

**Minutes of the Public Meeting of the Trust Board
25th July 2023 9.30am – NSPCC Training Centre****Present:**

- Cathy Ellis Chair
- Faisal Hussain Non-Executive Director/Deputy Chair (attending virtually)
- Ruth Marchington Non-Executive Director
- Josie Spencer Non-Executive Director
- Alexander Carpenter Non-Executive Director
- Hetal Parmar Non-Executive Director
- Kevin Paterson Non-Executive Director
- Angela Hillery Chief Executive
- Sharon Murphy Director of Finance
- Dr Saquib Muhammad Acting Medical Director
- Dr Anne Scott Director of Nursing AHPs and Quality

In Attendance:

- Jean Knight Managing Director/ Deputy Chief Executive
- Sam Leak Director of Community Health Services
- Helen Thompson Director Families, Young People & Children Services & Learning Disability Services
- Sarah Willis Director of Human Resources & Organisational Development
- Kate Dyer Acting Director of Governance
- Paul Sheldon Chief Finance Officer
- Andres Patino Deputy Director of Mental Health
- Kay Rippin (Minutes)

TB/23/094	<p>Apologies for absence: Tanya Hibbert Director of Mental Health David Williams Director of Strategy and Partnerships</p> <p>Welcome: Andres Patino Deputy Director of Mental Health (OBO Tanya Hibbert)</p> <p>Observing the Board Meeting: Nursing Fellows Observing: Anita Watts, , Emma Smith, Melissa Smith, Katherine Hawker Staff Observers: Jacqueline Moore (MHSOP service manager), Jeya Babudas (Kirby charge nurse), Gemma Phillips (Senior Dietitian – shadowing Anne Scott), Farah Mussa (PA to the Director of Governance)</p> <p>The Trust Board Members – Paper A: This diagram introduces all of the members of the LPT Trust Board.</p>
TB/23/095	<p>Patient Voice – FYPC – Looked After Children (LAC): A poem was shared with the Board which was written and delivered by a looked after child receiving care from LPT services. It described her experience and the support she received and the difference this has made to her life. This poem is part of a suite of poems and will be made available for all staff to access on ULearn shortly. Cathy Ellis thanked the team on behalf of the Board for sharing such a powerful and thought provoking poem.</p>

Staff Voice – FYPC – Looked After Children:

Attending: Kayleigh Lord (Clinical Team Leader, CAMHS Young Peoples Team), Dr Sarah Hughes (Community Paediatrician – undertakes IHAs), Beth Francis (LAC nurse), Deborah Hockett (Clinical Team Leader 5-18yrs LAC Team), John Scaysbrook (Named Nurse LAC). The team attended to discuss the work they carry out within FYPC for the looked after children. The service cares for looked after children up to 18 years old including unaccompanied asylum seekers. The children they work with have had varied positive and adverse experiences and are usually subject to child protection plans. They should be seen within 20 days of being taken into care. The team support the children with both their medical needs and their emotional needs. The unaccompanied asylum seekers have experienced traumatic experiences making the process more complex for the team. After the initial assessment the team see the children to support them with further follow up visits. Engagement can be difficult due to the circumstances. Annual health assessments are carried out and there are plans to move forward with packages of care. Recruitment is currently ongoing within the small team. Nurses visit children at home or in school wherever they feel comfortable for an assessment, and this will take around an hour depending on the circumstance. Then the team make direct referrals to other appropriate services. For the future the team hope to be able to offer increased support around emotional and sexual health for the young people. Appointments can be offered face to face, via telephone or video call whichever the young person feels most comfortable with. Kayleigh Lord manages the Young Peoples Specialist Mental Health Service Team within CAMHS who work alongside the Looked After Children team and specialise in looked after, adopted and unaccompanied asylum seekers. They carry out outreach work with the young people to support them with their mental health difficulties, examples include walks at Bradgate Park, kick boxing, yoga and the “my voice” project which generated the series of poems.

Ruth Marchington asked how the team’s own emotional resilience is managed and the team confirmed that they have a robust supportive supervision process in place, and this involves action learning sets and reflective supervision. They all have safe spaces within offices so that they can feel safe at work as they are exposed to difficult and upsetting situations which they need to process in a safe environment to support their own wellbeing.

Jean Knight asked about the unaccompanied asylum seekers and how they are managing with the increased numbers. The team confirmed that they have a great team of administrators and care navigators behind them but that the workload is large, varied and complex. NHS numbers are an issue for young people who have arrived in the country either not having an NHS number or having 2 as they have registered on arrival and then moved to a different part of the country. The processes take time and for the young people approaching 18 this can be an issue as the LAC support ends at 18. The team confirmed that they have received double the number of referrals in May than they had in the whole of last year and there is no additional funding for health for the unaccompanied asylum seekers.

Kevin Paterson asked about access to educational opportunities and specialist psychological therapies. The team confirmed that educational opportunities can depend on the point of the year of arrival and spaces available in school or college. The team refer into CAMHS and work with psychological therapists such as EMDR which is less based on language and more on eye movement and is therefore more accessible. The team described difficulties with accessing some services for these children.

