

**Minutes of the Public Meeting of the Trust Board  
Tuesday 30 May 2023, 9.30am-1.00pm, NSPCC**

**Present:**

Cathy Ellis Chair	CE
Faisal Hussain Non-Executive Director/Deputy Chair	FH
Josie Spencer Non-Executive Director	JS
Alexander Carpenter Non-Executive Director	AC
Hetal Parmar Non-Executive Director	HP
Kevin Paterson Non-Executive Director	KP
Angela Hillery Chief Executive	AH
Sharon Murphy Director of Finance	SM
Dr Saquib Muhammad Acting Medical Director	SMuh
Dr Anne Scott Director of Nursing AHPs and Quality	ASc

**In Attendance:**

Jean Knight Managing Director/ Deputy Chief Executive	JK
Sam Leak Director of Community Health Services	SL
Tanya Hibbert Director of Mental Health	TH
Helen Thompson Director Families, Young People & Children Services & Learning Disability Services	HT
Sarah Willis Director of Human Resources & Organisational Development	SW
Kate Dyer Acting Director of Governance	KD
Alison Gilmour, Director of Strategy & Partnerships	AG
Sonja Whelan (Minutes)	

**Staff Voice attendees (Minute No 062):**

Mandy Steele, Matron  
 Ian Mandawe, Charge Nurse  
 Amanda Summers, Therapy Lead, Physiotherapy  
 Susan Barnett, Healthcare Assistant  
 Sophie Daveney, Ward Clerk

**Service Presentation attendees (Minute No 074):**

Nima Makanji, Therapist  
 Michaela Ireland, Operational and Transformation Lead  
 Jonathan Dexter, Advanced Nurse Practitioner

**Other attendees:**

Steph O'Connell, CHS AHP Lead and Clinical Director (observing)  
 Emily Carswell, Senior District Nurse (shadowing Dr Anne Scott)  
 Pranay Jobanputra, NHS Graduate Scheme (observing)  
 Natalie Leggatt, Nursing Fellow (observing)

TB/23/060	<p><b>Apologies for absence &amp; Welcome</b></p> <p>Apologies for absence were received from Ruth Marchington, David Williams and Paul Sheldon, with Alison Gilmour attending on behalf of David Williams. CE welcomed all attendees and introductions were made.</p>
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	<p><b>The Trust Board Members – Paper A</b> Received for information to introduce members of the board.</p>
TB/23/061	<p><b>Patient Voice Film – Community Health Services Care at End of Life</b> <a href="https://youtu.be/Lxdp4Ynsx6Y">https://youtu.be/Lxdp4Ynsx6Y</a></p> <p>SL introduced this short film about a staff member sharing their story on care given to her sister during end of life, with input from team colleagues on their thoughts and feelings.</p> <p>The Chair commented on how the film demonstrated how staff went above and beyond to allow patient choice and dignity at end of life. AH noted that there was huge emotional investment and support from the end of life team for every patient. ASc thanked the team for bringing this to light and acknowledged this was a small team with a massive agenda as it covered the whole of Leicester, Leicestershire and Rutland (LLR). Getting end of life care ‘right’ was so important. FH said it was good to see the whole-family approach in action and, given our diverse community and how different cultures viewed end of life, he asked how that was captured and supported as there was no ‘one’ pathway that fits all. SL confirmed a member of the team was specifically looking into this to develop better cultural awareness.</p> <p>Trust Board thanked the team.</p>
TB/23/062	<p><b>Staff Voice – Community Health Services - Working on a Ward Over Winter</b></p> <p>SL introduced the team who in turn explained their experiences of working on inpatient wards over winter. Jonathan Dexter outlined that one of the biggest challenges was around staffing within the team (staff leaving due to promotion) which left numbers depleted. Those staff who were left pulled together by swapping days off and cancelling planned annual leave to ensure key priority areas were covered. Staff did with this with pride as they wanted to ensure high quality care was always maintained and delivered. In preparation for this winter, three Band 7 practitioners had been recruited which had transformed service delivery and helped manage complex patients even more. In addition, an operational matron would be recruited to, to focus on patient and quality care</p> <p>In addition, Mandy Steele advised that the matrons meet regularly to spread risks across the inpatient teams. During the refurbishment at Rutland Hospital, the Rutland team chose to relocate as a team to the decant ward at Loughborough Hospital, so had additional travel time constraints. The trust supported this extension to their day by providing taxis. Reflecting on Covid it was noted that both staff and patients found it difficult to contend with the constantly changing national guidance.</p> <p>Amanda Summers noted the increase in ward admissions for patients that didn’t have therapy needs but required social support input took up a lot of therapist time which had impacted on the ability to deliver ‘real’ rehabilitation. The weekend pilot to see how we manage therapy staff to deliver a weekend service (inpatient therapists don’t typically work at weekends) was having a positive effect on the patient journey and reducing length of stay.</p> <p>Ian Mandawe explained the challenges of opening a surge ward with most staff being from an agency and minimal numbers of substantive staff. However, the agency staff were mostly the same people so continuity of care was good. The importance of having a consistent point of contact on the ward and keeping good</p>

