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Minutes of the Public Meeting of the Trust Board
31 January 2023, NSPCC, Gilmour Close, Leicester

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
- Mark Powell, Managing Director/ Deputy Chief Executive
- Sharon Murphy, Director of Finance
- Saqib Muhammad, Interim Medical Director
- Anne Scott, Director of Nursing AHPs and Quality

In Attendance:

- Sam Leak, Director of Community Health Services
- Tanya Hibbert, Director of Mental Health Services
- Mark Roberts, Deputy Director of Families Young People and Children Services and Learning Disabilities and Learning Disability and Autism Collaborative Lead
- 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/23/001	<p>Apologies for absence: Helen Thompson, Angela Hillery</p> <p>Welcome: Mark Roberts</p> <p>Observing: Francesca (Fran) Bolt, Management Trainee Dr Jon Crossley, Associate Director for Psychological Professions Kamy Basra, Associate Director of Communications</p> <p>Shadowing: Amirah Chohan, Health Visitor, City North, Area 5 Bengi O’Reilly, Clinical Quality Manager, NHS LLR ICB</p> <p>Presenting: Olivia McClure, Interim Team Manager, South/East Leics CMHT (Items 2&3) Dr Zarina Anwar, Consultant Psychiatrist (Item 3) John Edwards, Associate Director for MH (Item 11) Pauline Lewitt and Chris Moyo, Freedom to Speak Up Guardians (Item 20)</p> <p>The Trust Board Members – Paper A – introduced members of the Board.</p>
TB/23/002	<p>Patient Voice – Better Mental Health for All - verbal</p> <p>The Chair introduced Olivia McClure and invited her to read out the patient voice story:-</p> <p><i>‘I was initially referred to the community mental health team by my GP in March 2021. At that time I was experiencing symptoms of obsessive compulsive disorder (OCD),</i></p>



	<p><i>predominantly checking behaviours. Following the referral, I had a phone appointment with a member of Doctor Villanova’s team, in which the symptoms I was experiencing were discussed and an assessment carried out. The outcome of the assessment led to a diagnosis of OCD. Subsequently, my medication was reviewed, and I was referred to the community cognitive therapy team. In November 2021, I had a review phone appointment with Doctor Vilanova. The outcome was a planned discharge from mental health services following ERP therapy in approximately six months’ time. Prior to commencing therapy, I received a phone call from a member of the team to discuss my symptoms and the process involved. My therapy started in May 2022 and I was discharged in September 2022. Following this, I had a review with the community mental health team in October 2022 and was discharged from services. This review was carried out by Olivia McClure.</i></p> <p><i>I am very pleased with the care that I received throughout the process, from the initial GP referral, through assessment and therapy, and subsequent discharge. I was extremely impressed with how quickly I was assessed and referred for treatment, as I am aware that the service is currently under a lot of pressure. I was kept informed at all times and felt supported throughout. I was very happy with the nurse led care that was provided throughout the therapy process and my subsequent discharge and did not feel at any time that the care was lacking due to limited direct communication from a Doctor. I do not feel it made a difference that my discharge was carried out by a nurse, as opposed to a Doctor, what mattered was that I was discharged from services in a timely and appropriate manner. Overall, I feel it was a very positive experience and that the decision to discharge from services at that time, rather than prolonging the outcome waiting to be reviewed by a Doctor, was the right one’.</i></p> <p>It was noted that although this particular service user was keen to give feedback and had received a positive experience, not all users had received such a streamlined process but this was the aim going forward. It was also noted that nurse discharge was not an uncommon occurrence.</p> <p>Faisal Hussain articulated the frustration experienced by both staff and service users when our services are not accessible and asked how we are supporting staff to meet the needs of our service users. Olivia McClure responded that the service would always talk to service users who called, being open and honest with service users and reminding them that access was still available.</p> <p>The Chair thanked Olivia for reading this information as the patient wanted to maintain anonymity.</p>
TB/23/003	<p>Staff Voice – Better Mental Health for All – verbal (Slides B)</p> <p>Dr Zarina Anwar and Olivia McClure presented these slides and described the history and context behind the Cedars CMHT caseload review and how all CMHTs had their own challenges, with South Leicestershire covering the largest areas in terms of open patients to consultants. Tools were developed according to patient need, consultants and nursing colleagues were engaged which enabled the caseload review to take place.</p> <p>As a result of the caseload review, net caseload had reduced from 1717-1630 which had been made possible by multi professional robust clinical review and working as one team. A key point of different between this and previous attempts at caseload reviews is</p>



