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Minutes of the Public Meeting of the Trust Board
28th March 2023, 9:30am – 1:00pm
NSPCC, Gilmour Close, Leicester

Present:

- Cathy Ellis, Chair
- Faisal Hussain, Non-Executive Director/Deputy Chair
- Ruth Marchington, Non-Executive Director
- Kevin Paterson, Non-Executive Director
- Angela Hillery, Chief Executive
- Mark Powell, Managing Director/ Deputy Chief Executive
- Sharon Murphy, Director of Finance
- Saqib Muhammad, Interim Medical Director

In Attendance:

- 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
- Nikki Beacher, Assistant Director of Community Health Services
- Emma Wallis, Deputy Director of Nursing & Quality (physical health)
- Michelle Churchard, Interim Deputy Director of Nursing & Quality (mental health)
- Kate Dyer Deputy Director of Governance and Risk & Trust Secretary
- Naomi Siakpere, Corporate Affairs and Business Manager (Minutes)

TB/23/030	<p>1. Apologies for absence: Anne Scott, Helen Thompson, Sam Leak, Alexander Carpenter, Hetal Parmar, Moira Ingham. Welcome: Emma Wallis and Michelle Churchard (both deputising for Anne Scott) Mark Roberts (deputising for Helen Thompson), Nikki Beacher (deputising for Sam Leak)</p> <p>Presenting: Manpreet Sandhu (Max), Dr Jeanette Bowlay-Williams and Laura Smith</p> <p>The Trust Board Members – Paper A – for information to introduce members of the Board.</p>
TB/23/031	<p>2. Patient Voice – Supporting Young People with autism The Chair introduced Mark Roberts for the short film presentation on supporting an autistic young man to live well in the community.</p> <p>The Chair commented that the support provided to Harry enabled him to live well in the community and he was actively involved in caring for animals at the dairy</p>



	<p>farm. Mark Roberts (MR) commended the impactful film, noting that continuity of his key worker and single point of contact made a difference. Faisal Hussain (FH) noted that the film showed positive impact in intervention, crisis avoidance rather than crisis management, and stressed the importance for the organisation to support at the early stage.</p> <p>Angela Hillery (AH) expressed that the young man’s role in the dairy farm gave him purpose, showed the importance of working with all partners and collaborative working. Ruth Marchington (RM) commended the video and asked how many caseloads are allocated to each key worker. MR explained that each key worker is allocated about 8-15 cases with support and involvement from different agencies. RM noted the Care Education and Training Review (CETR) was effective</p> <p>Faisal Hussain further emphasised the need for a more holistic approach with the whole family review in this case. In response MR noted some services focus on whole family while other services are more individually focussed.</p> <p>The Chair thanked MR and Harry’s family for sharing their story.</p>
TB/23/032	<p>3. Staff Voice: Manpreet Sandhu – Verbal</p> <p>David Williams (DW) introduced Manpreet Sandhu (Max), a profoundly deaf member of the LPT HR team, using British Sign Language (BSL) and lipreading to communicate.</p> <p>Max addressed the Board with the aid of his interpreter on his experience working in LPT as a deaf person. Max explained that he has been with LPT for 13 years and currently works as the workforce information officer. He noted he has worked with Jennifer for about 6 years, and she supports him face to face and also remotely. He explained that he also has regular interpreters that are paid for by the access to work scheme, and he has access to this interpreter for meetings and calls.</p> <p>Max said he enjoys working with his HR team, as he feels included in all parts of work, including office chat. He expressed his disappointment following an incident in 2019 at another trust. He had attended an interview and no adjustment was made to support him during the interview, no one realised he was deaf and after he had waited for about 2 hours, he ended leaving the without being interviewed. He later spoke to his manager who encouraged and supported him in making a complaint following the incident.</p> <p>Max noted that LPT signed up to the BSL charter in 2015, the deaf awareness charter to support accessibility for deaf people in the Trust. He recalled an incident from a few months back, where he had to complete a mandatory training on ULearn, he could not hear the video with instructions for using defibrillator and there were no subtitle . He reported another incident, where he had spoken to an EDI officer about a staff member who wanted to access a BSL course, which he supported by pulling together different price options, but budget would not allow.</p> <p>Max highlighted some areas he would like to see some improvements, he advised LPT staff should be offered the chance to learn about deaf awareness and basic BSL,</p>