Angela Hillery thanked the team for their work and commented that the health inequalities for this client group are increasing and within LLR there is a big commitment to reduce health inequalities and the information brought to Board today can be fed into to the ICB to support better outcomes across LLR through partnership working. The Chair thanked the

	<p>team for the important work they do and for attending today.</p> <p>Action: the health inequalities faced by Looked After Children to be highlighted to the ICS partnership board</p>
TB/23/097	<p>Declarations of Interest Report – Paper B:</p> <p>No further declarations of interest were received in respect of items on the agenda.</p> <p>Resolved: The paper was received by the Board and the Board noted the declarations of interest contained within the report.</p>
TB/23/098	<p>Minutes of the Previous Public Meeting: 30th May 2023 – Paper C:</p> <p>The minutes were approved by the Board as an accurate record of the meeting subject to one change with reference to the Capital Plan which is stated as 22/23 and should read 23/24.</p> <p>Resolved: The minutes were approved by the Board subject to the change detailed above.</p>
TB/23/099	<p>Matters Arising – Paper D:</p> <p>The matters arising were discussed by the Board. Action 967 - David Williams and the Executive Team to explore and investigate the paper records issues, to include deeper understanding around who owns which part of Risk 83 is currently under review by the executive team and remains ongoing. It was agreed that action 968 was complete and could be closed.</p> <p>Resolved: The matters arising were approved by the Board.</p>
TB/23/100	<p>Chair’s Report – Paper E:</p> <p>The Chair presented the report detailing the Trust wide activity that had taken place since the last Board meeting. The Chair highlighted the importance of boardwalks to meet staff and patients across the Trust. The Chair and Non-Executive Directors have been on Boardwalks to services including the Beacon Unit; Dagleish Ward at Melton Hospital; the Neville Centre; Coalville Hospital and Kirby Ward at the Bennion Centre. The Chair detailed her visits to 15 mental health wards as part of the Let’s Get Gardening Competition where she took time to talk to staff and patients about therapeutic activities taking place on the wards. The overall winner of this competition is Mill Lodge and several gold medals have been awarded. Other activities the Chair has been involved in included the staff long service awards. The Chair also attended the Patient Safety Incident Response Framework planning day and delivering speeches at Leicester Recovery College, De Montfort University and to the Research Envoy programme. The Chair has attended meetings and events to recognise staff, promote an inclusive culture, champion health and wellbeing and to support building stronger stakeholder relationships. An EDI award has been given to the team for work in this area.</p> <p>Resolved: The Board received the report for information.</p>
TB/23/101	<p>Chief Executive’s Report – Paper F:</p> <p>Angela Hillery presented the report detailing Trust wide activity that had taken place since the last meeting of the Trust Board including celebrations for the NHS 75th Birthday. She thanked staff and volunteers for the excellent work they do. The report detailed information around the government’s NHS Long Term Workforce Plan and its impact on the Trust signalling great opportunities for the future. LPT is one of 6 pilots for the veteran’s community. The voluntary sector response within the Better Mental Health for All is very positive including the 25 Mental Health Cafes. There has been great work taking place with Leicester University who created a video with the CAMHS team, and the range of awards described within the report reflects the brilliant work ongoing across the Trust. A thank you was given to all staff for their work to achieve these awards. The CQC is launchings inspections for local authorities and LPT are supporting preparation for this with the local authority and ICS. The long service awards took place last week and was a fabulous event to celebrate our staff and their commitment to the NHS. This is Cathy Ellis’ last public Board for LPT, as she has reached her end of term as Chair, and we are all grateful for her contribution to this Board and across LLR, particularly for chairing the ICS finance</p>

	<p>Committee which has been recognised as a national exemplar.</p> <p>Alexander Carpenter asked about the national new hospital build programme and if we had had confirmation of the outcome of this and Paul Sheldon confirmed that we had not heard so may have been unsuccessful for our bid to replace the Bradgate Unit wards.</p> <p>Alexander Carpenter asked what work had taken place within the funding around Artificial Intelligence and it was confirmed that this was just at the start and would be building over the future.</p> <p>Hetal Parmar asked a question around the national waiting list funding, and it was confirmed that this was largely targeted at elective waiting lists although we continue to increase the spotlight on LPT’s wait lists. Angela Hillery advised that she has written to the ICB to highlight the risk of neurodevelopmental waits.</p> <p>Resolved: The Board received the report for information.</p>
TB/23/102	<p>Audit and Risk Committee Highlight Report 9th June 2023 – Paper G:</p> <p>Hetal Parmar presented the paper confirming that the majority areas were high assurance with the only medium assurance being in the Internal Audit Progress Report on follow up actions where the performance was 73%, just short of the 75% threshold. There was an excellent cyber security update at the meeting and the thought and effort that goes into keeping the Trust safe was acknowledged, alongside the significant ongoing cyber security risk from the fluid and ever changing environment. Kate Dyer noted that there are good processes in place around the internal audit follow up rate and today the rate stands at 83%.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/103	<p>Organisational Risk Register – Paper H:</p> <p>Kate Dyer presented the paper confirming that there are currently 21 risks on the ORR, of which 11 have a high current risk score. The high-risk profile for the Trust includes the following areas - Waiting lists; Cyber threat; Technology; Vacancy rate (for both safety and quality); High agency usage (financial impact); Medical capacity in CMHT; FM Service; National Cleaning Standards; 23/24 financial position; Access to Neurodevelopmental Assessment and Follow Up and Access to the 5-19 Service. There are four risks where the current risk scores are higher than the tolerance level (risks 67,68,85 & 90) and of these, there are two (85 high agency spend and 90 financial position) where the residual scores are higher than the appetite. This indicates that further mitigation action will be needed to bring the risk score down within agreed tolerance levels, or that a higher level of risk will need to be tolerated. Changes since the last Trust Board meeting were noted to risks 69, 81, 83 and 89. The access to technology risk remains the same but the title has been amended - now focusing on accessing and adopting the technology.</p> <p>Josie Spencer commented that by putting the 2 elements of risk 83 together how will these be monitored and mitigated separately? Kate Dyer confirmed that the risk owners are coming together, and this risk is now jointly owned and jointly worked upon, and this is why this change has been made.</p> <p>Ruth Marchington commented that risk 85 (high agency spend) the People and Culture Committee has medium assurance around this risk for the first-time last meeting. FPC also looks at this risk and sustained improvement will need to be evident over the next few months or the Board will need a discussion around the risk appetite. Kate Dyer confirmed that the actions were related to large pieces of work that would take a long period of time and so the risk appetite was cautious. As green shoots are now evident this will be further monitored, and adjustments can be made if we don’t feel confident of the impact of actions in the near future. Angela Hillery commented that with regards to risk 91 this is a national issue not just an LLR issue, but we remain committed to working with the ICB and have also looked at the matter across the Group and are utilising the East Midlands Alliance to ensure that we are sighted as fully as possible. Kate Dyer added that a piece of work around system risk management is ongoing across the system working with the Good</p>