	<p>that the patient is joined up with the resources available in the community ensuring safe discharge back to primary care. There was a marked change in culture in the Cedars CMHT with a much stronger ethos of genuine joint working for the benefit of patients.</p> <p>Faisal Hussain asked how the assurance was in place for not letting patients slip through the net/be discharged too quickly. Dr Anwar responded that the review had identified some patient needs had changed so this was picked up when reviewed and making sure care transferred and other CMHTs were meeting service user needs – close working with admin team was seen as key.</p> <p>Saqib Muhammad acknowledged the hard work which had been undertaken and expressed that often good ideas were borne out of necessity. He suggested further thought be given to recruitment of medical staff as CMHTs were historically seen as places medical staff wouldn't want to work.</p> <p>Sam Leak pondered whether patients being seen also had physical health problems and if so, asked the service to connect with her. This was a great example of what true collaboration can deliver and in terms of marketing, could write this up as a case study to share more widely.</p> <p>The Chair thanked the team for telling their story and for the great work they are doing to benefit patients.</p>
TB/23/004	<p>Declarations of Interest Report – Paper C No further declarations to report. Resolved: The Board accepted the report for information.</p>
TB/23/005	<p>Minutes of Previous Public Meeting: 29 November 2022 – Paper D Resolved: the minutes were approved as an accurate record of the meeting.</p>
TB/23/006	<p>Matters Arising – Paper E Resolved: The matters arising were agreed as complete.</p>
TB/23/007	<p>Chair's Report – Paper F The Chair presented the paper which summarised activities and key events between 29 November 2022 and 31 January 2023 and informed members that the Non Executive Directors enjoyed getting out to talk with staff but also to hear patient stories face to face. Resolved: The Board accepted the report for information.</p>
TB/23/008	<p>Chief Executive's Report – Paper G Mark Powell presented the paper which provided an update on current local issues and national policy developments since the last Trust Board meeting. Those national developments highlighted were mental health services boosted by £150m government funding, winter pressures and planning for 2023/24. Locally, there was positive news around 0-19 children's services and the public engagement around Hinckley Community Health Services. Ruth Marchington welcomed the partnership working with local authorities around the 0-19 programme and how this was a reflection of good partnership working. David Williams reminded colleagues that as members of the public, for both of these consultations for 0-19 and Hinckley we can complete the consultation. Kamy Basra, Associate Director for Communications would get some comms out on this.</p>



	<p>Faisal Hussain advised that on 13th January he had collected the Certificate from ????? (national network of South Asian clinicians in recognition of trust work on cultural inclusivity and TAR) of which LPT had been highlighted and spotlighted.</p> <p>There were various strands of funding which would become clear over the next few weeks and as soon as clarity</p> <p>Alexander Carpenter queried any stipulations to the additional mental health funding. This wasn't clear yet but would be shared as soon as that was the case.</p> <p>Hetal Parmar (HP) queried the new SEND framework as he felt it would be helpful to have more information around that. Mark Powell would provide further information to HP outside of the meeting.</p> <p>Resolved: The Trust Board received the report.</p>
TB/23/009	<p>Organisational Risk Register – Paper H</p> <p>Chris Oakes presented the paper which identified there are four risks where the current risk score is higher than the tolerance level, and the projected residual score will bring the risk in line with appetite. There is one risk (Risk 85 high agency spend) where the residual score (16) is higher than the appetite (9-11). This indicates that further mitigation action will be needed to bring the risk score down within agreed tolerance levels. Wording change to Risk 74</p> <p>Sharon Murphy is going to be co-chair of a group to specifically look at agency reduction and would look at all considerations eg patient safety. This would also be considered as part of the ORR refresh.</p> <p>Alexander Carpenter questioned whether Risk 74 was truly reflective given the current cost of living crisis. Sarah Willis felt it was but was taking to the Strategic Workforce Committee to review.</p> <p>Resolved: The Trust Board was assured by the risk management process and that the ORR continues to reflect the risks relevant to the Trust.</p>
TB/23/010	<p>Proposed changes to Corporate Governance Structure – Paper I</p> <p>Chris Oakes outlined key changes to the governance structure, detailed within the paper. As a result of detailed discussions, five key changes were proposed:-</p> <ol style="list-style-type: none"> 1. To introduce a new level 1 'People and Culture Committee' to be held on the same day as QAC/FPC with a separate Chair whilst ensuring NED cross cover. Proposing that Ruth Marchington Chair this Committee and a draft Terms of Reference is provided in Appendix One. In addition, the Terms of Reference for the Quality Assurance Committee will be revised and reviewed by the Committee in February 2023. The level 2 Workforce Group and Quality Forum will also receive updated Terms of Reference for review and approval at their next meetings to ensure that the relevant items are feeding into the respective committees. 2. Disband the Policy Committee and re-route policies through the parent level 1 committees to promote accountability and oversight following the relevant level 2/3 sign off and consultation. This forms part of a wider policy improvement programme which is underway. 3. Introduce a level 2 Collaboratives Oversight Group to provide assurance to FPC that leadership of ICS Collaboratives and Provider Collaboratives is delivering safe, caring, responsive, effective care and well led services. This will start to feed into FPC from February 2023. 4. Re-instate the Access Committee. A Terms of Reference has been approved by the Executive Management Board and the new Group will meet in February/March 2023.