	<p>availability of more apprenticeships to support deaf people into work and improving communication. He encouraged everyone to try some basic BSL.</p> <p>The Chair thanked Max for sharing his story and suggestions, she noted that his ideas were good and would be explored. Chris Oakes (CO) asked Max, what one thing could people do to help the most, Max replied that having deaf awareness training. In addition, FH noted that although LPT has an EDI programme, LPT is on a continuous improvement journey to achieve greater inclusivity.</p> <p>Sarah Willis (SW) reiterated that Max gets incredible support from the HR Team, but it was not enough, she explained that Max's story teaches that whilst one person is in a team and gets support, the need to educate the rest of the workforce remains. She suggested Max's story be told at the Maple staff network, and the Senior Leadership Forum, and urged board members to commit to learning and communicating with BSL.</p> <p>RM noted Max story highlighted the difficulties patients faced during the pandemic, reminding members of how mask wearing made it difficult for lip reading. This leads us to think about patients accessing services in an inclusive way and the lessons we could learn. RM advised that this learning be transferred to communicating with deaf patients too.</p> <p>The Chair noted it was important to explore how apprenticeships could be more inclusive, and DW agreed that this would create a workforce that reflected our population better.</p> <p>The Chair thanked the Max for telling his story.</p>
TB/23/033	<p>4. Declarations of Interest Report – Paper B</p> <p>No further declarations to report.</p> <p>Resolved: The Board accepted the report for information.</p>
TB/23/034	<p>5. Minutes of Previous Public Meeting: 31 January 2022 – Paper C</p> <p>Resolved: The minutes were approved as an accurate record of the meeting.</p>
TB/23/035	<p>6. Matters Arising – Paper D</p> <p>Action 963 using the CMHT case study for recruitment has been discussed with the medical and nursing workforce leads and it was agreed an update would come back to the People & Culture committee. This action is closed.</p> <p>Action 964 hand hygiene targets have been reviewed and benchmarked. LPT is part of a national collaborative programme for Infection Prevention and Control. This action was agreed as complete.</p> <p>Resolved: The matters arising actions 963, 964, 965 agreed as complete, for action 962 an update will be given in the May meeting.</p>
TB/23/036	<p>7. Chair's Report – Paper E</p> <p>The Chair congratulated Angela Hillery for being listed No 1 CEO by HSI, she noted this shows recognition for AH's compassion as a leader and her hard work</p>



	<p>to develop collaborative working across the Group and the East Midlands Alliance.</p> <p>The Chair has attended several events to promote diversity and inclusion and staff health and wellbeing.</p> <p>The Board development session in February focused on enhancing performance reporting into 23/24 and had an interactive session with the Freedom to Speak Up Guardians to assess progress in developing our speaking up culture further. LPT has been preparing our financial plans for 23/24 and contributing to the ICB 5 year forward plan.</p> <p>The Chair informed members Moira Ingham (MI) would be leaving at the end of April and a new NED would be joining the Board at the beginning of May. The Chair thanked MI, LPT have benefitted from her extensive clinical experience, and she has taken our Quality and Safety Committee to the next level. She also thanked Mark Powell (MP) for his operational leadership during the pandemic and Chris Oakes (CO) for his contribution to the governance of the Board.</p> <p>Resolved: The Trust Board noted the report.</p>
TB/23/037	<p>8. Chief Executive's Report – Paper F</p> <p>AH thanked everyone for their support, she noted the HSJ award was an indication of our team effort, as all staff have all played a part. She reminded everyone this week is the World Autism Acceptance week and announced the that the new online hub for autistic people signals LPT's intention to better support autistic people. She thanked the estates team for the Rutland Hospital refurbishment work.</p> <p>AH spoke on workforce risk as a trust and system and commented on the system wide workforce recruitment event, noting that many people attended and hopefully it will convert more local people into joining our workforce.</p> <p>AH advised the board that the Change leaders want to move further in their engagement and will talk to the board about their priorities. She thanked CO for his support in structuring the governance and risk work in LPT. She noted CO will remain in the Group and would continue to participate in the joint board development sessions. She added Kate Dyer (KD) will continue this work and will be Acting Director of Corporate Governance. She also commended Mark Powell (MP) for his contribution to LPT and the opportunity to have worked with him, especially during the pandemic and wished him success in his new CEO role at Derbyshire. She informed the board that Jean Knight will be taking over the mantle from MP on a secondment and was due to start as the Interim Managing Director /Deputy CEO in April.</p> <p>Resolved: The Trust Board noted the report.</p>
Governance and Risk	
TB/23/038	9. Revised Terms of Reference (ToR) for level 1 committees – Paper G