	<p>communications with staff was key. He was proud that the team had discharged over 200 patients from the surge ward.</p> <p>Sue Barnett was a HCA and was asked to relocate to St Lukes Ward to cover staff shortage and provide continuity of care. There have been 6 new HCAs recruited so they were now reaching full establishment.</p> <p>Sophie Daveney explained the role of the Ward clerk and the value added through keeping notes tidy, ordering ambulance transport, booking appointments, ordering stock etc.</p> <p>Finally, team members confirmed they always felt valued.</p> <p>The Chair thanked the whole team for the phenomenal difference they had made over Winter. This was echoed by all board members and a round of applause was given.</p> <p>AH expressed that when busy, it was difficult to recognise the difference made as individuals and as a team, but wanted to reiterate how proud this team should be for what they have achieved and importantly how the population of LLR has benefitted – the passion of this team was clearly articulated.</p> <p>FH asked whether the learning and evaluation from weekend working would be implemented as a regular way of working. Sam Leak confirmed there was some additional funding in safer staffing budgets to help enable those changes to be made.</p> <p>ASc noted that we had completed a review of nursing establishments and that Deanne Rennie would also be looking at Allied Health Professionals establishments.</p> <p>AC invited reflections from the team on how they looked after their own wellbeing. The team advised they had social interactions, checking-in with each other, the Rutland team socialised during journey to/from work (the Trust supported with taxis), quiet rooms given to staff, weekly catch ups via Teams and face to face, looking after your own team, for example, the Charge Nurse on the surge ward treated team to pizza, and spending ‘down time’ with family were all given as examples of really helpful coping mechanisms.</p> <p>When asked, the team responded that having senior leaders attending sites and seeing staff was beneficial and uplifting especially since attending trust events was not always an option for those working shifts. CE advised that the health and wellbeing roadshows have been visiting community hospitals with the Freedom to Speak Up Guardians to enable greater engagement.</p> <p>CE thanked the team for sharing their experiences.</p>
TB/23/063	<p><b>Declarations of Interest Report – Paper B</b></p> <p>Declarations of Interest in respect of Items on the Agenda No further declarations to report</p> <p><b><i>Resolved:</i></b> Trust Board accepted the report for information.</p>
TB/23/064	<p><b>Minutes of the Previous Public Meeting: 28th March 2023 – Paper C</b></p>