	<p>5. Renaming of level 1 and 2 groups to emphasise the distinction between assurance committees and delivery groups and the following proposal to rename the Quality Assurance Committee to the Quality and Safety Committee</p> <p>Faisal Hussain welcomed the People and Workforce Culture Committee but on disbanding the Policy Committee would want assurance that information is retained at a strategic and risk based level rather than operational. Chris Oakes responded that if this started to happen, it would be reviewed. Members were supportive of this approach which aligned to ongoing discussions around risk.</p> <p>Resolved: The Trust Board approved the key changes outlined and the Term of Reference for the People and Culture Committee.</p>
TB/23/011	<p>Service Presentation – Better Mental Health for All – Paper J</p> <p>John Edwards introduced himself and gave an overview of the presentation which had been circulated with the board papers pack. Drivers for transformation, achievements to date, progress against public consultation outcomes were all highlighted. Bringing together existing services into neighborhoods ensured services were fit for local populations with different needs according to different areas.</p> <p>Ruth Marchington offered thanks from the Board to all involved as this was a positive journey which was now materializing. In response to Faisal Hussain’s question about peer support worker benefits, John Edwards iterated that there were now 28 peer support workers. The ambition of having 75 had been adjusted to accommodate working practices. There was robust training place.</p> <p>Anne Scott asked re – co–production – how do we make it clearer around co-prod philosophy and how is it being led across the system to transform mental health services. Tools being explored that create more systematic way of care in partnership. Central Access Point and the rapidly increasing demand was queried by Kevin Paterson and what immediate pressures there were on demand. John Edwards stated that the service was working with ICB colleagues in part around re-shoring up. Neighborhoods would start to ease the pressure and there would be a shift of demand.</p> <p>Saqib Muhammad asked to see the impact with interlinked services; the effect of this mental health transformation and how it is changing and as a result what are the outcome numbers.</p> <p>Alexander Carpenter asked in terms of co-production, what feedback mechanism was in place to ensure we are taking on board from staff and members of public. Also, building a narrative around demonstrating achievements and successes may help recruitment. How are we building that narrative to demonstrate some of the success and the journey we are on?</p> <p>John Edwards advised there were various means; working with the voluntary sector is interesting, trust processes to capture information, mechanisms for staff feedback. Narrative being presenting back via a website that was part of the consultation. Website is used to communicate back on progress. Working through how to fund the progression of that website, monthly cycle of shared slides to communicate to staff.</p> <p>Mark Powell asked whether there was some way of stratifying?? health inequalities and</p>