	<p>CO presented the paper on the revised ToR for the level 1 committees. RM noted that the ICB element of the Quality and Safety Committee’s ToR should also be considered in the others. Tanya Hibbert (TH) asked in reference to the QAC and FPC ToR, does service director mean operational director, CO responded yes.</p> <p>The chair noted that the name change should be reflected in the Audit and Risk Committee updated ToR and requested that an updated governance map be circulated with the updated ToR after committee review.</p> <p>Saquib Muhammad (SMuh) referred to the FPC ToR on membership, he asked if the requirement was for the medical director or director of nursing. CO confirmed that both was required for membership.</p> <p>Resolved: The Trust Board approved the ToR for the level 1 Committees, subject to the amendments outlined.</p>
TB/23/039	<p>10. Documents Signed Under Seal (Quarter 3) – Paper H</p> <p>Resolved: The Trust Board noted the report</p>
TB/23/040	<p>11. Organisational Risk Register (ORR) – Paper I</p> <p>CO presented the paper on ORR highlighting the transfer of risks to the People & Culture Committee; the addition of risk 89; change in score for risk 68.</p> <p>David Williams (DW) asked about Risk 83, the risk of Electronic Patient Records (EPR) not working, he noted that moving to E-prescribing is more efficient and it has stopped staff leaving LPT. SMuh noted there are two elements, e-prescribing helps with staff time and makes it much easier for the patient to collect prescriptions locally.</p> <p>RM added that making life easier for staff makes staff stay, thereby increasing staff retention, and thanked CO and KD for clarifying the People and Culture Committee transfer of risks.</p> <p>The Chair asked that the pending actions due for March within each of the risks be updated to reflect the next proposed actions after March. The Chair asked about progress on the sustainability role as this was key to moving this strategic piece of work forward. Paul Sheldon (PS) noted that there are two roles with Job Descriptions one in LPT and another one at NHFT which are being reviewed, he is trying to create a small sustainability team within existing budgets across the two trusts and will be creating a sustainability group.</p> <p>Resolved: The Trust Board approved the proposed changes to the ORR and was assured on the risk management process and that the ORR reflected strategic risks relevant to LPT</p>
Strategy and System Working	
TB/23/041	<p>12. Service Presentation – Supporting autistic young people and those with a learning disability to live well in the community – progress and plans – Slides were presented, and these will be circulated with the minutes.</p> <p>The Chair welcomed Dr Jeanette Bowlay-Williams and Laura Smith.</p>

Commented [EC(PNT1): Kay please could you do this ?



MR introduced the presentation and noted it was part of the LD and Autism collaborative that has been developed. Laura and Jeanette outlined the challenges for young people in accessing and navigating the right care. They presented the local data on inpatient numbers since Jan 2021, and data on delayed discharges which were due to the time taken to find appropriate placements. The three-pillar approach aims to overcome the challenges and avoid the young person being in crisis. It is a multidisciplinary approach, with Dynamic Support Pathways, Care Education and Treatment Reviews (CETRs) and a Designated Keyworker programme. This three-pillar approach was highlighted in Harry's story in the patient voice film. There is a daily acuity call to review patients who could be moving into crisis so that there is early intervention to avoid unnecessary admission. In addition, there has been learning from other trusts, particularly Kent & Medway for their use of peer support workers.

Michelle commented that the greenlight tool was supported, making it real for teams would be a great opportunity and it would be good to introduce this into the Valuing High Standards Accreditation.

DW pointed out that some inequality data from LLR would show the prevalence for conditions such as COPD for people with LD / Autism is higher than the general population, which would help us to enable better access to our services. Local community groups can make a big difference, so it is important to consider our partnerships and the role of the voluntary sector.