	<p><b>Resolved:</b> Trust Board approved the minutes as an accurate record of proceedings.</p>
TB/23/065	<p><b>Matters Arising – Paper D</b></p> <p><b>Resolved:</b> the actions were agreed as complete.</p>
TB/23/066	<p><b>Chair’s Report – Paper E</b></p> <p>The Chair highlighted the following key points:-</p> <ul style="list-style-type: none"> <li>• Visited the newly refurbished Rutland ward and it was good to see that this had improved patient and staff experience.</li> <li>• Visited the LPT Estates and Facilities team at the new Hub, this was an impressive team led by Richard Brown and they had new software which enabled better tracking of estates repairs and had improved responsiveness.</li> <li>• Attended the launch, with Angela Hillery, of the Stonegate Centre for Empathic Healthcare at the University of Leicester, great to see LPT’s Dr Rachel Winter playing a leadership role here.</li> <li>• Visited the pharmacy team which now had a dispensing robot and stock was automatically rotated by QR code to ensure in date– great leadership and innovation from Anthony Oxley.</li> </ul> <p>From boardwalks that FH had been on, he remarked on the level of innovation from staff taking the initiative to look at other areas and benchmark against them and how interesting it was to see an empowering culture where everyone is a leader.</p> <p><b>Resolved:</b> Trust Board noted the report.</p>
TB/23/067	<p><b>Chief Executive’s Report – Paper F</b></p> <p>The following salient points were highlighted:</p> <ul style="list-style-type: none"> <li>• The NHS response to Covid-19 is stepping down from NHS Level 3 to Level 2 – AH thanked all staff across the trust for adapting and adopting to the ever-changing environment.</li> <li>• It was not clear what would be emergent from the Hewitt Report so we were still awaiting to see.</li> <li>• Acknowledged that Cathy Ellis was standing down as Chair at the end of her term of office and that discussions were ongoing with NHSE to appoint a new Chair.</li> <li>• Looking forward to the nominations for Celebrating Excellence Award.</li> <li>• Hinckley public consultation for community diagnostics and therapy services – the public have indicated support.</li> <li>• Carers week will be celebrated</li> <li>• National press around policing and mental health services – the Metropolitan police have signalled their intention to change their approach to callouts. LPT will meet with police colleagues to keep our partnership working approach.</li> </ul> <p><b>Resolved:</b> The Trust Board noted the content of this report.</p>
TB/23/068	<p><b>Organisational Risk Register – Paper G</b></p> <p>Currently 23 risks on the Organisational Risk Register (ORR) of which 9 have a high current risk score; largely around staffing, access to services, finance, cyber</p>

	<p>threats and electronic patient records. One risk has dropped from high to medium (FM service) and 2 risks are still above our appetite (agency spend and delivery of our financial position), although this is not an uncommon position to be in. Other risks are still valid and contained within pack.</p> <p>AH drew attention to the ADHD waits and specified this was a national issue and one that, as a Trust Board, we felt strongly about, and concerns would be highlighted at Integrated Care Board (ICB). Saquib Muhammad added that a training package had been put in place for staff which would increase numbers of staff who can undertake ADHD assessments. There were two waiting lists; one waiting list for assessment and one waiting list for treatment. If a new model of moving treatment into the community teams can be implemented, then waits would improve in time. It was noted the training was very well subscribed with 30 staff having been trained and 30 more still to do training.</p> <p>HP said that as Audit Chair he was working closely with KD to evolve the ORR and Board Assurance Framework, and highlighted that some of the risks on the ORR may be issues rather than risks.</p> <p>The Chair asked if risk 81 for the financial year 22/23 would be closed at Finance &amp; Performance Committee next month. She also queried whether additional actions for the two risks not meeting appetite would need to be evidenced. Kate Dyer explained the predicted residual score was unlikely to get us within appetite. The risks were under constant review with a few risks unable to be managed; these were the ones we needed to be sighted on.</p> <p><b>Resolved:</b> Trust Board received the report and was assured the ORR continued to reflect the risks relevant to the Trust.</p>
TB/23/069	<p><b>Documents Signed under Seal – Quarter 4 – Paper H</b></p> <p>It was confirmed that no documents had been signed under seal during quarter 4 2022/23, period 1 January 2023 to 31 March 2023.</p> <p><b>Resolved:</b> Trust Board noted the content.</p>
TB/23/070	<p><b>AGM Date – 11th September 2023</b></p> <p>KD confirmed the AGM date of 11 September 2023 would be held online to allow accessibility for members of the public.</p>
TB/23/071	<p><b>Provider Licence – Paper I</b></p> <p>It was confirmed that the trust was compliant with the required governance arrangements of which details of the full assessment was contained within the appendices.</p> <p><b>Resolved:</b> Trust Board received the report and was assured of compliance conditions.</p>
TB/23/072	<p><b>Draft Annual Governance Statement – Paper J</b></p> <p>KD confirmed that no significant internal control issues have been identified and that Leicestershire Partnership NHS Trust (LPT) has a sound system of internal control that supports the achievement of its policies, aims and objectives and minimises exposure to risk. Head of Internal Audit (HOIA) feedback demonstrated good systems of control, with no significant control issues and a good follow up</p>