	<p>Governance Institute.</p> <p>The Chair noted that risks 91 and 92 had been shown separately to provide additional focus on these waits.</p> <p>Resolved: The Board received the report for information and assurance and approved the changes to risk title for Risk 83.</p>
TB/23/104	<p>Standing Orders and SFIs and SORD – Paper I:</p> <p>Sharon Murphy presented the paper to make the Trust Board aware of the proposed changes to the Trust’s Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SORD), following approval by the Audit & Risk Committee on the 9th of June 2023 and Charitable Funds committee on 13th June. The SFIs and SORD are reviewed annually to make sure they are still fit for purpose and facilitate the changing needs of the Trust, whilst still ensuring robust governance procedures are embedded to support the Trust’s strategic plan/objectives. Appendix 1 of the report shows the required changes. It includes the current requirement, the proposed requirement and also the rationale for change. This report was presented for information only as these changes were presented to the Executive Board on the 6th of June and approved by the Audit & Risk Committee on the 9th of June 2023 and Charitable Funds committee on 13th June. Once finalised, these will be uploaded for staff to access.</p> <p>Resolved: The Board received the report for information.</p>
TB/23/105	<p>Service Presentation – FYPC – Looked After Children:</p> <p>John Scaysbrook (Named Nurse LAC) delivered the PowerPoint presentation which was circulated with the Board pack in advance of the meeting. The presentation was shared, and each slide described telling the Board about the work of the team and the vulnerabilities of looked after children. Dr Lynn Snow described the corporate parenting responsibility in a video shared within the presentation. LPT supports the delivery of several statutory functions in relation to looked after children. Challenges and solutions are described within the slides, and this was talked through in the presentation. Initial health assessments performance was detailed within the slides and challenges with numbers and planned trajectories was described to Board. A skills mix review has taken place to support the team with the increased workload. The service has plans for the future to focus in particular on recruitment and retention, raising the profile of the service. Support from the Board was requested for Risk 92, prioritising the review of SystemOne for looked after children and also the consideration of the local authority’s approach regarding looked after or a care leaver being a protected characteristic.</p> <p>Sharon Murphy asked what it would mean for LPT if the protected characteristic was put in place and it was confirmed that this would involve sharing the knowledge of the services, the possibility of shortening waiting lists, additional support to develop skills for looked after children when they move into parenthood. Also employing young people from the cohort as peer supporters. Josie Spencer added that there is some national movement around protected characteristics for this group of people, and this is similar to the work of veterans – the pressure needs to be kept up and as a system we could have a strong voice to promote this. The team confirmed that there has been a small amount of funding being used to support young people in the transition period of 16-25 years. When they turn 18 and transition to adult services this is a period of real risk, with some young people sadly taking their own lives when they turn 18. Recruitment has taken place and a post will start in September focusing on this group of young people. LLR has a large number of care leavers in LLR, and many have not been born in LLR and so have no support network. Referrals can be difficult due to the requirement to have a home address – protected characteristic status would support this.</p> <p>Ruth Marchington asked if the feedback from the children themselves that we have heard today – did this feed into the business case. The team confirmed that they have 3 Children in Care Councils where feedback opportunities are given to the children.</p>

	<p>Alexander Carpenter asked what the relationship with local authorities is like and the team confirmed that it is a very positive collaborative relationship which is well established and transparent. The Chair thanked the team for attending and presenting today.</p> <p>Action: to consider how care leavers could become a protected characteristic within the LLR iCS</p>
TB/23/106	<p>Step Up to Great Quarter 1 Update – Paper J:</p> <p>Paul Sheldon presented the paper on behalf of David Williams confirming a summary of progress against delivery of SUTG (Annual Plan) for 2023/24. It was confirmed that progress had been made in all domains of the plan and that where an update has not been included for Quarter one progress has been largely related to governance and establishing projects. The risks detailed are taken from the Organisational Risk Register April 2023. It was confirmed that overall progress is rated as GREEN (high assurance) with no significant issues or risks against delivery identified.</p> <p>The Chair confirmed that the new report format works well and is clearer than the previous format, but Alexander Carpenter commented that there is not a clear link to outcomes within this paper and offered to link up offline to support with this. Hetal Parmar agreed and commented that less is more and suggested a review of the ‘we will know when we are great’ statements within the paper – what do we actually mean when we say this so we can know when it’s been successfully achieved. Anne Scott commented that for the P brick this was a coproduced document, and the language is reflective of this and the service users’ input and this needs to be borne in mind if changes are made.</p> <p>Jean Knight commented that more specific outcomes are now being worked on in more detail with the transformation team to look at and support outcome-based reporting and this should feed into this work on this report. Sam Leak commented that as this has been developed in coproduction, what good looks like will be different for different people, but there are more specific examples of achievements within the project documents.</p> <p>Josie Spencer commented that the document talks about what’s been done but there’s no comment about if this is on track. Ruth Marchington supported the introduction of more outcome focussed approach but is keen to see a golden thread throughout as the work matures. Alexander Carpenter asked how do we use and communicate this locally and does the comms plan support sharing this narrative. It was confirmed that this is an ongoing process and the Chair highlighted that previously Comms have spotlighted each of the bricks with Executive leads describing progress. Angela Hillery confirmed that team briefs and other forums cover these issues. Kate Dyer added that being smarter about our intentions makes us have a firmer grip on assessing the risks involved and offers a greater opportunity for triangulation. Hetal Parmar confirmed that on his boardwalks staff are generally aware of the SUTG strategy except on one occasion but not generally aware of how their day-to-day work supports SUTG. Faisal Hussain added that we often refer to our SUTG strategy we need to be more proactive around describing our achievements and successes.</p> <p>Resolved: The Board received the report for information and supported the progress and new format of the report.</p>
TB/23/107	<p>Group Update – Paper K:</p> <p>Paul Sheldon presented the paper on behalf of David Williams which is a joint report from the LPT Committee in Common and NHFT Committee in Common Chairs and provides the Board with 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 July 2023. At the last meeting the Group received an update on the three joint quality improvement (QI) priorities for 2023/24 and the opportunities for shared learning and improvement. There was support for the progress on the Together Against Racism work taking place across the Group focussing on workforce, patients/service users and community. The Committees endorsed the progress of the programme of clinically led quality improvement</p>