AH thanked the presenters, noted that the Greenlight toolkit would be a great addition that can only be achieved in partnership. In relation to parity of esteem, it was an important area that we cannot do on our own and needs system support. We have shared our scoping of this with colleagues, there was more work to be done at a system level and AH has liaised with national director around the importance of this.

Kevin Paterson (KP) agreed on the dangers of delays and asked what are the drivers for demand, and if there is a difference in complexity? In response Laura & Jeanette noted the number of referrals had doubled across CAMHS, mostly in the younger age group, this might be due to covid and/or raised awareness. The older age group have more complexity and acute need, and delayed diagnosis has a significant impact. In adults there has been a 120% increase in referrals over the last few years, with better access to information and people wanting to explore their own needs, hence it has been very diagnosis driven.

The Chair pointed out that there has been a higher profile of autism on television, and DW replied that the shift from learning disability to autism is evident. Nationally it is still known as the LDA programme, we would prefer to call it Neurodevelopment.

In agreement, SMuh empathised the need for early intervention. He explained that from his experience, he has seen many adult patients with complex presentation who have not been diagnosed with autism when they were younger, and not having access to the right help at the early stages could cause harm. He agreed to



	<p>liaise with Laura & Jeanette on how to pitch the Neurodevelopment business plan to the ICB before the System Executive Meeting at the end of April.</p> <p>Tanya Hibbert (TH) noted that the yellow and blue classifications to the service will have a beneficial impact, including preventing A&E attendance, with MDT input only when needed. She questioned if this should be on our Risk Register to reflect the status of ADHD waits.</p> <p>Faisal Hussain (FH) asked how good the transition was for the older age groups to adult services. Laura & Jeanette explained that the programme is designed for people up to 18 and extended to 25, so anyone on the pathway would be eligible for a key worker all the way through. She added that the transition from children to adult services is managed through joint handover meetings. Mark Roberts (MR) expressed his pride in the team, he noted that embedding the Dynamic Support Pathway is key, with CETRAs at the centre and with early intervention to avoid crisis. . Adult peer support is essential.</p> <p>Resolved: The Trust Board received the presentation.</p>
Quality Improvement and Compliance	
TB/23/042	<p>14. Quality and Safety Committee Highlight Report – Paper J</p> <p>Ruth Marchington (RM) noted that the work on the closed cultures needs to be part of wider cultural piece of work. The cleaning standards risk was escalated due to vacancies in the cleaning team. The safeguarding training is now expected to exceed target by December. The only red is the policy area due to the ongoing process of allocating policy updates to the level two committees.</p> <p>In reference to page 74, SMuh highlighted the Medical Director verbal escalations, and noted that of the 4 new recruits to the Bradgate Unit 3 (rather than 2) were LPT registrars. Paul Sheldon (PS) reminded members that performance against the national cleaning standards was an inherited position after the FM transfer, but with the current action plan in place, as of last week we are on target, with the forecast to be compliant by the end of March.</p> <p>Resolved: The Trust Board received the highlight report for assurance</p>
TB/23/043	<p>15. CQC Update Including Registration – Paper K</p> <p>Michelle Churchard (MC) reported all improvement plans are complete, but Dormitory work is ongoing and on track. There have been some external visits by ICB colleagues with positive feedback on environment, safety, staff enthusiasm and commitment. The launch of valuing high standards accreditation self-assessment process had taken place in January 2023, this will support Step Up To Great and give wards focused areas for improvement.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/044	<p>16. Patient and Carer Experience, Involvement and Complaints Report - Quarter 3, Paper L</p>



Emma Wallis (EW) reported overall complaints had decreased in Q3, but 14 of the complaints investigated were passed to the patient safety team for review as serious incidents, 283 compliments were received. She added that peer review work was ongoing. The Peoples Council have not met this quarter but have reviewed their roles and function to recommence work in 23/24. Following the 360-audit of patient experience last year the recommendations are detailed in the report and actions are progressing.

