed and reviewed particularly those above tolerance levels (risks 81, 85 and 86).</p> <p><b>Resolved:</b> The Trust Board approved the changes to risk 67, the closure of risks 65 and 78 and approved the new risks 87 and 88.</p>
TB/22/173	<p>Documents Signed under Seal Quarter 2 report – Paper H</p> <p>Chris Oakes presented this report reiterating details within.</p> <p><b>Resolved:</b> The Trust Board received and noted the contents of the report.</p>
TB/22/174	<p>Service Presentation – Healthy Together Children's – Paper I</p> <p>The powerpoint presentation in the Board papers pack was shared by Colin Cross, Service Group Manager for Looked After Children and Healthy Together. He gave an overview of 200,000 children's population, focus on areas of deprivation, national policy driver (best start for life), developing family hubs at neighborhood level, Leicestershire and Rutland contract for 0-11, the transfer of 11+ services and the challenges of "was not brought" being addressed through quality improvements which looked at distance to travel to clinic. He described the new 0-11 offer for families and confirmed that the Leicestershire and Rutland transfer of 11+ services to the council had taken place safely and all staff had been retained in LPT as part of the Healthy Together team. Colin Cross outlined the development of the Single Point of Access which will go live in 2023. He highlighted the City council partnership arrangement under a section 75 agreement where they are working together on a joint specification. This will go out to public consultation in January 2023 and the new service will go live on 1<sup>st</sup> October 2023.</p> <p>Faisal Hussain queried how health inequalities were managed given the differences between the County and City and how well partners are involved - if children are to be given the best start in life, it is about equity of service and following where the greatest need is... Colin responded that demographics expertise was available within his team but also within the Public Health Department at the Local Authority. Public Health have registrars who are always looking for health inequality projects and that resource should be</p>

	<p>used to its maximum.</p> <p>Faisal Hussain also asked how the team implements and understands the different cultures given that we have some of the most diverse communities in the UK within Leicester City and Leicestershire. It was explained that neighborhood working, working with interpreters and understanding the communities and its challenges was how this issue was addressed.</p> <p>Ruth Marchington referred to the performance slide in the presentation and asked whether cohorts of children that were missed completely were being picked up given that some of the Healthy Together teams are flagged as an area of concern in the safer staffing report.</p> <p>Colin reassured the Board that within the standard operating procedure some vulnerability factors had been developed around each of the contacts – a significant review is undertaken of health records for all contacts and if somebody doesn't turn up for an appointment they are always followed up and re-offered another appointment. In addition, letters are interpreted into different languages via a QR code scanner. The new single point of access will enhance our contacts with families.</p> <p>Helen Thompson recognised the cultural intelligence of the team and confirmed that we want to recruit a diverse workforce to reflect our population.</p> <p>The Chair thanked Colin for his presentation, his personal leadership and the achievements of the team.</p>
TB/22/175	<p>Group Model Year 1 Review – Paper J</p> <p>Chris Oakes presented the paper which was an annual update on the effectiveness of the Group Model. Good progress had been achieved within the strategic programmes for year one, with 70% of plans rated as green with all year one objectives delivered. The remaining 30% of plans had partially delivered year one objectives, with one or more ongoing or carried forward into year two.</p> <p>The eight strategic priority programmes remained in place and are in year two of a three-year delivery programme. There are joint roles across both trusts and the Group has been showcased at NHS Providers. The Joint Working Group effectiveness review was seen as positive and the administration has been taken into the corporate governance function moving forward. The Memorandum of Understanding has slight amendments which are shown as track changes in the report.</p> <p>Faisal Hussain felt the LPT/NHFT Board discussions on the <b>Together Against Racism</b> and strategic framework for the Group at the recent joint board workshop was positive and he was looking forward to the outputs from that day.</p> <p>Angela Hillery added that when the group model was introduced it was to embrace opportunities to further realise the benefits of a combined approach to key strategic issues and to support individual organisations to be the best they can be and although we may see increased joint roles, the two organisations will not merge.</p> <p><b>Resolved:</b> The Trust Board approved the report</p>