	<p>moving that agenda forward and moving resources forward to address that inequity. John Edwards – we have a needs basis calculator that looks at a range of different factors</p> <p>The Chair thanked John for his presentation,</p>
TB/23/012	<p>Integrated Care System Strategy – Paper K</p> <p>David Williams presented this paper and gave a recap on ICP and how the group develops the strategy for the future of integrated care in LLR. Faisal Hussain asked about the role of the joint strategic needs assessment and how that planned into the overall strategy – David Williams would check.</p> <p>Resolved: The Trust Board received and noted the draft for further development and continued input into that.</p>
TB/23/013	<p>Step Up To Great Strategy Progress Report – Paper L</p> <p>David Williams presented this paper and which summarised how the strategy was doing until the end of Q3 on SUTG with progress ranked and graded. Q4 update would be received at May Trust Board.</p> <p>Hetal Parmar queried special needs and how closely we worked alongside to support those children. Mark Roberts explained there is a new partnership board that is being created to take forward the SEN agenda across LLR. There is strong leadership and area of strength for us and close collaboration with all the Local authorities around that area of work. Well Led and LD being co-led at a regional basis is a developing area bringing the two elements together. Anne Scott added that we had a SEND inspection by Ofsted and CQC last November where significant improvements were found and LPT was not found wanting.</p> <p>Alexander Carpenter said it would be helpful to map the objectives to the actions so we could truly track what we were delivering against. This would then show the thread of how we are progressing against outcomes/objectives.</p> <p>Resolved: The Trust Board noted the engagement of LPT in the development of this strategy and continued to support the development and then implementation of this strategy and the ICB delivery plan.</p>
TB/23/014	<p>LPT/NHFT Group Chairs Highlight Report 10 January 2023 – Paper M</p> <p>Chris Oakes presented the highlight report flagging the second Board to Board workshop as a positive day and highlighted benefits of working together.</p> <p>Resolved: The Trust Board approved the report</p>
TB/23/015	<p>Quality Assurance Committee Highlight Report - 20 December 2022 – Paper N</p> <p>Moira Ingham presented the report which demonstrated some of the extensive work going on. Levels of pressure ulcers remained an issue and assurance was received around quality and safety review.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/016	<p>CQC Update Including Registration – Paper O</p> <p>Anne Scott presented the paper which provided assurance on compliance with the CQC fundamental standards and gave an overview of current inspection activities. Paper should read that last year we had 10 mental health inspections, not this year. At the time of writing this report we had no inspections this year. Trust wide learning has been shared and robust action plans to address areas of concern.</p> <p>Resolved: The Trust Board received the report for information and assurance.</p>
TB/23/017	<p>Safe Staffing Monthly Report (Oct & Nov 22) – Paper P</p> <p>Anne Scott presented the paper which provided a full overview of nursing safe staffing</p>



	<p>during the month of October 2022, including a summary/update of new staffing areas, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained.</p> <p>The Chair commented this was a good report.</p> <p>Resolved: The Trust Board received the report for assurance that processes are in place to monitor inpatient and community staffing levels and actions in place to try to mitigate the risk of impact to patient safety and care quality.</p>
TB/23/018	<p>Infection, Prevention and Control Report (6 monthly) – Paper Q</p> <p>Anne Scott presented the paper which provided assurance of a robust, effective and proactive infection prevention and control programme in place, in addition to updates on information, quality improvement learning and actions for compliance in regard to COVID-19 outbreaks and nosocomial COVID-19, report for Deaths from COVID-19, podiatry decontamination update, legionella incident (Rutland Memorial Community Hospital) and legionella incident (Loughborough Community Hospital).</p> <p>In response to Ruth Marchington’s query about Risk 87 (cleaning), Anne Scott confirmed this risk was being revisited to ensure it captures some of the concerns and would take away concerns raised by David Williams about the number of audits</p> <p>Resolved: The Trust Board received the report for assurance that monitoring processes are in place to ensure compliance</p>
TB/23/019 Item 20	<p>Freedom to Speak Up Guardian – 6 monthly report – Paper R</p> <p>Pauline Lewitt and Chris Moyo were in attendance for this item. Points highlighted were around the utilization of the FTSU process, patient safety and quality, staff safety and wellbeing, policy writing to aspire to compassionate policies. Pauline and Chris were working with the HWB lead, OD, EDI Lead and the People Promise Manager to ensure triangulation and proactive work.</p> <p>Ruth Marchington asked what a healthy speaking up culture looked like and offered further support from NEDs if required. Pauline confirmed a meeting had been arranged to get the assurance and understand what was required. Whether the HWB roadshows were being targeted at the right place with the right resources was also raised. Pauline clarified that issues being raised were not necessarily about staff HWB but that it came across during some conversations alongside other issues. Sarah Willis felt the focus was needed on change leaders to get to the bottom of what we are hearing as about culture and leadership.</p> <p>Resolved: The Trust Board received the report and noted the activity and actions relating to the FTSU workstream.</p>
TB/23/020	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper S</p> <p>Anne Scott presented the paper which provided assurance of the efficacy of the overall incident management and Duty of Candour compliance processes as well as reviews of our systems of control which continue to be robust, effective, and reliable underlining our commitment to the continuous improvement of keeping patients and staff safe by incident and harm reduction. The report also provides assurance around ‘Being Open’, numbers of serious incident (SI) investigations, the themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned. The Chair thanked Anne for this comprehensive report.</p> <p>Resolved: The Trust Board received the report for assurance.</p>