Faisal Hassan (FH) commended the clarity of the report, he noted that although trends in complaints decreasing was good, communication seems to be an issue for complaints. He asked how we can get improvement and if there was any learning from where we had improved communication. In response, EW referred to the discussion at the complaints review group on proactive work around advance communication and waiting time expectation.

MP commented that there is a level of proactivity to prevent complaints behind the scenes, that is underpinned by a desire to communicate more effectively, including an apology being offered. He recalled that from signing off complaints' letters, the growing numbers around waiting times is not in any one area. TH also recalled from signing off complaint letters, one of the themes around communication is linked to staff retention, recruitment challenge, and the continuity of care, where care plans have changed or there has been a change in clinician. She noted it was encouraging to see that there has only been six breached this quarter, which is due to the focus in DMH on seriousness of complaints and the speed to resolve them.

AH commended the good work, but laid emphasis on responsiveness being key, she explained the communication category was a challenging one because it can mean many things. She advised that the Quality Committee have a Deep dive on the communication element of complaints to see if we need to change the categories.

AH asked if we are confident that the patient voice is being captured through every service and is being used as a tool in team meetings to ensure the service is being seen from different angles. EW noted that the move to directorate groups would be the first step and it has been positive so far, as it provides an understanding of your own complaints / compliments and learning from when things have not gone well. The groups are looking at including people with lived experience and we are seeing progress on this.

FH expressed that he was keen that we do not just respond, but to use it as a learning experience for improving outcomes. RM suggested it would be good to have a good mechanism for feedback, the main push of the audit recommendation was around evidence that we are using those feedbacks for service improvement. It would be good to see the report shift towards what quality improvement has taken place.

It was confirmed that there is a significant amount of work going on in this area.



	<p>The complaints team do this work in the Patient Experience and Involvement Committee. The team are cognisant of this and details through the annual reporting and our peer review work. In addition, the peer review and patient involvement work also reviews these elements.</p> <p>Resolved: The Trust Board received the report for assurance and noted that the patient experience and involvement team will continue to review, monitor and highlight any additional work or support needed via the existing governance processes.</p>
TB/23/045	<p>17. Safe Staffing Monthly Report – Paper Mi & Mii</p> <p>Emma Wallis (EW) presented the January report. She spoke about the Senior Nursing review across all areas, the table identifies the key areas of focus. The key themes remain the same with temporary staff and agency utilisation rates, with a slight increase to meet safe staffing levels. She reported there was no direct correlation between staffing levels and the quality and safety of patient care, but some correlation in skill mix in some incident reviews. She noted there are working groups in place for oversight and management of staffing and we are participating in the People Promise Exemplar recruitment and retention scheme to help recruit to our 402 registered nurse vacancies. She highlighted the use of triangulated reviews and the use of additional staff to maintain safe staffing.</p> <p>Faisal Hassan (FH) highlighted the training numbers for bank staff were below 60% for Immediate Life Support training, he asked how do we assure agency staff have level of requisite training before they come into our services? EW noted that for agency staff we have contracts in place and review meetings with on framework providers with quarterly KPIs on training levels. Bank staff are our staff, so we collectively look at how we support them, we look at skill mix and move people around.</p> <p>RM stressed the key message was more around skills and competence rather than numbers, and asked if it had an impact on our productivity index? EW responded that it did not impact productivity, she explained this was because it was more around numbers (staff to patient ratio), stressing continuity was important, building trust and confidence. We have our flexible working offer and our retire and return offer to provide continuity through bank staff. RM noted that productivity is a key issue nationally and was this reflected in the indices are on care hours per day. She urged members to consider what metrics were required around productivity.</p> <p>In relation to care hours per day, EW emphasised the importance of looking at services and local data to understand any variation, i.e., community hospital benchmarking. She explained that in terms of productivity, we have been looking at releasing clinical time to care.</p> <p>TH advised the Board would benefit more from discussion around productivity, it would be useful to benchmark the length of stay and Out of Area days.</p> <p>Reflecting on the theme of productivity, SW pointed out that we tend to see where</p>