	<p>round tables which would bring together teams to share skills and experiences to deliver quality improvements in care and outcomes. An update was provided on the Provider Collaborative Innovation Programme and the committee agreed progressing the potential for a Group strategic objective around this work. The Group also agreed the process for an annual review of the Group’s effectiveness and Memorandum of Understanding and the reporting mechanism into Trust Boards at the last meeting. Alexander Carpenter asked if further joint Board work on the macro topics is planned, and Angela Hillery confirmed that this is planned for the future – with the possibility of these joint Board workshops taking place once or twice a year.</p> <p>Resolved: The Board received the report for information and approved its contents.</p>
TB/23/108	<p>East Midland Alliance Common Board Paper – Paper L:</p> <p>Paul Sheldon presented the paper on behalf of David Williams confirming that the common Board paper provides an update on the activity of the Alliance and is presented to the Boards of the six members of the East Midlands Alliance for Mental Health, Learning Disabilities and Autism. Angela Hillery confirmed that the Chair and Chief Executive group met in early June to review the strategic direction of the Alliance and have begun to develop a refreshed set of strategic themes which include Safety; Quality Improvement; Workforce development; Innovation; Collaboratives and population health and a stronger collective voice. This was a really valued and welcomed opportunity and discussions around becoming smarter in the next phase is welcomed. The Board was asked to note the progress made by the Alliance with collaborative work under these six strategic themes; to note the success in attracting discretionary funding to support the delivery of the strategic themes; to note the areas of focus for the professional networks, CEO group and Alliance Board and to review the summaries of the joint Chair and CEO meetings held in May and June. It was confirmed that the sustainability conversations that have taken place within this forum have been very encouraging. The Chair commented that the report shows many examples of great work by the Alliance partnership. Hetal Parmar commented that the content in the report is really encouraging but questioned if 6 strategic themes is trying to do too much too quickly? Angela Hillery confirmed that part of the work was to revisit the themes and work remains ongoing around priority themes and these are the questions we are asking ourselves. Helen Thompson commented that it will be key to get better links to increase support and share the work at an operational level – this is an area that could be strengthened as could really support the work on the ground, for example the Healthcare Support Worker programme. Angela Hillery commented that now the Alliance is established their work can begin to go beyond strategy and this will be evident in the next phase of work.</p> <p>Resolved: The Board received the report for information and assurance noting the detail as requested.</p>
TB/23/109	<p>Quality & Safety Committee Highlight Report – 27th June 2023 – Paper M:</p> <p>Josie Spencer presented the paper confirming high and medium assurance was noted throughout. The Board’s attention was drawn to the deep dive carried out on the pressure ulcer work which considered the impacts and outcome in this area of work. The significant wait times were also a focus at the meeting, and this will continue at the next meeting with a quality and safety lens on harm reviews.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/110	<p>CQC Update Including Registration – Paper N:</p> <p>Anne Scott presented the paper to provide assurance on compliance with the CQC fundamental standards and an overview of current inspection activities. The Trust continues to prioritise quality improvement, patient care and compliance with the Care Quality Commission (CQC) fundamental standards in all care delivery. The trust is currently working in conjunction with Northampton Healthcare Foundation Trust to release a series of communications for all staff providing information on the changes within the CQC, the</p>

