

Minutes of the Public Meeting of the Trust Board

28th November 2023, 9.30am-1.00pm

Meeting held virtually via MS Teams

Present:

Crishni Waring, Chair
 Faisal Hussain, Non-Executive Director/Deputy Chair
 Ruth Marchington, Non-Executive Director
 Hetal Parmar, Non-Executive Director
 Prof. Elizabeth Anderson, Non-Executive Director
 Angela Hillery, Chief Executive
 Sharon Murphy, Director of Finance
 Dr Bhanu Chadavalavada, Medical Director
 Dr Anne Scott, Director of Nursing AHPs and Quality
 Jean Knight, Managing Director/ Deputy Chief Executive

In Attendance:

Sam Leak, Director of Community Health Services
 Tanya Hibbert, Director of Mental Health
 Helen Thompson, Director Families, Young People & Children Services and Learning Disability and Autism Services
 Kate Dyer, Acting Director of Governance
 David Williams, Director of Strategy and Partnerships
 Paul Sheldon, Chief Finance Officer
 Kamy Basra, Associate Director of Communications and Culture
 Sonja Whelan Corporate Governance Co-ordinator (Minutes)

TB/23/162	<p>Apologies for absence: Apologies for absence were received from Sarah Willis, Alexander Carpenter and Josie Spencer.</p> <p>The Podiatry Team presenting the staff voice and service presentation were welcomed, along with Dan Norbury who was attending the meeting on behalf of Sarah Willis. Dr Bhanu Chadavalavada, Medical Director, was also welcomed to his first public meeting of the Trust Board.</p> <p>The Trust Board Members (Paper A) This diagram introduced the Trust Board Members for Leicestershire Partnership NHS Trust (LPT)</p>
TB/23/163	<p>Patient Voice Film – CHS - Podiatry Service Sam Leak introduced this film from a patient describing his experience of the Podiatry Service and his journey to receive the treatment he required. Lesley Weaving (Podiatry Lead), Rachel Norton (Podiatry Lead) and Alex Woodward (Operational and Transformation Lead) were then available to answer any questions.</p>

	<p>During the film, the patient explained his condition and how his GP had referred him three times to the local medical centre who in turn referred him to the Leicester Royal Infirmary (LRI) where he had a further three appointments. He was treated at the LRI for an infection, but this did not resolve the health issues and pain he was experiencing. Once referred into the Podiatry service, the patient very quickly received the appropriate treatment from what he described as a wonderful, thoughtful and caring team and in particular Helen Parberry. The patient was now not in any pain and very thankful for the service he received from the Podiatry team.</p> <p>Ruth Marchington asked if there were any lessons to be learned from the experience of accessing the Podiatry Service. Lesley Weaving confirmed that feedback had been given to the GP who initially made the referral to the LRI.</p> <p>David Williams commented that the film portrayed how confidence and mobility impacted wellbeing which in turn led to more independent living; he added it was important to continue to support patients to support themselves.</p> <p>Faisal Hussain asked how the team managed pressure and supported each other during and following the Covid pandemic with the associated challenges. Rachel Norton explained that patients were prioritised during the pandemic and that they worked within an incredibly supportive team. Since this time and with the service improvements and increased capacity, treatments and follow up appointments could be offered to patients sooner. The team worked well together with patient caseloads being shared.</p> <p>Angela Hillery offered thanks to the team for their compassion, and responsiveness, and the difference the team were making to patients. Hetal Parmar echoed those thanks.</p> <p>Wendy Cartwright, Podiatry Assistant, stated that as a self-referral service, patients felt empowered rather than having to go through their GP. Crishni Waring reflected on the importance of highlighting the availability of access through self-referral, particularly in primary care.</p> <p>The Chair offered thanks on behalf of the Board to Stuart and the team for sharing their story.</p>
TB/123/164	<p>Staff Voice – CHS – Podiatry Service</p> <p>In attendance for this item were Helen Parberry (Advanced Podiatrist and Team Lead), Leigh Hudson (Advanced Podiatrist and Team Lead), Rakesh Gandhi (Podiatrist), Wendy Cartwright (Podiatry Assistant) and Aaran Barratt (Booking Office Lead).</p> <p>Leigh Hudson described his role which was specialist in terms of ‘high risk diabetic foot’ where he was involved in supporting the multi-disciplinary clinic at the Leicester General Hospital (LGH). Leigh had also recently participated in the Trust Change Leader Programme and although his aspirations started in a clinical role, this developed into a management and leadership role and he was currently undertaking a Masters Degree in Management. He felt the Podiatry Service was a fantastic team to work in.</p>