	<p>we have concerns around skill and competency, we see a requirement for more support where there is high acuity. When we talk about safe staffing and the review of our establishment we have put in additional support for capacity, we cannot release time to care and have improvement in productivity without this extra capacity.</p> <p>Paul Sheldon noted productivity has become increasingly important, partly driven by the CFO nationally reminding us that there is 25% more spend in NHS workforce than 3 years ago, but productivity has fallen. He advised on the need to explore what this means for LPT, and if we can share this within the East Midland Alliance and review together what a meaningful definition of productivity is.</p> <p>AH asked if the safe staffing risk is not being mitigated due to vacancy levels, she recommended a board development session around how we stay safe and continue to innovate to maintain safe staffing.</p> <p>The Chair advised that the theme for the Trust Board Development session in April is quality and in June is about staff. We can incorporate this topic of staying safe into both of the themes.</p> <p>The Chair asked if the recent recruitment fair was successful? In response SW noted the event had about 1400 people in attendance, with over 100 people applying for bank roles. She reported positive comments were received on the venue location which had attracted people from our local communities.</p> <p>FH asked if LPT was involved in the NHSE back to school programme. It was confirmed that we are, and it would be part of the Reaching Out brick in our Step Up To Great strategy.</p> <p>ACTION: Board development session to be held to consider different and innovative approaches to addressing our response to the national workforce plan – once this is published.</p> <p>Resolved: The Trust Board received the report for assurance that processes are in place to monitor safe staffing levels and the impact on patient care.</p>
TB/23/046	<p>18. Patient Safety Incident & Serious Incident Learning Assurance Report – Paper N MC reported on the incident management and Duty of Candour processes, the new patient safety strategy, patient safety partners, our future way and change leaders focussing on the patient safety lens. MC referred to the training modules planned and Trust Board development session in April. LPT will be using the learning lessons framework to explore how we learn in collaboration with NHFT. LPT are testing learning from the new patient safety system which replaces the national system and are working through some issues on Ulysses. We are benchmarking with early adopter sites.</p> <p>Using the accreditation programme, we have reviewed patient safety data which has shown pressure ulcer incidents are increasing but is a focus area for improvement.</p> <p>There is immediate learning from an SI of suicide and a task and finish group to</p>



	<p>look at overdose incidents.</p> <p>FH noted that the patient story in the report evidences that learning is taking place.</p> <p>The Chair asked about the increase in pressure ulcers and what improvement work was taking place. MC indicated that the report suggests we are not an outlier we are looking at accountability within the Trust and sharing wider learning. Nikki Beacher advised that the In-Patient areas have seen a slight increase in pressure ulcers on admission, there is training and development taking place on the use of pressure relieving equipment which will support improvement. In the community Tissue Viability Nurses are working to support teams with face-to-face training. EW confirmed that there is a Strategic Pressure Ulcer Group which is reviewing of all the pressure ulcer QI programmes at the next meeting. We are benchmarking our patient information leaflet as a key measure for prevention and timely action.</p> <p>In relation to the performance report and proposed quality metrics, RM asked if the proposal gives an appropriate performance measure for SIs and in particular for violence and aggression metrics. MC replied that violence and aggression spans difference lenses, patient related issues is part of the minimum data set, hence the discussion on impact. We have been monitoring violence and aggression against staff internally and considering whether we include both elements in the performance report.</p> <p>Resolved: The Trust Board received the report for assurance</p>
TB/23/047	<p>19. Learning from Deaths Quarterly Report Quarter 3 – Paper O</p> <p>SMuh presented the quarterly report on learning from death reviews in each directorate. The challenge of including demographic data remains, as patient recording systems do not collect data in the way it is needed, and changes will be made to SystemOne. He reported the backlog in DMH from 21/22, but more resource is being allocated and it is reducing. The medical examiner process is established in CHS and is now extending to DMH. The thematic analysis is used to capture learning to improve services. The DMH plan is to use the data as a research project to identify learning.</p> <p>DW noted that data quality was an important part of improvement in LPT, it will inform how we are delivering services and how accessible they are. We need to make sure the demographic data is there and use this data to understand if we are reaching all the needs of our patients. PS noted that chart six shows mortality data by postcode, and highlights four clear areas we should be targeting different services in those postcode areas.</p> <p>FH recalled his discussion last year, he explained that if we are going to push forward with reducing health inequalities, we should work together across the ICB. So, it is our duty to capture the data first. We all need to be consistent across the system.</p> <p>SM noted that in terms of SNOWMED coding implementation, we will be talking to</p>