	<p>rate for actions. The final version of this Statement will be submitted to the Extraordinary General Meeting on 20<sup>th</sup> June.</p> <p><b>Resolved:</b> <i>Trust Board received the report and approved the draft.</i></p>
TB/23/073	<p><b>NEDs and Committee Responsibilities – Paper K</b></p> <p>This paper summarised the updated NED responsibilities and reflected the appointment of the new NED, Josie Spencer.</p> <p><b>Resolved:</b> <i>Trust Board received the report and approved the responsibilities contained within.</i></p>
TB/23/074	<p><b>Service Presentation - Community Health Services Contribution to System Winter Delivery</b></p> <p>SL introduced the team who went on to explain the metrics within their presentation around key performance indicators (KPIs) for urgent care.</p> <p>There had been a sharp rise in December for Cat2 ambulance wait times (definition of Cat2 was an ambulance attending a serious incident in the community) where the average wait was around 4 to 4.5hrs, work to enhance flow at UHL had reduced the average wait time to 30minutes. There was still work to do as the target time is 18minutes.</p> <p>The work undertaken to improve these metrics included opening additional bed capacity and surge wards, proactive therapy teams achieving the best outcome for patients and their families by reducing care needs, improved patient flow and occupancy, pre-allocation of incoming patients to beds for all expected discharges. Safety was a priority and there was a clear view of open beds and a full clinical risk assessment every day. Ward handovers were now on a trusted assessor basis which saved time. Transport was scheduled to be concurrent to match in and out flows of patients.</p> <p>The team explained further how they helped contribute to winter delivery by residential reablement and therapy led discharge, CHS virtual wards and unscheduled care co-ordination. An explanation of how the team were preparing for this winter followed:-</p> <p>Estates:</p> <ul style="list-style-type: none"> <li>• Rutland ward has received a full refurbishment</li> <li>• Roof repair work at Coalville Community Hospital commences June 2023</li> <li>• St Luke’s roofing repair</li> <li>• Rediar ventilation units purchased to support management of infection control outbreaks</li> </ul> <p>Staffing:</p> <ul style="list-style-type: none"> <li>• A full skill mix and establishment review has taken place</li> <li>• Two on boarding recruitment officers appointed</li> <li>• Phased plans to increase Nursing Associate posts</li> <li>• Successful cohort of 24 International Nurse Recruits, a further 8 coming</li> <li>• Additional recruitment roles; Nurse Practitioner, Technical Instructor and Meaningful Activity Coordinators</li> </ul> <p>Capacity:</p> <ul style="list-style-type: none"> <li>• All available capacity has been reviewed for clinical and operational safety</li> </ul>

- Review of community hospital inpatient model to support improved patient experience and outcomes
- Increased partnership working with Adult Social Care with 2 reablement officers rotating across hospitals to support discharge from community wards
- Working with system partners including ongoing reviews of Community Hospital Ward processes to support allocation from our acute partners and patient flow within wards

The CHS team were proud both as individuals and as a team of how hard they had worked to deliver the care for patients. The Chair thanked them for their presentation and invited questions.

KP asked whether working relationships with UHL and social care worked well. In response, it was confirmed there are challenges when there is a deteriorating picture within the acute setting as the pressure is felt by other providers. With adult social care there used to be link workers on the wards which are no longer accessible (lost through Covid) so conversations would need to start about bringing those link workers back onto wards. SMuh indicated that there were good relationships with Consultant Geriatricians from UHL who were working on LPT wards.