	<p>Helen Parberry had always enjoyed her role and the team had developed and grown in a supportive, understanding and resilient environment. She strived to ensure all staff were developed and opportunities were provided, for example, in leadership and research which helps to ensure staff feel engaged.</p> <p>Wendy Cartwright had worked for the Trust for seven years. She confirmed she felt part of an inclusive service where her job role and understanding had grown - responsibilities included seeing new patients, delivering foot healthcare training and signposting to other services as needed. Wendy had undertaken training in functional Maths and English skills and felt just as much of the team as the more qualified members of staff.</p> <p>Rakesh Gandhi had worked for the Trust for 14 years and was based in the City dealing with a diverse patient group with varying needs. He had mentored four podiatrists over the past 4 years and was currently a clinical educator for a podiatry assistant who had enrolled to become an apprentice in a degree programme. She had performed extremely well in her first year exams and had received a letter of recognition from the Dean of Podiatry at the University; this grow your own programme was a great internal recruitment drive and would help future-proof the podiatry profession. During 2024 Rakesh proposes to pursue a research project and, if successful, to publish it in the National Podiatry Journal. Rakesh felt he worked in a nurturing environment where his management team encouraged him to explore research opportunities and further develop his skills.</p> <p>Aaron Barratt explained the opportunity he was given to ‘step up’ and introduce new ways of working to help improve working practices and reduce the backlog of patients. Capacity was vastly improved and by early 2023, waiting lists had reduced from 16+ weeks to less than 4 weeks. In May 2023, Aaron started a Business Administration Level 3 Course. The changes made within the service had been hugely beneficial for both staff and patients.</p> <p>Faisal Hussain asked if there were any challenges for the team which Trust Board should be aware of and could further support. In response, Leigh said that across the country, podiatry courses were receiving reduced numbers of students which made developing staff within teams much more important – promoting podiatry as a career path would be very helpful.</p> <p>Jean Knight commented on the phenomenal and compassionate leadership being shown to each other within the team and felt this would be an exemplar service demonstrating how leadership had made a positive difference.</p> <p>The Chair thanked the team for such an inspiring insight.</p>
TB/23/165	<p>Declarations of Interest Report (Paper B) No further declarations of interest were received in respect of items on the agenda.</p> <p>Resolved: Trust Board received the paper and noted the declarations of interest contained within.</p>

TB/23/166	<p>Minutes of the Previous Public Meeting held 26th September 2023 (Paper C) The minutes were approved by the Board as an accurate record of proceedings.</p> <p>Resolved: The minutes were approved by the Board.</p>
TB/23/167	<p>Matters Arising (Paper D) Actions 971, 972, and 973 were closed.</p> <p>Resolved: The matters arising were approved by the Board.</p>
TB/23/168	<p>Chair’s Report (Paper E) The Chair presented this report which summarised Chair and Non-Executive Director (NED) activities and key events relating to the Well-Led framework since the last Board meeting. The Chair drew attention to the enjoyable opportunity of the Freedom to Speak Up Masterclass where the national Freedom to Speak Up Guardian (FTSUG) attended and the opening of the CAMHS facilities at Westcotes Lodge where she met service users and staff.</p> <p>Resolved: The Board received this report for information.</p>
TB/23/169	<p>Chief Executive’s Report (Paper F) Angela Hillery introduced this paper which provided an update on current local issues and national policy developments since the last Board meeting. Salient points highlighted were the appointment of Rt Hon Victoria Atkins as Secretary of State for Health and Social Care, the new federated data platform and the use of health data, the Care Quality Commission (CQC) Annual State of Care report, and a visit from Emily Lawson, NHS England Interim Chief Operating Officer to the Leicester, Leicestershire and Rutland (LLR) System. In addition, a new Helpline had been launched to support families, carers and young people which was an example of a good facility to provide early intervention and support, and some medical staff had received recognition for their contributions. Angela Hillery confirmed that the staff survey response rate had improved this year which was encouraging to see and a joint Remembrance Service event with University Hospitals of Leicester (UHL) had taken place in November with thanks being offered to all those who helped to organise.</p> <p>Anne Scott clarified the guidance around face masks which was to wear them in some clinical areas only, with any further changes being shared by communications; it was encouraging to see the number of outbreaks had significantly reduced but this was continuously being monitored.</p> <p>Liz Anderson was delighted to hear about the Healthy Together Helpline and asked whether it was a 24hour service for those mothers who were in distress during the night/weekend. Helen Thompson clarified the service was not 24 hour, however, the calls were routed back to 111 during out of hours.</p> <p>Resolved: The Board received this report for information.</p>
TB/23/170	<p>Organisational Risk Register (Paper G)</p>