	<p>new ways of inspecting and evidence required. The continued governance arrangements for the CQC assurance action plan incorporates ongoing monthly meetings with key nominated leads from the directorates and the Quality Compliance and Regulation team, to update evidence of embeddedness and sustained governance and oversight. The action plan's current focus is around the estates and facilities work in relation to ensuring that the dormitories eradication remains on track and ensuring that Trust wide learning from the inspection is shared through various forums and communications bulletins. Since the last report in May 2023 there has been one further Mental Health Act inspection carried out at Stewart House and the Trust is waiting for the final report. Since May 2023, the Trust has participated in a number of external visits detailed within the report with all visits being welcomed by staff and positive feedback having been provided. Since May 2023, there has been a further four Quality Visits carried out by the Quality Compliance and Regulation team on including Ashby ward; Ward 4 at Coalville Community Hospital; Clarendon ward and Welford (ED) ward. 15 Steps visits and Board walks continue, and all services have now participated in the VHSA (Valuing High Standards Accreditation) self-assessment. There have also additionally been 2 further Mental Health Act inspections on Thornton Ward and Mill Lodge with positive feedback so far – these will be reported on in the next report.</p> <p>The Chair asked about intelligence we may have gathered through the VHSA assessments, and Anne Scott confirmed that a 'heat map' is being drafted to support the overall CQC activity picture. Angela Hillery highlighted that the CQC Lead Inspector Craig Howarth met with staff from LPT recently, this was a helpful meeting, and the opportunity was used to introduce three areas of achievement – the pastoral award for international nurses' recruitment; Quality Improvement programmes and Director of Nursing fellowships – this was very well received by the CQC. There are currently two main criteria for future inspections – high risk and services that have not been inspected for 5 years or more.</p> <p>Resolved: The Board received the report for information.</p>
TB/23/111	<p>IPC Report (6 monthly) – Paper O:</p> <p>Anne Scott presented the paper to provide assurance as the Director of Infection Prevention and Control (DIPaC) that the trust has a robust, effective and proactive Infection Prevention and Control (IPC) strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. An update on the COVID-19 pandemic figures was shared – further detail is contained within the report. The review contains 116 KLOES and details of this are in the report. The team has been checking and monitoring for legionella across all sites to ensure compliance. The flu vaccination details are in the report. An audit around ventilation has taken place and details are contained within the report.</p> <p>Josie Spencer asked about the C-Difficile upsurge rates with particular focus on one ward and Anne Scott confirmed that all cases are investigated, and learning has been shared and there is nothing additional to sight the Board on. Ruth Marchington asked about the 50% reduction of infections and that the data is absent in these areas – Anne Scott confirmed that this data will be added once received. Alexander Carpenter commented that conversations around cleaning and Business As Usual metrics have been discussed within Finance & Performance Committee and agreed the metrics will be useful to see.</p> <p>The Chair asked if the capital programme sufficiently funds the ventilation programme and Paul Sheldon confirmed that it doesn't, and the spend has been substantial but it was a cost that had to be incurred, some of these schemes fall into revenue costs in the majority of cases.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/112	<p>Safe Staffing Monthly Report – April & May 2023 – Paper P:</p> <p>Anne Scott presented the papers which provide a full overview of nursing safe staffing during the month of April & May 2023, including a summary/update of new staffing areas</p>

	<p>to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. Temporary worker and agency rates have decreased but still used in order to remain safe. This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. It highlights that staffing challenges continue to increase. There is some evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times. The report confirms that whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing numbers are a contributory factor to patient harm, some correlation of impact of staffing skill mix and competencies are starting to be seen as a contributory factor in some serious incident and incident reviews linked to deteriorating patient, pressure ulcer harm and mental health observations. The report confirms that there is a level of concern about pressure ulcer harm in community nursing and the longer-term impact of deferred visits, and the potential for unknown risks and impact to outcomes and harm linked to a reduced service offer/Health assessments in Healthy Together teams and Looked After Children services. All of these issues are being robustly reviewed and risk managed. Senior clinicians and leaders work daily to mitigate risks. The Registered Nurse (RN) vacancy rate has increased as a result of the increase to the budgeted establishment. The Board was asked to confirm a level of 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 quality of care.</p> <p>Josie Spencer commented that recruitment and retention turnover figures are fairly low but due to establishment service changes it is difficult to measure success and requested further information to support understanding the risk. Sarah Willis confirmed that this position is tracked, and this information can be shared with Board to describe the comparative picture. The LPT turnover (RN) is monitored through the workforce plan, and we are doing well with this.</p> <p>Ruth Marchington asked with regards to CQC visiting a ward with a high level of bank/agency staff could be a challenge and is there a plan in place for this. Anne Scott confirmed that there is a plan to relaunch "time to shine" and with regards to the narrative all managers are involved in recruitment planning and aware of the need to reduce temporary workers, but we must remember that bank staff are our team. The message that the CQC should hear is around being safely staffed. Sam Leak confirmed that agency staff can often fill a large part of the team and are part of our celebrating success. The current recruitment drive is proving a success (50 Healthcare Support Workers recruited recently) and includes encouraging our temporary staff to become permanent. Angela Hillery commented that our workforce remains a key focus and priority and the QI work around reducing the length of recruitment time is key. We need to keep focused on workforce and safety issues daily. The Chair noted the low rate of agency completing their basic and intermediate life support training and Anne Scott confirmed that there is a plan to tackle this which will be reported on.</p> <p>Resolved: The Board received the report for information and confirmed their assurance considering the issues raised and mitigations in place.</p>
TB/23/113	<p>Privacy and Dignity Annual Declaration and Single Sex Accommodation Annual Declaration – Paper Q:</p> <p>Anne Scott presented the paper containing the Same Sex Accommodation Annual report including annual declaration of compliance confirming that in 2022/2023 there were no unjustified or justified mixed sex accommodation breaches reported in line with national guidance.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/114	<p>Patient Safety Incident and Serious Incident Learning Assurance Report – Paper R:</p>