	<p>commissioners about how crucial these input standards are. SMuh reported that the information may have been captured within the patient history, but it may not be in the demographic data field.</p> <p>Resolved: The Trust Board received the report for assurance</p>
People and Culture	
TB/23/048	<p>20. People and Culture Committee Highlight Report – Paper P Ruth Marchington (RM) presented the People and Culture Committee highlight report, she reported that from the first meeting the ToR provided clarity on the committee’s role, the governance of policy and risks were now being aligned. The red rating highlights the impact so far of actions taken to reduce agency spend. The Committee is looking for a sustained downward trajectory on the use of agency which will be delivered by the recruitment strategy.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/049	<p>21. People Plan 2023 – 2025 Sarah Willis (SW) presented the People Plan 2023 – 2025, she reported the plan has been refreshed for the next 2 years, and it is clearly aligned to NHS people plan and People Promise Exemplar programme. She reported a high-level of ambition with the plan for each area, the plan is aligned to LPT’s Step Up To Great strategy, specifically the “E” brick (Equality. Leadership and Culture).</p> <p>Each ambition will impact on other programmes of work within the Group, the LLR system and the East Midlands Alliance.</p> <p>A new addition to the people plan is the agency reduction plan and the medical workforce plan. The Health and Wellbeing of our staff is fundamental and remains a key area of focus. The newly refreshed change leaders will support the work around LPT being recommended as a place to receive care to address the staff survey findings.</p> <p>The Chair asked which areas are priorities for the change leaders SW replied the focus is on the staff survey and how to improve patient care, the change leaders will go out into the organisation and host forums to gather feedback. They may pick up on wider issues which may become part of the board interview process. The change leaders will then identify priority actions to make improvements which will be aligned to the four pillars of the people plan. RM reminded the board that a few years ago the change leaders joined the board meeting, and can they come back. The Chair confirmed they are included on the Board’s forward schedule to come again.</p> <p>Resolved: The Trust Board approved the people plan for 2023-2025</p>
TB/23/050	<p>22. Health and Wellbeing Guardian Report The Chair highlighted the actions in place against the 9 principles of the Health and Wellbeing Guardian’s role. Outcome indicators had been provided to evidence the impact of actions taken.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/051	<p>23. Staffing Capacity and Capability 6m Report (NQB)</p>



	<p>EW confirmed funding for additional 23 international nurses this year. In terms of retention, there are three schemes available: preceptorship framework, refreshing the career development framework, and launching the Daisy Award scheme on International Nurses Day. We continue to grow nurse advocates and are on target to meet the national ambition of a 1:20 ratio in 2025.</p> <p>The winter staffing Board Assurance Framework has been presented to the Strategic Workforce Group with no new additions to the Key Line Of Enquiry and all actions have been closed.</p> <p>Resolved: The Trust Board received the report for assurance</p>
Performance and Assurance	
TB/23/052	<p>24. Finance and Performance Committee Highlight Report – Paper T</p> <p>Faisal Hussain (FH) reported high levels of assurance on the year end revenue and capital position. Some areas of performance specifically audiology and neurodevelopment waits are below trajectory but have support measures in place. Further details around access and waiting times will come to the next committee.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/053	<p>25. Finance Monthly Report, Month 11 – Paper U</p> <p>Sharon Murphy (SM) reported that a £2.8m deficit was recorded at the end of February, an overspend primarily in DMH and Estates which have worsened again this month, offset by underspend in other areas.</p> <p>In terms of the ICB financial position, the ICB forecast £20m deficit has now improved to £15m due to additional NHSE funding allocated to UHL. The agency spend was £2.6m in month 11, slight worsening due to February half term and discussions was held around advance roster planning, given the significant variance from the planned position.</p> <p>SM reported a capital spend of 77% against plan. The 95% better payment practice code targets had been achieved, there was a large volume of catering invoices received in March and we are looking to automate this more with the suppliers. RM shared her observation about e-rostering, she noted some services did well, with a correlation between this and use of agency and care hours per day. EW noted that oversight and senior management has helped reduce agency usage.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/054	<p>26. Performance Report, Month 11 – Paper V</p> <p>SM presented the month 11 performance report. The NHS oversight framework segmentation is in a positive position for quarter 3 with a score of 2. Following collaborative discussion with ICB colleagues.</p> <p>DMH performance deterioration in Community Mental Health Team, ADHD and memory services waiting times, the trajectories have been reviewed and actions are in place to support the revised performance trajectories.</p> <p>In terms of the therapy services for Personality Disorder, the waits have dropped</p>