	<p>The Organisational Risk Register (ORR) contained strategic risks and was presented as part of a continuing risk review process. Kate Dyer explained there were currently 20 risks on the ORR, of which 8 had a high current risk score. Changes during October and November 2023 were highlighted as detailed within the report.</p> <p>Kate Dyer confirmed that the monitoring period of Risk 87 had come to an end so the proposal was to close this risk and monitor going forward. Risks 84 and 85 had been merged into one new Risk 94 which was being refreshed and Risk 95 (backlog of recruitment) was a new risk.</p> <p>Ruth Marchington asked about Risk 94 - the identification of a gap on racist behaviour from patients towards staff members and queried what action was being taken to mitigate that gap. In response, Kate Dyer advised the item was included on the ORR for oversight but was being managed at a directorate level. Tanya Hibbert confirmed this had been placed as a specific risk on the Risk Register within the Directorate of Mental Health following staff stories and feedback with actions being progressed through the Directorate Equality Diversity and Inclusion (EDI) meeting which in turn fed into the Trust EDI group and Together Against Racism (TAR) workstream. It was noted that identifying this action on the ORR would be helpful to make clear it was being addressed. In response to a further query from Hetal Parmar, Kate Dyer confirmed that she would ensure further clarity around improvement targets and timelines in future iterations of the ORR so that the Board could be assured mitigating actions were being taken to reduce risk levels.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/171	<p>Documents Signed Under Seal - Quarter 2 Report (Paper H)</p> <p>Kate Dyer confirmed there had been no documents signed under seal during Quarter 2, 2023-24 from 1 July to the end of September 2023.</p> <p>Resolved: The Board received this report for information.</p>
TB/23/172	<p>Service Presentation – CHS – Podiatry Service</p> <p>Alex Woodward (Operational and Transformation Lead), Lesley Weaving (Podiatry Lead) and Rachel Norton (Podiatry Lead) gave this presentation for the Podiatry Service which outlined the structure of the team, challenges and progress made.</p> <p>The service received over 1,500 referrals per month, offered 4,600 appointments per month and over 3,000 inbound calls were received each month. Following the pandemic, demand and capacity was managed through a triage system. Patients were contacted by telephone to see if the service was still required thus enabling podiatry assistants to see more new patients. This was an enormous help and served to reduce non-clinical time for all clinicians and increased appointment capacity, allowing an extra 30 minute appointment per day for clinicians. The auto discharge process was changed to 6 months which appeared to still be working well. The Podiatry website had been improved with links to information on various conditions now available – this meant some patients did not need to access the appointment service. Through the actions described the waiting list had</p>

	<p>reduced and patients were now offered appointments as soon as triage had taken place – this was an improvement the service was extremely proud of. In both 2022 and 2023, the Service won the LPT Celebrating Excellence Delivering Exceptional Care Award.</p> <p>Faisal Hussain asked how the team served the whole range of diverse communities within LLR and how the voluntary sector was involved. Lesley Weaving advised how footcare training was provided to Age UK and how the service was now working more with the voluntary sector. The website included access to information in over 30 languages making it very accessible and the team would be reaching out to communities in person as their next steps.</p> <p>The Chair offered very well deserved thanks on behalf of all Board members commenting that the benefits of working together in a compassionate service with great leadership were clear.</p>
TB/23/173	<p>Step up to Great Quarter 2 Report (Paper I)</p> <p>David Williams presented this quarterly progress report for the delivery of Step up to Great. Attention was drawn to developments around:-</p> <ul style="list-style-type: none"> • High standards including the development of the Great Nursing Care Standards co-produced with patients and carers and the Daisy Awards that recognise the nursing staff who are delivering high quality care across Leicestershire Partnership NHS Trust (LPT); • Transformation whereby all eight strategic programmes are now in delivery supported by the Project Management Office (PMO) team; • Reaching Out illustrated by the publication of the new Social Value Charter and the success of the Sector-Based Workforce Academy Programme (SWAP) with the aim of upskilling local people wanting to apply to work for the NHS. Since the launch of the programme there have been seven students who had successfully applied for roles at LPT/UHL. <p>During recent executive team discussions regarding the redevelopment of the Board Assurance Framework (BAF), it was agreed that rather than detailed updates on progress, Trust Board receives updates by exception from the beginning of the new financial year.</p> <p>The Chair asked about the 2024-25 efficiency programme and whether it was specific to the East Midlands Academic Health Services Network (EMAHSN) or whether it was referring to something broader. David Williams and Sharon Murphy both clarified that although there was willingness to look at different approaches to help large scale transformation, nothing specific had yet been identified for 2024-25 but positive conversations with EMAHSN (now called East Midlands Innovation) were taking place.</p> <p>The Chair queried the statement about the lack of systems and processes in place to collect patient experience data from different demographics particularly for BAME groups and wanted to understand the implications for the implementation of the Patient Care Race Equality Framework (PCREF) that required the Trust to be able to look at data from different parts of the community. It was confirmed that as an evolving piece of work, the Trust</p>