TB/22/176	<p>LPT-NHFT CiC Joint Working Group highlight reports – Paper K</p> <p>Chris Oakes presented the paper provides assurance on the progress of the Group model, strategic priorities, governance framework and other work streams.</p> <p><b>Resolved:</b> The Trust Board approved the reports and were assured of progress.</p>
TB/22/177	<p>People Plan 6 Monthly Update - Paper L</p> <p>Sarah Willis presented the paper to update Board on progress made against the planned actions in our People Plan under the four domains; Looking after our people, belonging to the NHS, new ways of working and growing for the future. Engagement continued with staff (staff survey 51% response rate), communications change champions had been recruited, huge amounts of work around health and wellbeing specifically around financial health and wellbeing support being offered. Health and wellbeing roadshows had taken place which ensured offers were reaching frontline services and these would continue into 2023. The People Exemplar programme work will continue until March 2023, this has focused on staff retention and a flexible working employment offer. The workforce and</p>

	<p>Agency Reduction plan had been signed off, the Group work around Together against Racism continues and the 'Our Future Our Way' inclusion programme was re-launched which saw an extra 60 change leaders being recruited. The recent launch event had over 100 attendees. The change leaders are representative of the workforce across the organisation, both clinically and non-clinically, and will be working with us to deliver the People Plan and initiatives.</p> <p>Health &amp; Wellbeing Guardian Update</p> <p>The Chair reported she had engaged in national, regional and trust health and wellbeing calls which enabled connection with other health and wellbeing guardians. We are working to understand staff insight, impact and outcomes of our health and wellbeing offer. The National Health and Wellbeing Framework wheel, included in the report, was being used as our next step in strategic development to create a health and wellbeing culture. The Chair emphasised that this is everyone's business and managers should be role modelling, especially on the basics of a good working day.</p> <p>Faisal Hussain requested, in addition to planned actions and achievements, that future presentations include details on the impact and how it is being measured within the Trust. Also, having attended a recent national conference about diverse interview panels, he queried the value and purpose of those panels not just around race issues but around the broader protected characteristics eg disability and LGBTQ+ and asked what we were doing to ensure they were not just 'tokenistic'. Sarah Willis confirmed that all diverse panel members were recruited and given developmental training but acknowledged the valid point raised and would feedback through the EDI staff networks as this was continuous learning which needed to be taken forward.</p> <p>Angela Hillery asked what success would look like and how, as a Board it would be good to see the data around the work being undertaken in future reports to ensure it is achieving the required results.</p> <p><b>Resolved:</b> The Trust Board received the report and noted progress against actions outlined.</p>
TB/22/178	<p>Quality Assurance Committee Highlight Report – 25<sup>th</sup> October 2022 – Paper M</p> <p>Moira Ingham presented the paper confirming there were a number of areas of medium assurance which had actions in place to deliver. The performance report discussion focused on workforce and associated challenges. Due to the levels of pressure ulcers there would be a deep dive into the action plan in December. Assurance was offered to the Board around the closure of risk 80 (staff unvaccinated against flu) which was guided by the mitigations in place and will be monitored by the CQUIN metric.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/179	<p>CQC Update Including Registration – Paper N</p> <p>Anne Scott presented the paper which provided assurance on the compliance with the CQC fundamental standards, an update following the CQC inspection of the Trust over May/June/July 2021 and the reinspection in February 2022. All must do actions are completed and the dormitory programme remains on track. There have been 9 mental health act inspections and learning boards are in place. There has been a SEND inspection and feedback is awaited. LPT is using a self-assessment quality accreditation model to focus on high standards of care. .</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/180	<p>Safe Staffing Monthly Report (Aug &amp; Sept) – Paper O</p> <p>Anne Scott presented the paper focusing on September as the latest report. Salient points highlighted were:-</p> <ul style="list-style-type: none"> <li>• Temporary worker utilisation rate increased this month; 0.86% reported at 43.35% overall and Trust wide agency usage slightly increased this month by 1.32% to 20.45% overall.</li> </ul>