	<p>Anne Scott presented the paper which is a report for May and June 2023 providing assurance on the Trust’s incident management and Duty of Candour compliance processes. The report details and reviews systems of control which continue to be robust, effective, and reliable underlining the Trust’s commitment to the continuous improvement of keeping patients and staff safe by incident and harm reduction. The report also provides assurance on ‘Being Open’, details the numbers of serious incident (SI) investigations, the themes emerging from recently completed investigation action plans and a review of recent Ulysses incidents and associated lessons learned. Teams continue to work together to continuously improve the review and triangulation of incidents with other sources of quality data and further detail on this is contained within the report. It was confirmed that challenges continue with compliance with timescales but that this is an improving picture and as the Trust moves closer to transitioning to Patient Safety Incident Response Framework (PSIRF), more efficient ways to investigate incidents are being considered and this should support the reduction of the number of lengthy reports required. LPT held the PSIRF planning day on 19th June and 6 priority areas have been selected from evidence presented by the Directorate teams. The appendices within the report contains data and patient safety stories to share the work of the team. Josie Spencer asked with the rise in number of incidents if the violence and aggression deep dive has been planned and Anne Scott confirmed that this could be planned for the next Quality & Safety Committee. Ruth Marchington asked if the Statistical Process Control (SPC) charts could have the violence and aggression interventions mapped onto them so we can see the impact.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/115	<p>Patient and Carer Experience, Involvement and Complaints Report Q4 – Paper S:</p> <p>Anne Scott presented the paper confirming that in Q4 the Trust formally registered 48 new complaints, which is a decrease compared to the same period last year but a slight increase from the previous quarter. Although the Trust continues to see an overall decrease in the number of new complaints being registered year on year, it has been noted that in Q4, the Complaints and PALS Team have seen a significant increase in contact via telephone, email, and letter, however, despite issues with capacity across the team in Q4, the team have continued to manage most contacts via the informal route where possible. The report noted that there has been a decrease in the rate of acknowledgement of complaints within 3 working days, which has dropped from 97% in Q3 to 85.4% in Q4. It was noted that the team have been experiencing issues with capacity due to sickness and new staff are joining the team to support improvement. Q4 also saw 4 cases breach their given timeframe, with 17 managed within their timeframes, 1 paused awaiting a meeting to take place and 1 reopened due to not all issues being addressed. The change leaders work is supporting the work of the team, and this will be further reported on in the next quarterly report. The lived experience partners framework and approach is being adopted at LLR system level due to its success. Recommendations from the 360 Assurance internal audit are being implemented. The Board received assurance that robust systems and processes are in place to ensure that complaints are being managed effectively in accordance with both the Trust and regulatory requirements.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/116	<p>People & Culture Committee Highlight Report – 27th June 2023 – Paper T:</p> <p>Ruth Marchington presented the paper confirming one area of low assurance linked with the Organisational Risk Register (ORR) due to three of current risks for which the Committee are responsible are considered as having low (red) assurance and one is outside the risk appetite. However, it was noted that mitigating action for these risks is covered within the Workforce and Agency reduction plan and the medical workforce plan. With regards to recruitment, it is in line with the plan, but the performance indicator refers to establishment and so is red due to working to a different target. With regards to development – it was agreed that more needs to be done to accelerate these new skill mix</p>

	<p>roles. Sarah Willis added that there are plans for a deep dive with Dr Anne Scott on new roles.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/117	<p>Freedom To Speak Up Guardian 6 monthly Report – Paper U:</p> <p>Pauline Lewitt and Chris Moyo presented the paper confirming that the report’s aim is to provide the Board with an update on the Freedom to Speak Up (FTSU) activity during Q4 2022/23 and Q1 of 2023/24. The report is structured in accordance with the guidelines outlined in ‘Freedom to Speak Up: A guide for leaders in the NHS. Detailed contained within the report was discussed and the Board was asked to support the information and assurance provided, acknowledge the FTSU activity and actions, be assured that concerns are addressed according to the Freedom to Speak Up policy and to confirm that the Trust Board actively supports and embeds a speaking-up culture. There had been a gradual decline in cases reported, but this is now increasing due to the increased visibility of the two Guardians. The quarter one data shows an equal spread across directorates. The themes in the report are through the eyes of the person reporting and are often in relation to a culture. The FTSU team constantly refers and signposts to other services with offers to mitigate concerns raised. A local survey was conducted receiving almost 500 responses and the staff survey results of 4 questions were positive, scoring just above the national average. An audit has been carried out by 360 Assurance with the results due at the end of August. The national picture was described – with the theme for October being ‘breaking barriers’ which fits in well with current ongoing work with the Our Future Our Way change leaders. We have secured the National Guardian Dr Jayne Chidgey-Clarke for a joint FTSU session with Northampton on 9th October.</p> <p>Ruth Marchington commented that the triangulation work detailed within the report is very positive and asked for an example theme. The team confirmed that this is often around soft themes for example recruitment and retention and the learning shows that we all have a piece of the puzzle and bringing this all together allows us to have a greater understanding. Angela Hillery thanked the team and acknowledged that there continues to be work to do across the Trust. The CEO, Chair and Senior Independent Director meet regularly with the FTSU team and coming out of covid there are new pressures and experiences that add a complexity to this work and our cultural work continues to consider the impact of this. LPT have committed resource to FTSU and will continue to do so. The Chair asked about the local survey themes and Pauline Lewitt confirmed that the results of this will feed into the Our Future, Our Way work and the next FTSU report to the Board.</p> <p>Resolved: The Board received the report for information and assurance confirming its agreement with the detail within.</p>
TB/23/118	<p>International Nurses Presentation:</p> <p>Asha Day and Angel, one of the international nurses, attended to describe the International Nurses Programme to Board. A video was shared with the Board about last year’s cohort of 30 nurses and the Board asked questions about their successes and challenges. Asha feels well supported by UHL and the Board in this work. LPT have been recognised nationally as having the best pastoral care package and have received an award for this. The first Mental Health nurse recruited on this year’s cohort was introduced to the Board and Angel talked about her journey from Zimbabwe to LPT on the International Nurses Scheme which was described as a positive and welcoming experience. She is very grateful for the opportunity and support both financially and emotionally to transfer to the Trust. She was placed on the Bosworth Ward in the Bradgate Unit and has been supported well by her colleagues. She has successfully passed her OSCE exam and her daughter has now joined her to live in the UK. Her challenge has mainly been transferring from a paper-based system in Zimbabwe to SystemOne electronic records. She continues to enjoy the work, the ward and the team she works in. Angela Hillery thanked Angel for sharing her story at Board today and commented that the courage it takes for the nurses to come over to this county to work is fantastic. The</p>