	<p>would take learning from sites that had already taken this forward. The importance of accessing data to represent LLRs different communities was agreed.</p> <p>Resolved: The Board received this report and noted the contents.</p>
TB/23/174	<p>Group Update: Joint Working Group Highlight Report 13 November 2023 (Paper J)</p> <p>David Williams presented this joint report which provided assurance on the progress of the Group model, strategic priorities, governance framework and other work streams for Leicestershire Partnership NHS Trust (LPT) and Northamptonshire Healthcare Foundation Trust (NHFT) Boards. The proposed focus and next steps were to look at well led reviews, sharing experience of BAF development, performance reporting, quality improvement, value and efficiency, social value, health inequalities, sustainability and deliver on learning and greater research opportunities. Faisal Hussain added that all board members were proactively looking how to better demonstrate the added value of group working and group initiatives.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/175	<p>East Midlands Alliance Common Board Quarterly Report (Paper K)</p> <p>David Williams introduced this report which shared the East Midlands Mental Health, Learning Disability and Autism Alliance update. Identified within the report was that delivery of the strategic objectives would be achieved in different forums. The date referred to in the report for a future meeting in March was attendance from organisations, not for all Board members to attend. It was confirmed that the work of the Alliance fed into systems in multiple ways via multiple forums. The launch of the Alliance website and quarterly newsletter was described as a significant step for the East Midlands Alliance.</p> <p>Resolved: The Board received this report and supported the vision, values, purpose and strategic objectives.</p>
TB/23/176	<p>Leicester, Leicestershire and Rutland LeDeR Annual Report 2023 (Paper L)</p> <p>Presented by David Williams, this report explained how the Learning from Lives and Deaths Review Programme (LeDeR) process worked, how data was presented, causes of death by demographic group, and further examined the leading causes of death in LLR.</p> <p>Ruth Marchington appreciated the logical way in which data was presented – a link to the outcomes against the action plan would have been helpful but it was very easy to read so thanks were offered. Anne Scott commented how far forward the work had come and the information and data analysis was fantastic.</p> <p>The Chair summed up that progress was evident but acknowledged that it was an ongoing challenge. The inequalities around learning disabilities were stark in their own right but when intersectional elements were added it was more shocking and being able to look at the data felt really powerful as the more data available, the more learning into action that could take place.</p>

	<p>Resolved: The Board received this report for information and assurance.</p>
TB/23/177	<p>Quality and Safety Committee Highlight Report 31 October 2023 (Paper M) Ruth Marchington presented this report in the absence of Josie Spencer which highlighted the discussions held at the Quality and Safety Committee (QSC) on 31 October 2023. The new format Triple A highlight report had been trialled. There were no Alerts to draw to the Board's attention. Out of the four Advise areas, the following were highlighted:-</p> <ul style="list-style-type: none"> • High number of amber assurances from the Quality Forum were queried and advised that some work had been undertaken to gain appropriate assurances from the level 2 and 3 groups which would then feed up through to Quality and Safety Committee. • A workaround solution had been introduced for recording patient observations whilst issues around the use of the BRIGID device were ongoing. • Concerns around nursing vacancies and training compliance under safe staffing <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/178	<p>Care Quality Commission Update (Paper N) Anne Scott presented this report which provided assurance on the Trust's compliance with the Care Quality Commission (CQC) fundamental standards. Further detail on current inspection activities, scrutiny and governance, Mental Health Act inspections, external and internal visits, Valuing High Standards Accreditation (VHSA) self-assessment and potential risks were contained within the report. Key areas of note were the outstanding action in relation to Estates and Facilities work which was on trajectory and progressing well. In the last few months two Mental Health Act inspections had taken place and went well. Excellent feedback from external visits had been received.</p> <p>Resolved: The Board received these reports for information.</p>
TB/23/179	<p>Safe Staffing Monthly Report – August and September 2023 (Paper O) This paper provided a full overview of nursing safe staffing for the months of August and September 2023, including a summary/update of new staffing areas to note, potential risks, and actions to mitigate the risks to ensure safety and care quality are maintained. The report triangulated workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback.</p> <p>Lack of good compliance with mandatory training for some bank staff had forced a move to restrict temporary workforce and workers not in date with clinical mandatory training and this was being managed through a risk based phased approach to mitigate risks and concerns.</p> <p>In response to a query from Faisal Hussain about the difficulty of clinical staff re-booking onto cancelled training Anne Scott responded there was a</p>