	<ul style="list-style-type: none"> <li>• In September 2022; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.62% of our inpatient Wards and Units, changes from last month include Welford and Ellistown wards.</li> <li>• Reduction in falls incidents</li> <li>• Increase in number of medication incidents for the community hospital wards</li> <li>• Number of category 2 pressure ulcers developed in our care had decreased</li> <li>• Registered Nurse vacancy position remains at 446.3 WTE (22.8% vacancy rate)</li> <li>• Staffing remained challenging though the people promise exemplar work was focused on retention and we are supporting staff health and wellbeing.</li> </ul> <p>Faisal Hussain queried the evidence to support the statement around that there was no correlation between staffing and incidents - Anne Scott would consider how best to present the evidence in future.</p> <p>Ruth Marchington queried the increase in sickness levels which at 6% was above the trust target of 4.5% as this was a concerning upward trajectory. Anne Scott advised that sickness was being well managed at directorate level and as we are going into winter all the directorates were constantly monitoring sickness absence and proactively addressing.</p> <p>Tanya Hibbert added that in mental health services staff health and wellbeing and sickness is being picked up in supervision discussions. Anxiety is the biggest reason for sickness and the Chair highlighted that the LLR Mental Health Hub is available to all staff for free and confidential support.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance that processes are in place to monitor staffing levels and to mitigate the risk of impact to patient safety and care quality.</p>
TB/22/181	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Quarter 2 Report – Paper P</p> <p>Anne Scott presented the paper which provided an update on the adoption of the new Patient Safety Incident Response Framework (PSIRF) and provided assurance with overall incident management systems and Duty of Candour compliance, processes and lessons learnt. The PSIRF is a new approach to responding to patient safety incidents and will replace the current serious incident framework - implementation across trusts nationally is expected to take about a year. The framework represents a significant shift in the way that the NHS responds to patient safety incidents. Challenges continued with investigation compliance timescales and pressure ulcers; however improvement plans are in place. There was an increase in moderate self-harm incidents for patients in crisis and we are using a Human Factors approach to this. The check and search policy has been reviewed with teams and we are learning from incidents where patients have secreted items. We have trialed body worn cameras and the feedback has been positive from staff so this will be further rolled out.</p> <p>In reference to Bob’s story in the pack, which is helpful to hear and learn from, the Chair wondered whether the film could be shared with Board and with regard the to tissue viability team, the Chair was aware they were starting to undertake more face to face training on pressure ulcers in the community so was hopeful that would have an impact on the challenges being seen.</p> <p>Faisal Hussain asked if there was any best practice around the country which LPT could learn from in respect of pressure ulcers and whether the issue around equipment delays was outside of trust control – Anne Scott confirmed that some of the work being undertaken was to look at other trusts nationally and how they managed their pressure ulcers within the community and explained the national shortage of equipment of the repositioning element of hospital beds and mattresses. Sam Leak added that CHS have conducted a thematic deep dive into the reasons why pressure ulcers had peaked in August at 108 but the trend had now reversed to 75 in October. LPT benchmark on average nationally and she confirmed that there was strong ownership of action plans in CHS&gt; In response to Angela Hillery’s question about involving other clinical leaders, Anne Scott</p>

	<p>confirm that pressure ulcers were a system concern as well as an internal concern and that through the forums which she and the Medical Director sat on, these concerns were being picked up.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/182	<p>Patient and Carer Experience and Involvement Quarter 2 Report – Paper Q</p> <p>Anne Scott presented the paper confirming that thanks to the hard work of staff focusing on management of complaints, Q2 saw a reduction compared to last year. There had been an increase in complaints for FYPC/LD regarding waiting times for assessment appointments for ASD and ADHD within community paediatrics and CAMHS. Complaint management processes had developed a new initiative called ‘message to matron’ where boxes are placed in clinical areas for patients and staff to be able to raise issue anonymously. There was an improvement in how compliments are recorded. The non-binary and transgender policy had been signed off. Finally, congratulations were offered to the Youth Advisory Board Members Leanne and Georgia who were successful winners in the category of excellence in involving patients and service users at the recent Celebrating Excellence Awards.</p> <p>The Chair felt it would be helpful to link the actions in the report to the outcomes / impact so that it is clear how the results of patient feedback and involvement are being measured.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance</p>