KP also queried whether there was a measure of the upper and lower variances regarding ambulance wait times, rather than just the mean time. SL confirmed variances were being looked at and that consistently the waits are lower but any wait is too long.

JS asked about the bigger system wide reflections on winter /social care being constantly reviewed and in turn improving metrics. SL advised that regionally we had the shortest waits getting patients into packages. SL touched upon if we opened more beds and have no resource from social care then this could be a risk but conversations would give the opportunity to work better as a system. TH noted that mental health had metrics in place which could clearly describe pressures and ensure parity of esteem in system discussions. HT noted that for young people's services pressures were felt in complex cases requiring specialist placements.

In response to JK's question about getting better at responding to Cat2 calls, SL explained the Integrated Care System are currently working with East Midlands Ambulance Service (EMAS) to look at how they deliver and schedule care

AC thanked the team and commented on the values that this work demonstrated in terms of partnership working, delivering and being innovative. It demonstrated that we are leading the way on a lot of this and enquired how much the team looked outside of the organisation to ascertain best/good practice being undertaken as well as sharing what they are doing. The team advised they had been approached recently by colleagues from Nottinghamshire to share our ways of working and vice versa.

AH expressed that this team were national leaders and wanted to acknowledge and recognise that and asked for her thanks and positive feedback to be taken back to the rest of the team.

**Resolved:** *The Trust Board received the presentation.*

TB/23/075

**ICS Five Year Forward Plan – Paper L**

	<p>AG presented the ICS Five Year Forward Plan on behalf of David Williams. It was part of an ongoing consultation and was here for comments/thoughts prior to going to the ICB board for approval in July.</p> <p>Comments received were noted as:  JS - Clinical model on Page 13 was confusing  JS - Maternity commitments was too 'light' given recent high profile reports  SMuh - The Pledges and Statements were too high level and needed to be clearer and more targeted  HP - What was the plan for tracking what 'good' looks like and how can we be clearer what are we going 'from' and 'to'?  AC - There needed to be a plan on how to deliver the objectives/outcomes</p> <p>AH verbalised this was reflective of a still developing ICB but there was good clinical engagement and integrated working. There was a need to delve into the details for each of the plan years to be clear about what that means with tangible actions needing to be measured and monitored.</p> <p>AG would feed comments back.</p> <p><b>Resolved:</b> <i>Trust Board received the draft report.</i></p>
TB/23/076	<p><b>LPT/NHFT Group Highlight Report from Joint Working Group meeting 9.5.23 – Paper M</b></p> <p>This joint report from the LPT Committee in Common and NHFT Committee in Common Chairs provided assurance on the progress of the Group model, strategic priorities, governance framework and other work streams for LPT Trust Board and NHFT Trust Boards in May 2023.</p> <p><b>Resolved:</b> <i>Trust Board was assured by the highlight report summary.</i></p>
TB/23/077	<p><b>SUTG Quarter 4 Update – Paper N</b></p> <p>AG presented this paper and invited any questions or comments. FH acknowledged the good achievements but didn't feel that enough of the actions were tracked across to the impact of those actions. This was recognised and AG was looking at how this is reported going forward. The Chair asked for clarity and it was noted that "Step up to Great Mental Health" (SUTG MH) was used internally within LPT, whilst our ICS transformation programme included community partners and together this was "Better Mental Health for All".  Moving forward AH noted that SUTG needed to demonstrate our system connectivity.</p> <p><b>Resolved:</b> <i>Trust Board noted the report for assurance of progress against the SUTG strategic objectives.</i></p>
TB/23/078	<p><b>Quality and Safety Committee Highlight Report 25<sup>th</sup> April 2023 – Paper O</b></p> <p>JS highlighted the practice of using paper records rather than Electronic Patient Record (EPR) as a means to record patient information with a particular user issue with Brigid software on devices and poor wi-fi in some areas – a deep dive would take place at the Quality &amp; Safety Committee. There was low assurance related to managing system wide demand in the 5-19 Looked After Children (LAC) Service - this had subsequently been included on the LPT ORR as Risk 92.</p>