	<p>Chair thanked Asha for her continued hard work to successfully support international nurses and thanked Angel for attending the Board to present today.</p> <p>Resolved: The Board received the presentation for information.</p>
TB/23/119	<p>Guardian of Safe Working Hours Annual Report – Paper V:</p> <p>Saqib Muhammad presented the paper confirming that between April 2022 and March 2023, 15 exception reports were logged. This is a decrease in the number compared to the 27 exception reports logged in the previous 12 months. Of the 13 Exception reports, 7 were raised by one trainee and were all related to working overtime, missing educational opportunities during their regular working hours and were not related to on call issues. A further 2 Exception reports were raised by a trainee having to cover the Bradgate unit alone whilst being on call and a locum could not be sourced. The remaining 4 Exception reports were related to working overtime, not having rest, missed educational opportunities. During 2022/2023, no fines for breaches were levied. In order to support safe working hours actions have been implemented including the introduction of a small working group to include the Director of Medical Education, Guardian of Safe Working Hours, Medical Staffing Manager and StR reps which continues to meet to agree practical solutions to address overnight work intensity. This working group reports into the Junior Doctors Forum for oversight and sign off. Next day compensatory rest continues to be provided to any trainee that is unable to take the required rest overnight and hotel accommodation continues to be provided to any trainee that feels unsafe to travel home after an on-call duty.</p> <p>Saqib Muhammad also confirmed that the first international recruited doctor started with the Trust last week supported by the International Nurses Team that attended Board today.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/120	<p>Finance and Performance Committee Highlight Report - 27th June 2023 – Paper W:</p> <p>Faisal Hussain presented the paper confirming high assurance was received for most items presented with medium assurance being received for the Improving Access Report, the Financial Viability of the Beacon Unit and the Board Performance Report M2 2023/24 due to performance around CAMHS Access, CAMHS 52 weeks, Community Paediatrics over 52 week waits, Memory Clinic and ADHD services, an improvement had been seen in the Adult Autistic Spectrum Disorder Service. Performance continues to be tracked very carefully by FPC. FPC supported the review of the bed-based model in relation to the Beacon Unit and this will be monitored at a future meeting. Faisal Hussain confirmed that the recent cyber security report received by FPC was very positive.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/121	<p>Finance Monthly Report – Month 3 – Paper X:</p> <p>Sharon Murphy presented the paper which outlines the financial position for the period ended 30 June 2023 (month 3). A net income and expenditure deficit (overspend) of £634k is reported for the period. This is an adverse variance of £13k compared to the year-to-date June plan which is a deficit of £621k. Within the overall month 3 position, net operational budgets report a £615k overspend. The Estates position is overspent by £931k – offset by underspends elsewhere. All other directorates are underspending. DMH services are underspending by £151k, FYPC by £35k, LD services by £64k, Hosted by £32k, Enabling services by £28k and CHS services by £5k. Central reserves report a temporary favourable variance of £602k which largely offsets the net directorate overspend leaving the residual £13k deficit for the Trust as a whole. The closing cash for June stood at £33.2m and this equates to 31.8 days’ operating costs. The year end forecast is currently assumed to deliver break-even in line with plan, but the level of risk reflected in the break-even assumption prompts an ‘amber’ forecast RAG rating.</p> <p>Directorate variances in the income and expenditure position are detailed within the report. Cost Improvement Plan work is ongoing, and it is anticipated that performance will improve in the later months of the year. The team are currently working through the</p>

	<p>medium-term financial strategy alongside ICS partners. Agency spend in June is the lowest reported since January 2023 which shows that we are moving in the right direction. . The ICB position at month 3 is reporting a £10m overall revenue deficit which is off plan, but a break-even forecast position continues to be reported.</p> <p>The capital spend for June is £1,898k, which is within limits. The likely year end forecast is also within the limits for the year. Around 10% of the capital plan has been spent to date – the plan has been reprioritised due to the Langley Ward works cost increasing by £1.4m. Due to the material value of the increased Langley scheme, Board were asked to approve the increase. The system capital Group meeting took place last week with LPT receiving an additional £1m which will help to reinstate the contingency. The additional £3.0m system funding was received following all partners delivering their 22/23 revenue plans. Significant values of capital schemes being carried forward into next year’s capital plan are being monitored.</p> <p>The Better Payment Practice Code (BPPC) target is to pay 95% of invoices within 30 days and cumulatively the Trust achieved 3 of the 4 BPPC targets in June. The team continue to manage and monitor this but due to the current position this may be difficult to recover. The Chair asked about the areas in the capital plan carried forward and re-prioritising the Stewart House and its accessible bathrooms – Sharon Murphy and Anne Scott confirmed that there is other work that needs to be completed before the bathroom work and this can be described to the CQC.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/122	<p>Performance Report – Month 3 – Paper Y:</p> <p>Sharon Murphy presented the paper which details trust wide performance across services. The Board were asked to note that due to a cyber incident affecting multiple providers, LLR level performance figures sourced from the MHSDS publications have been published, however, NHS England have noted that these may not serve as an accurate reflection of performance. Previous months’ data will be backdated in due course. This affects the ‘MH Core Data Pack’ section of the report. CYPED metrics, which are sourced separately, have not yet been backdated for Quarter 2.</p> <p>The Cognitive Behavioural Therapy 52 week waits exception page has been removed after performance significantly improved in last month’s BPR and shown that it would no longer consistently fail to meet the target, but performance has deteriorated in month 3. Work is ongoing to define the time period to report on exceptions. Trust level target for the Agency Costs metric has been updated, with RAG ratings removed for Directorate level performance. Agency Costs and Clinical Supervision performance has significantly improved and shows that it will no longer consistently fail to meet the target.</p> <p>The Chair commented that the new report format is very helpful and the exception reports clearly show the trajectory and action being taken. Hetal Parmar asked if we could be doing more at Board level to support work and Sharon Murphy confirmed that any request for help would be escalated up and there is nothing in addition to the support already ongoing.</p> <p>Resolved: The Board received the report for information and assurance and approved its contents.</p>
TB/23/123	<p>Charitable Funds Committee Highlight Report – 13th June 2023 – Paper Z:</p> <p>Cathy Ellis presented the paper confirming that all areas of discussion received high assurance ratings from the committee. The committee have received a legacy of over £380k for St Lukes Hospital which is very positive news. Dunelm our corporate partner sponsored the recent long service awards and will also sponsor the Celebrating Excellence awards. Current appeals are for: dementia friendly wards, patient gyms, garden therapy, Beacon Unit sensory room..</p> <p>Resolved: The Board received the report for information.</p>
TB/23/124	<p>Review of risk – any further risks as a result of board discussion?:</p> <p>No further risks were identified as a result of the discussions in today’s meeting - Capital</p>