TB/22/183	<p>Learning From Deaths Quarter 2 Report – Paper R</p> <p>Saqib Muhammad presented the paper and highlighted the demographic information within the report had not captured the full scope of protected characteristics as well as it should, and it was hoped to be able to improve reporting in coming months and also that CHS no longer have a backlog now the medical examiner system is fully embedded.</p> <p>Faisal Hussain asked, and Saqib Muhammad agreed that the issue around demographic information is taken back into the system. Ruth Marchington asked how deaths were reviewed as part of consultant’s performance to see if there were any patterns emerging. Saqib Muhammed advised that this forms part of every consultants annual appraisal.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/184	<p>Annual Flu Plan – Paper S</p> <p>Anne Scott presented the paper which provided an update on progress on the trust wide flu plan and the offers to facilitate all staff to have the vaccine. Our current performance is now 45% uptake and the communications messages are emphasising the importance of flu jabs as part of our safety first culture.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/185	<p>Finance and Performance Committee Highlight Report – 25<sup>th</sup> October 2022 – Paper T</p> <p>Alexander Carpenter presented the paper confirming no material changes from the paper presented previously and there were no escalations to highlight at this point. Salient points of note – the committee continues to take low assurance around financial performance due to the risk of deficit and mitigating actions - capital Investment is behind plan but assurance was received around the year end outturn forecast. High levels of assurance around emergency preparedness, resilience and response and the EPRR core standards review has now been submitted to NHSE for 2022/23. There continued to be increased pressures in improving access to wait times but significant work was underway to address this. The committee continued to take medium assurance around the ongoing waiting times activity and low levels of assurance for delivery. The CQC action plan from an estates perspective offered high levels of assurance from the work underway.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/186	<p>Finance Monthly Report – Month 7 – Paper U</p> <p>Sharon Murphy presented the paper confirming that income and expenditure was reporting a £2.2m deficit which was £800k away from plan. Month 7 position benefits from £1.7m of income around service development funding, this income was already factored in</p>

	<p>the forecast outturn. The operational position of DMH £3.3m overspend, LD/FYPC/CHS all reporting around £100k overspend and have all decreased their run rates. Enabling/estates and hosted services are all underspending. Pay award impact for LPT is £139k shortfall. The ICB is reporting a £33m gap which all partners working to mitigate. Forecast outturn for LPT is £5.2m deficit. Agency spend is £2.7m in Month7 - forecast outturn for agency £33m, we are continuing to undertake deep dives particularly around DMH to understand the cause of increases and look at solutions. The cost improvement performance is performing well with efficiencies meeting target. Better payment practice code is delivering above 90%. Generating higher interest returns on cash in bank account is supporting the financial position. Capital is an £8m year to date spend excluding leases (41% of budget) and this will accelerate towards the year end to achieve forecast. An extra allocation has been received from the system and this will be used to reverse schemes that had previously been deferred.</p> <p>The Chair welcomed the deep dive into agency in DMH.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance and noted the plans within.</p>
TB/22/187	<p>Performance Report – Month 7 – Paper V</p> <p>Sharon Murphy presented the paper confirming there had been another increase in hospital acquired infections with 37 Covid cases post 15 days. In DMH complete performance there had been improvements in adult community health mental health teams, memory clinics and ADHD. Incomplete improvements in community mental health teams and is stable in memory clinic and ADHD but currently only 0.2% in ADHD. CHS - stroke service improved, continence decreased - both services on target for their improvement trajectories.</p> <p>FYPC – CAMHS Eating Disorder urgent treatment increased, routine has decreased in order to prioritise urgent cases. Children and young people access has decreased although high levels of referrals received.</p> <p>52week wait – positive to see Cognitive Behavioural Therapy performance has decreased around long term waits.