	<p>A Sc added that the paper records issue had been on and off the ORR for a number of months and in this instance was isolated. It was noted there was an emerging issue of inability to access handsets and usage of hand devices although interestingly there had been positive feedback around Brigid use. FH was concerned to hear about the wi-fi issues as the Finance &amp; Performance Committee had been assured the wi-fi programme was well rolled-out. HT asked whether Risk 83 (EPR) captured these issues and queried whether it needed expanding.</p> <p><b>Resolved:</b> Trust Board received the report</p> <p><b>Action:</b> It was agreed that David Williams and the Executive Team would explore and investigate the paper records issues, to include understanding who owns which part of Risk 83.</p>
TB/23/079	<p><b>CQC Update Including Registration – Paper P</b></p> <p>The trust was currently working in conjunction with Northamptonshire Healthcare Foundation Trust to develop and release a series of communications for all staff providing information on the changes within the CQC, the new ways of inspecting and evidence required. One further mental health act inspection had been carried out at the Agnes Unit; the final report was awaited and this, along with other MHA inspections, would be reported through the Mental Health Act Group.</p> <p><b>Resolved:</b> Trust Board received the report for assurance.</p>
TB/23/080	<p><b>Quality Account – Paper Q</b></p> <p>This final Quality Account, here for approval, had been developed in consultation with stakeholders and there had been positive feedback from the ICB.</p> <p><b>Resolved:</b> Trust Board approved the Quality Account 2022/23 for publication.</p>
TB/23/081	<p><b>Safer Staffing Report – Paper R</b></p> <p>A Sc highlighted the key points:</p> <ul style="list-style-type: none"> <li>• Temporary worker utilisation rate decreased and trust wide agency usage slightly decreased this month.</li> <li>• In February 2023; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels.</li> <li>• In March 2023; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels.</li> <li>• Senior nursing review undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care. Key themes of the deteriorating patient, pressure ulcers and mental health patient observations have been taken forward as Quality Account priorities.</li> </ul> <p>Skill mix was critical as well as the need to be able to share risk across organisations – this is where working collaboratively was important. JS noted that some wards were running with 50% + agency staff and therefore are effectively running wards. A Sc advised that the agency staff are often regular staff and do provide consistency of care. SMuh noted a positive recruitment pipeline for</p>

	<p>consultants.</p> <p>The Chair noted that staffing related incidents were not impacting patients but were impacting on staff health and wellbeing and she asked if the trust did anything to support/reach out to those affected. ASc confirmed that feedback had indicated staff already felt supported and in terms of reaching out to staff when incidents happen, the trust did this really well.</p> <p><b>Resolved:</b> <i>Trust Board was assured that processes are in place to monitor inpatient and community staffing levels and actions in place to mitigate the risk of impact to patient safety and care quality.</i></p>
TB/23/082	<p><b>Patient Safety Incident and Serious Incident Learning Assurance Report Quarter 4 – Paper S</b></p> <p>ASc reported that:-</p> <ul style="list-style-type: none"> <li>• Change Leaders continued to support through the discovery phase and will be supporting culture change as Patient Safety Incident Response Framework (PSIRF) is implemented and the journey to a learning organisation</li> <li>• PSIRF - the project group were now working towards a data synthesis day on the 19 June 2023</li> <li>• Investigation compliance with timescales set out in the current serious incident framework – challenges continued with compliance around timescales - the Incident Oversight Group have proposed a QI project to closely consider which stages of the process are most delayed so as to target our efforts.</li> <li>• Royal College of Psychiatrists Serious Incident Review Accreditation Standards (SIRAN) – pleased to report that full accreditation has been achieved at the 1<sup>st</sup> attempt, this achievement would be an excellent foundation of quality in our process to further build on. The assessors were particularly complimentary about the reporting of patient stories which highlighted learning at Board.</li> <li>• Pressure Ulcers - patients affected by pressure ulcers developed whilst in LPT care - QI projects continue and are embedding across teams. Current data is not yet showing statistically significant improvement. However, Category 2 pressure ulcers are at their lowest compared to previous months. There are no significant changes in the number of Category 3 pressure ulcers. Category 4 pressure ulcers have increased compared to previous months.</li> <li>• Deteriorating Patients – the Trust-wide group membership has been reviewed and one of our Deputy Medical Directors will co-chair with current medical leadership of this group, to ensure Senior Executive oversight. This review has offered an opportunity to re-assess and agree the Terms of Reference whilst also re-aligning the agenda to allow directorates to confirm assurances to the group around policies pertaining to the deteriorating patient. This mirrors efforts being made in Patient Safety Improvement Group to allow better sharing of information and a deeper understanding of any issues. The collaborative with NHFT has commenced</li> <li>• Suicide Prevention - a recent national confidential inquiry has identified and reported a national increase in suicides in patients with a diagnosis of personality disorder; the Trust Suicide Prevention group will be reviewing the latest report to explore learning.</li> </ul> <p>The Chair asked if there were sufficient measures in place to prevent pressure ulcers developing from category 3 to category 4 as sometimes visits are deferred. Following a query from AH, ASc felt it would be helpful to focus on solutions around deferred visits (which was around staffing), but from a community perspective. AH asked if there were metrics seen by Quality &amp; Safety Committee for deferred visits, SL advised that this was covered at Directorate team meetings. AH proposed a</p>