	issues remain on the radar to monitor.
TB/23/125	Any other urgent business: No other business was raised.
TB/23/126	Papers/updates not received in line with the work plan: All papers were received in accordance with the work plan.
TB/23/127	<p>Public questions on agenda items: An anonymous question was received and presented to the Board – the question has 3 key areas and was responded to accordingly:</p> <p><i>Part 1 - Aside from banning staff from ordering essential items such as patient labels and paper, how is the Trust attempting to address the apparently huge financial problems they are being faced with?</i></p> <p>Sharon Murphy confirmed that the Trust has a break-even plan for 2023/24, and we are currently forecasting that we will deliver that plan. There are financial pressures, most of which we were aware of at planning stage, so we developed our 2-stage recovery plan – the in-year plan which will help us to mitigate those pressures and a medium-term plan which is supported by our enhancing value approach of looking at long term financial sustainability. We have asked the Trust’s staff to support our in-year delivery through actions such as roster management & annual leave booking, and we have provided regular updates/savings ideas through our Penny Powers messages. We promote the use of “Warp It” to recycle & reuse unwanted items throughout the Trust rather than buying them – this could include labels, which are currently masked in our ordering system, but can be unmasked & ordered as needed. There are no restrictions on ordering paper, and no items are banned, we always work with teams to ensure that the quality & safety of our services as well as value for money is at the forefront of all our purchasing decisions.</p> <p><i>Part 2 - What is the Trust attempting to do to address the serious problem of staff recruitment and retention at the Bradgate Mental Health Unit which is having a clear and enduring effect on the safety and provision of inpatient mental health care for the people of Leicester?</i></p> <p>Sarah Willis confirmed that our People Plan shows our dedication to making LPT a great place to work and receive care. It promises that we will lead with compassion and inclusivity, with the health and wellbeing of our staff at the heart of all we do. It shows how we will work together to create an inclusive culture, where there is no discrimination or bullying. Through effective workforce planning we will nurture and support our staff to progress and flourish, offer them opportunities to deliver care through new models and in new roles. These high-level overarching themes are reflective of the national NHS People Plan and the People Promise.</p> <p>Specifically, we have a workforce plan which is owned by the executive team as a unitary board and has been approved through the Executive Team meetings. The plan has been developed in conjunction with our people plan and people promise and sets out our ambition and plans to address the significant workforce challenges the Trust faces in particular the vacancy rate and agency use.</p> <p>The plan aims to address short and longer terms actions which will be implemented at trust wide and local service level. The plan demonstrates refinements in our governance structure with operational grip provided through the Directorate Management teams and Executive Management Board and also assurance through the new People and Culture committee. Our ambition in the plan is to have zero vacancies in our admin and health</p>

care support worker professions, to tackle the nursing workforce challenges through growing our own, new roles development and international nursing. Implementing retention strategies through the people promise and to address the consultant vacancy rate and locum use.

This is an evolving plan and will be updated as we move through the years to reflect the changing needs of our workforce challenges it is intended to become embedded in how we will continually assess and take action to address workforce risks using workforce data. The plan also confirms the grip and control over our agency use which in turn will respond to the NHSE controls on agency spend whilst also ensuring safer staffing and patient safety are paramount.

A QI project is ongoing around time it takes to recruit and a review around how recruitment is carried out is taking place. On Saturday 29th July a recruitment day is taking place where appointments are being made on the day – an important part of supporting services across the Trust.

Part 3 – Is the Board aware of the poor morale within mental health service staff (both inpatient and community) in large part, due to the poor communication and poor leadership and management ‘skills’ of Band 8 staff within the service?

Jean Knight responded that The Trust Board has many mechanisms to ensure we hear the staff voice across the Trust, and this includes the ability to drill down into specific areas. This includes the staff survey, freedom to speak up, the accountability framework which encompasses feedback from staff, feedback from staff side colleagues as well as the quarterly pulse survey. Information from these feedback routes enables us to have clear oversight of all plans in place to address any concerns raised by staff. LPT had positive feedback from the last annual staff survey which has been previously shared at Trust Board. In that staff survey 663 people from the Directorate of Mental Health (DMH) responded; these results were slightly lower than the Trust average and the national benchmark but not significantly. The DMH team have reviewed heat maps and have identified priorities for targeted engagement and interventions where required. In addition, the Trust has continued the work with change leaders across the organisation to hear detailed feedback through Our Future Our Way programme. A number of listening events, surveys, roadshows and interviews with staff (including board members) have taken place. All of the feedback was brought together in the synthesis day in July where actions and plans were co-produced. This level of staff engagement is not seen in all NHS organisations, and this is an indication of how important the staff voice is to the Board. All members of the Trust Board and other senior colleagues across the Trust undertake Board walks and visits to services across LPT and this feedback is also shared with members of the Executive team and senior colleagues within the Trust to ensure actions are taken. It has been through these visits, through feedback from staff side colleagues and by understanding themes from FTSU concerns which has enabled the senior team in the Mental Health directorate to identify additional areas which need to be improved and supported within their directorate. One of the actions being taken is specific training and organisational development for colleagues in the Directorate to support their leadership journey and how they can consistently demonstrate LPT’s leadership behaviours.

Close - date of next public meeting: 26th September 2023