TB/23/021	<p>Finance and Performance Committee Highlight Report – 20 December 2022 – Paper T</p> <p>Alexander Carpenter highlighted the main points to note as the approval of the ToR for the new Access Delivery group, low levels of assurance around the financial position, number of medical devices out of date reducing again and helpful summary on the close down report on the FM transfer.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/022	<p>Finance Month 9 Report – Paper U</p> <p>Sharon Murphy presented the paper confirming a £2.5m deficit to date, 300k runrate (lower than previous months), DMH £4.7m deficit with runrate of 700k, Estates 200k runrate/ FYPC/LD was stable and enabling had improved.</p> <p>Forecast outturn £2.9m for year end (part of ICB position of £20m deficit).</p> <p>May be some additional income coming into system (stated in report) – this is not now the case so £20m is the figure.</p> <p>Better payment practice code positive performance</p> <p>Agency – £2.3m excluding surge wards</p> <p>Operational services except LD have decreased spend</p> <p>New agency group will look at what we can do to reduce target.</p> <p>Hetal Parma asked whether the cash position building up should be used on investments.</p> <p>Sharon Murphy explained the trust was seeing a result of higher interest rates generally so no intent to invest as various approval processes were needed.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/023	<p>Performance Month 9 Report – Paper V</p> <p>Sharon Murphy presented this paper identifying ongoing issues with mental health quality data pack show LLR position, so only LPT position shown. Performance position highlighted and the 23/24 metrics will come back to Board before the end of March.</p> <p>New format performance report well received so far - review of new performance report to be reviewed at Feb Board session.</p> <p>Resolved: The Trust Board received the report.</p>
TB/23/024	<p>Charitable Funds Committee Highlight Report 6.12.22 – Paper W</p> <p>Cathy Ellis presented this highlight report confirming the success of the Christmas Appeal and the LCFC support to the Beacon Unit.</p> <p>Resolved: The Trust Board received the report.</p>
TB/23/025	<p>Audit & Assurance Committee Highlight Report 9.12.22 – Paper X</p> <p>Hetal Parmar presented this report highlighting assurance levels. Self assessment assurance deemed to be partial. Internal/external audit follow up actions now addressed. The context behind being downgraded on core standards was explained by Mark Powell – the rating was correct but for context the EPRR is the core standards we need to achieve as an organisation. The core standards have been the same for a number of years and then they were changed last year and sent out for all to respond against the new standards. LPT responded; every single trust across country got downgraded to point of not being compliant. We went back with further evidence - actions now need to be in place where we are partially compliant. Will be problematic if we don't get ourselves back to fully compliant but confident there is a good plan in place.</p> <p>Resolved: The Trust Board received the report.</p>
TB/22/026	<p>Review of risk – any further risks as a result of board discussion?</p> <p>Highlighted as Risk 87 (cleaning) and Risk 74 (workforce).</p>



TB/22/027	Any other urgent business No other business was raised.
TB/22/028	Papers/updates not received in line with the work plan: All papers received.
TB/22/029	<p>Public questions on agenda items</p> <p>One question received:-</p> <p>In the January 2023 board performance report it is documented that the Trust is currently failing to meet the ADHD 18 week local RTT. You have said that the Trust has made non-recurrent funding has been made available to support a reduction in waiting times and investment and that plans are currently in development. As the parent of a child with an ADHD and a tic disorder diagnosis, who is awaiting treatment my question is this: ‘How are Leicester Care Partnership ensuring that they are meeting their duty of care to children with an active diagnosis who are currently waiting to receive treatment?’</p> <p>Mark Roberts would respond personally to this member of the public but explained to members that Neurodevelopmental diagnostic and assessment pathway was much longer waits than we wanted – there is a business case moving through the ICB system and we are working with colleagues on prioritising the funding available in the system. The whole programme will address pre-diagnostic care, diagnosis and post diagnostic support as well. The support whilst children are waiting - if waiting for CAMHS service there is a duty system in place which stimulates for community paediatric GPs who can expedite concerns and there is an active ADHD duty system. Regarding the tic disorder – there is a digital portal ‘my guidance’ – there is a care package in relation to treatment to tics which has been published recently so Ms Edwards may not have seen this (it can be prescribed to family).</p>
Close - next public meeting: 28 th March 2023	