	<p>forward planner item for community capacity and deferred visits for a future trust board development session.</p> <p><b>Resolved:</b> Trust Board received the report for assurance</p> <p><b>Action:</b> To schedule a board development item for community capacity and deferred visits.</p>
TB/23/083	<p><b>Learning from Deaths Quarter 4 Report – Paper T</b></p> <p>SMu highlighted the need to improve demographic data. He noted that the Medical Examiner role had commenced in DMH services and was fully embedded in CHS. This role is based at UHL and provides independent review of cases involving the family and the doctor certifying the death.</p> <p>The Chair asked if the DMH backlog of cases was now being recovered and SMuH advised that all 2021/22 case were complete and good progress was being made for 2022/23.</p> <p><b>Resolved:</b> Trust Board received the report for assurance and compliance with the NQB process.</p>
TB/23/084	<p><b>People and Culture Committee Highlight Report 25<sup>th</sup> April 2023 – Paper U</b></p> <p>FH presented this highlight report on behalf of Ruth Marchington. He explained that the committee was now established. The committee took high levels of assurance from processes/measures in place around workforce. Amber ratings were predominantly because we hadn't seen the type of impact expected at this moment in time.</p> <p>In terms of medical staff locum use, the medical workforce plan had been presented to the Strategic Workforce Group and there were 8 workstreams in place SW added that the committee was heavily focussed on agency reduction with a deep dive on long term sickness.</p> <p><b>Resolved:</b> Trust Board received the report for assurance.</p>
TB/23/085	<p><b>Staff Survey 2022 Results and High-Level Action Plan – Paper V</b></p> <p>SW explained 89/101 questions had improved, 5 had stayed the same and 7 had reduced slightly. All directorates, including Enabling, were focusing on local actions and looking at hotspots. The culture and leadership programme “our Future Our Way” had recruited change champions who were hosting a range of staff engagement sessions and board interviews. These primarily focused on the 7 areas which scored lower than the previous year, concentrating on staff burnout and LPT as a place to receive care.</p> <p>When formulating plans, AC requested clarity on the expected outcomes in order to assess the actions and activity that sits beneath the plans and also to take into account the different lenses when formulating those plans, eg community -v- inpatient settings.</p> <p>SMu updated members about the onboarding and recruitment marketing for clinicians as this year three community paediatricians had been recruited in addition to three leavers returning to work in LPT. Working conditions were being improved as recruitment was a competitive market and people take notice of the basics. Furthermore, in order to recruit internationally there may be some investment required in order to get a return in the future. So far there had been 60</p>