	<p>due to review of internal transfers and this now records true performance.</p> <p>The new version of the performance report is progressing well and will be used for Q1. The proposed 23/24 metrics have been approved by the Strategic Executive Board (SEB) and operation leads, with just one to change around covid reporting which will include one metric due to covid remaining a nationally reportable infection.</p> <p>FH highlighted the red for the CYP eating disorders in the performance report, the narrative was because of patient choice and asked if there was a better way of reporting this, so it does not show red. DW reported that there are small numbers of patients in this service and due to patient choice, we might have missed the target by just one or two patients. SM advised that if we don't achieve the target then it should be indicated as red.</p> <p>The Chair noted that CQUINs measures were mainly green in Quarter 3, but the routine outcome monitoring in CMHTs is red. She asked what could be done to change this? TH explained this was due to the way we are recording this on the system and added that this had been addressed and improvement was expected in Quarter 4. The Chair asked the board to confirm the proposed metrics for next year.</p> <p>Resolved: The Trust Board received the report and approved the 23/24 metrics.</p>
TB/23/055	<p>27. Charitable Funds Committee Highlight Report 6.12.22 – Paper W</p> <p>The Chair presented the highlight report confirming a high level of assurance for all items discussed. She highlighted the flagship appeals for 23/24 and that these would be supported by patient stories and an enhanced media profile. We continue to develop relationships with corporate partners and hope they will support the flagship appeals.</p> <p>The Chair noted that the charity cash balance remained strong despite poor investment performance affecting the financial markets.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/056	<p>28. Audit & Assurance Committee Highlight Report 9.12.22 – Paper X</p> <p>RM reported no red issues, there was high assurance on interim Head Of Internal Audit Opinion. Medium assurance was given for the Clinical Audit report requesting that actions are more clearly linked to outcomes.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/057	<p>29. NHFT & LPT Committee in Common Highlight Report</p> <p>DW reported green assurance for all items.</p> <p>We continue to work together on adding value, we will focus on how we can achieve the best productivity levels and deliver enhanced value across the Group.</p> <p>Resolved: The Trust Board received the report for assurance.</p>
TB/23/058	<p>30. Review of risk – any further risks because of board discussion?</p>



	<p>The Chair referred to the earlier discussion around safer staffing, she acknowledged it is already a high-risk area but suggested the board may want to look at increasing the level of scoring due to the emerging impact of skill mix on incidents.</p> <p>In terms of ADHD waits, the Chair asked if this needs to be escalated through to the ICB, DW confirmed this issue has been raised before with the ICB. LPT is in a challenged situation and are competing for additional funding from a smaller pot, he added that increased funding for ADHD and ASD services will make a difference.</p> <p>In addition, AH expressed that we need to work through any risk, identify which level it should be managed at and whether it is system or provider based.</p> <p>In terms of safer staffing, MP noted it was helpful to consider what outcomes would enable the trust board to reduce the safer staffing risk, what constitutes improvement and how can the risk be reduced.</p> <p>In terms of the Neurodevelopment risk, we need to make sure there is a thread from our risk profile to the ICB, as it is their top risk, and a system collective response will help us to achieve better outcomes.</p> <p>FH noted that we may need to pick up the demographic data risk highlighted in the learning from deaths report and draw this out in the Data Quality risk on the ORR.</p>
TB/23/059	<p>Any other urgent business</p> <p>The Chair and Chief Exec thanked CO and MP for their contribution to LPT, the board wished them well as CO returns to his post in NHFT and MP takes on a new CEO role in Derbyshire.</p>
	<p>Papers/updates not received in line with the work plan: All papers received.</p>
	<p>Public questions on agenda items - No public questions received</p>
Close - next public meeting: 30 th May 2023	