	<p>significant piece of work currently looking at a solution to this.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/180	<p>Patient Safety Incident and Serious Incident Learning Assurance Report (Paper P)</p> <p>Anne Scott introduced this report for September and October 2023 which provided assurance on LPTs incident management and Duty of Candour compliance processes. The process reviewed systems of control which continued to be robust, effective and reliable. The report also provided assurance on 'being open', numbers of serious incident (SI) investigations, themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned. Salient points highlighted included participation in the World Patient Safety Day event during September which provided the opportunity to listen to patients about what made them feel safe when receiving healthcare; this would become an annual event following positive feedback. Two Patient Safety Partners had been recruited recently and Change Leaders had identified some key areas in relation to psychological safety.</p> <p>At the beginning of November 2023 the transition took place to the new Patient Safety Incident Response Framework (PSIRF) and directorates were progressing plans well in supporting the transition. Challenges continued for investigation compliance timescales however this was an improving picture, as detailed within the report.</p> <p>There was normal variation in the number of Category 2, 3, or 4 pressure ulcers developed or deteriorated whilst in LPTs care – a CHS Pressure Ulcer Delivery Group was established in September 2023 to lead and drive improvement plans, reporting to the Trust Pressure Ulcer Prevention Group.</p> <p>Sam Leak added that whilst there was still normal variation in pressure ulcers, given the amount of vacancies and staff sickness in teams, this was in fact a positive picture.</p> <p>Faisal Hussain was pleased to read about the quality improvement project at Hinckley, but questioned how the learning would be shared going forward. Anne Scott confirmed that part of the ongoing improvement journey was to share the learning, and this was starting to happen.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/23/181	<p>Annual Flu Plan (Paper Q)</p> <p>Anne Scott presented this report which detailed the Trust's strategic staff flu vaccination programme and high level action plan in response to the national Frontline Healthcare Workers (FHCWs) flu immunisation programme for 2023-2024. Anne Scott highlighted the uptake as 43% which was above the national percentage. Low areas of uptake had been identified and were an area of focus. It was confirmed there would not be any financial penalty for not achieving the 75% target.</p> <p>Resolved: The Board received this report for information and assurance.</p>

TB/23/182	<p>Sexual Safety Annual Report 2022-23 (Paper R)</p> <p>Anne Scott presented this report which provided an update on actions to address how sexual safety was managed across the Trust. Numbers of incidents were detailed within the report and plans were in place to manage these. Several processes were in place to ensure sexually abusive or destructive behaviour is reported, risk assessed and minimised across wards and proactive measures were in place to secure the sexual safety of those patients particularly on mixed wards. The Trust has signed up to the Sexual Safety in Healthcare Charter which was published in September 2023.</p> <p>Angela Hillery pointed out the link back to the earlier item on the East Midlands Alliance as the Alliance was still attracting funding from the EMAHSN which was aimed at addressing sexual safety.</p> <p>Faisal Hussain was surprised to learn from the report that during the learning review exercise, many staff did not have the skills to promote or respond appropriately to sexual safety which he found concerning and asked what action plans were in place to rectify this and how measures would be tracked. Anne Scott explained that a number of actions were in place, as part of the Charter and the work to bridge those gaps was in hand - this work would be reported on in more detail, on a quarterly basis, as it progressed through the Quality and Safety Committee (QSC) initially. Ruth Marchington confirmed that she would feed this information back to Josie Spencer as Chair of that Committee.</p> <p>The Chair asked whether the increased numbers of incidents was in common with other organisations and in response it was confirmed that, as part of signing up to the Charter, data would be accessible to enable both regional and national comparisons in a more informed way.</p> <p>Resolved: The Board received this report and endorsed the Trust signing up to the new Sexual Safety in Healthcare Charter.</p>
TB/23/183	<p>People and Culture Committee Highlight Report 31 October 2023 (Paper S)</p> <p>Ruth Marchington presented this report and advised that, following previous Board discussions, the People and Culture Committee (PCC) had asked for more assurance on improving compliance for basic and intermediate lifesaving training and this would be given at the next PCC.</p> <p>Good progress was being made on reducing agency use other than community staffing which was considered to be low assurance for both performance and the delivery plan. It was acknowledged there was a disconnect between the plan for targeted recruitment for registered nurses in the community and the target for reducing off-framework use and agency workers – the executive team were to discuss further and update at the next PCC. There was also low assurance for performance around the backlog for successful candidates and the below plan performance for recruitment of registered nurses, healthcare assistants, administration and medical consultants although a more positive trajectory was expected at the next PCC meeting.</p> <p>Resolved: The Board received this report for information and assurance.</p>