	<p>international applicants for consultant posts.</p> <p>FH sought assurance that focus was maintained on those 89 areas of the staff survey which had already improved so as not to lose sight.</p> <p>AH was encouraged by the staff survey and the areas where figures were above national average correlated with the work being undertaken in the trust. It was important to recognise the trust had moved from 27<sup>th</sup> in the benchmark cohort to 18<sup>th</sup> as this was a significant improvement. There was obviously a lot more to do but it was important to celebrate the accomplishments so far.</p> <p><b>Resolved:</b> Trust Board received assurance on the staff survey follow up actions</p>
TB/23/086	<p><b>Finance and Performance Committee Highlight Report – 25<sup>th</sup> April 2023 – Paper W</b></p> <p>AC presented this report acknowledging the hard work which had gone into delivering the 2022/23 year end position. Discussions around services which did not receive funding as part of the 2023/24 planning were ongoing and Paul Sheldon was due to present the Estates Plan at next month's trust board development session which would include a discussion from a 'business as usual' perspective.</p> <p><b>Resolved:</b> Trust Board received assurance</p>
TB/23/087	<p><b>Finance Monthly Report – Month 1 – Paper X</b></p> <p>SM advised that at Month 1 we reported a deficit of £307k which was broadly in line with plan. CIP schemes were back weighted to the second half year and were just starting to be implemented and a deep dive had already been undertaken in terms of run rates. There was a lot of work to do to deliver the financial plan – still forecasting breakeven at year end. Closure of the savings gap remained a key focus and agency spend was being monitored on a regular basis.</p> <p>There had been notification that £2m capital funding for urgent emergency care would <b>not be received</b> by LPT. UHL had received £24m to open 2 additional wards. All CQC related environment changes were made to the 2023/24 capital programme, which were approved by the Capital Management Committee on 10 May 2023, were shown in Appendix D.</p> <p>The Chair asked that a stocktake of CIP schemes and actions was undertaken at Quarter 1 and Quarter 2 so that remedial action could be put into place. AH thanked SM and the team for hard work which had gone into this challenging achievement</p> <p><b>Resolved:</b> Trust Board approved the amendments contained within this report and received assurance on the financial position.</p>
TB/23/088	<p><b>Performance Report – Month 1 – Paper Y</b></p> <p>This was the new version of the Performance Report which had been dual running for a couple of months. SM explained the metrics within the report and invited questions.</p> <p>AC noticed the 52week wait metrics were deteriorating and asked whether there</p>

	<p>would be a deep dive into the actions. SM advised that discussions had previously taken place as a system to drive down these waits and focus would be given to this at a future Finance &amp; Performance Committee (FPC) to be certain the right action was driving down the outcome. The metrics are also discussed at the Performance Executive Management Board – HT advised the biggest challenge was neurodevelopmental waits which could reach 2 years by July, and this had already been escalated to the ICB and scheduled on the agenda for the June Board development session. AH was keen to understand the risk and segment the causes due to demand, covid pressures, staffing and clarify the recovery plan.</p> <p>The Chair enquired whether more data was being awaited around CMHTs routine outcome monitoring. TH clarified there was an issue about re-coding and roll out of training for the team so Quarter 1 was not quite there but improved data was expected for the following Quarter.</p> <p><b>Resolved:</b> Trust Board received assurance on performance</p>
TB/23/089	<p><b>Audit and Risk Committee Highlight Report – Extraordinary Meeting 21<sup>st</sup> April 2023 – Paper Z</b></p> <p>FH chaired this committee in HP’s absence and confirmed it was a positive meeting with significant assurance received.</p> <p><b>Resolved:</b> Trust Board received assurance</p>
TB/23/090	<p><b>Review of risk – any further risks as a result of board discussion?</b></p> <p>Electronic Patient Record (EPR) review as agreed</p>
TB/23/091	<p><b>Any other urgent business</b></p> <p>SMu reminded members of the 72 hours junior doctors strike taking place between 13-15 June. Planning was taking place.</p>
TB/23/092	<p><b>Papers/updates not received in line with the work plan</b></p> <p>Not applicable</p>
TB/23/093	<p><b>Public questions on agenda items</b></p> <p>No questions received.</p>
Close - Date of next public meeting: 25 <sup>th</sup> July 2023	