</p> <p>All metrics are picked up through the directorate performance reviews which are now part of the executive management board approach. Work progressing around the refresh of the new performance report.</p> <p>The Chair asked about missing data for CQUINS and queried why no national data was available for some of the key measures. Sharon Murphy clarified that CQUIN data hadn't changed since Q1 but this would be included for future and Q2 data will be available next time. National data is within NHSE control and as soon as that was available it would be reported again. Sharon Murphy also confirmed the formatting of the report was being looked to make it more readable.</p> <p>Hetal Parmar asked about the causes for delayed discharges – Sharon Murphy explained this was often due to complex cases where we rely on our partners to find the right package of care. Conversations have been taking place with local authorities about working more effectively and streamlining our flow and discharge processes. LPT is around the national benchmark for length of stay and numbers of beds per 100,000 population. Re-admissions are below the national benchmark.</p> <p>Angela Hillery noted that LPT was in segment 2 for NHSE System Oversight Framework (SOF) rating and we were engaging with system partners on this.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance noting areas for improvement.</p>
TB/22/188	<p>LPT Gender Pay Gap Annual Report 2021/22 – Paper W</p> <p>Sarah Willis presented the paper which detailed benchmarking information across other trusts similar to LPT. Within the report there is an action plan which the Board is being asked to endorse.</p> <p>Faisal Hussain recognised the complexities but asked why have got to a position where the gender pay gap had not been eradicated. Discussion took place over reasons; working</p>



	<p>patterns, male -v- female, women more likely to be in lower pay bands, men more likely to be working as consultants, clinical excellence awards for consultants – these are all key things that affect the figures. It was acknowledged there was more to do including the encouragement of more females to apply for roles where males had higher headcount.. It was noted that the national clinical excellence awards are held for a long period of time and the local awards are part of a national contract and since covid LPT has distributed equally rather than the process of awarding – something which the trust is contractually obliged to do. The last consultant recruited to the trust was female but medical recruitment did remain a challenge.</p> <p>Angela Hillery questioned whether there was enough in the action plan to cover the disparity around admin posts – there was the ‘our future our way’ programme of work to support admin professionals but Sarah Willis would feed back.</p> <p><b>Resolved:</b> The Trust Board received the report and approved for publication.</p>
TB/22/189	<p>Charitable Funds Committee Highlight Report – 26th October 2022 – Paper X (CE)</p> <p>Cathy Ellis presented the paper highlighting one risk around holding all cash funds in one bank account – the finance team have looked into this on a cost vs benefit basis– at this stage it is not proposed to shift cash but instead, to actively manage the risk.</p> <p>The Dementia friendly garden has been completed, staff room upgrades completed, more legacies have been received for St Lukes and Coalville hospital so there is good support from the public and donors. Overall the charity is making a significant difference to our staff health and wellbeing. Angela Hillery recognised the importance of having a dedicated charity for LPT as it directly supported our objectives.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/190	<p>Charitable Funds Annual Accounts 2021/22 – Paper Y (CE)</p> <p>Cathy Ellis presented the report which was required to be presented at Board on an annual basis prior to submission to the Charity Commission.</p> <p><b>Resolved:</b> The Trust Board received the report and approved for submission to the Charity Commission.</p>
TB/22/191	<p>Audit and Assurance Committee Highlight Report 2<sup>nd</sup> September 2022 – Paper Z (Hetal Parmar)</p> <p>Hetal Parmar presented the paper confirming one amber risk around cyber security following the results of an internal simulation exercise . He thanked the Executives for achieving 100% follow up rates on internal audit actions.</p> <p><b>Resolved:</b> The Trust Board received the report for assurance.</p>
TB/22/192	<p>Review of risk – any further risks as a result of board discussion?</p> <p>Highlighted throughout the meeting was agency staffing and staffing pressures and these are being monitored through regular risk reviews</p>
TB/22/193	<p>Any other urgent business</p> <p>No other business was raised.</p>
TB/22/194	<p>Papers/updates not received in line with the work plan:</p> <p>All papers received.</p>
TB/22/195	<p>Public questions on agenda items</p> <p>One question from a PhD student looking for participation in their study and we have pointed them to the normal route for research studies to engage with our staff.</p>
Close - next public meeting: 31 <sup>st</sup> January 2023	