TB/23/184	<p>Patient and Carer Experience and Involvement Annual Report 2022-23 (Paper T)</p> <p>Anne Scott presented this report which described the work undertaken in partnership with staff, patients and carers and illustrated the priorities and ambitions to understand and analyse the experience of patients and their carers. The report also detailed the Board to Ward programme developed to cover all services provided by the Trust. It was also confirmed that directorates were now looking to undertake deep dives in areas where qualitative and quantitative data was not being well captured and this would filter through to annual reporting in a more detailed way.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/185	<p>Gender Pay Gap Annual Report (Paper U)</p> <p>Dan Norbury presented this report on behalf of Sarah Willis and advised positive steps were being made. Alongside this report there was an action plan which detailed specific actions aligned to areas where more focus was required.</p> <p>Ruth Marchington was surprised to see the National Clinical Impact Awards (formerly known as Clinical Excellence Awards) back on the agenda as it felt like the scheme skewed figures in terms of the gender pay gap as there were more male than female consultants. Dan Norbury acknowledged that this would mean going back to a competitive process but the actions needed, reflected in the action plan, were to ensure that all those eligible do put themselves forward and the widest pool of candidates was attracted.</p> <p>In response to a query about an incorrect date/typographical error within the action plan, Dan Norbury confirmed the data was for the period 2022-23 and the submission date was 30 March 2024. Advice would be taken from Kate Dyer, outside of Trust Board, about where actions against progress would be reported into.</p> <p>Resolved: The Board received this report and approved the Gender Pay Gap metrics for submission to central government, approved the accompanying report for publication on the Trust's public-facing website and endorsed the Gender Pay Gap Action Plan.</p>
TB/23/186	<p>Finance and Performance Committee Highlight Report 31 October 2023 (Paper V)</p> <p>Faisal Hussain presented this report in the absence of Alexander Carpenter and drew attention to the positive discussion around the Beacon Unit financial position; the board performance report saw a slight deterioration in the number of special cause variations and the committee was looking at this carefully but there was high assurance that service areas had plans and actions underway; and finally, there was a positive discussion around improving access particularly for children and young people waiting for neurodevelopment assessment and treatment and the committee would be tracking this going forward.</p> <p>Resolved: The Board received this report for information and assurance.</p>

TB/23/187	<p>Finance Monthly Report – Month 7 (Paper W)</p> <p>Sharon Murphy introduced this report which presented the financial position for the period ending 31 October 2023. A net income and expenditure deficit (overspend) of £710k was reported for the period which was an adverse variance of £29k compared to the year-to-date October plan which was a deficit of £681k. Net operational budgets reported a £1,977k overspend; the Estates position being overspent by £2,858k and the majority of other directorates were underspending (Directorate of Mental Health services were underspending by £526k, Learning Disabilities services by £201k, Families, Young People and Children services by £72k, Hosted services by £47k and Enabling services by £37k), with Community Health Services breaking even.</p> <p>In month, a letter had been received from NHS England in relation to addressing the financial challenges created by industrial action which required submission of a revised financial plan on 22 November 2023 where the Trust confirmed its original break-even plan.</p> <p>The Trust had mitigated the original plan risks of £5m but also mitigated over £14m of risks which materialised in-year relating to areas such as estates overspend, pay awards, funding shortfalls, industrial action costs and the under-delivery of the original Cost Improvement Programme (CIP) plan – this was a positive achievement.</p> <p>The Integrated Care System (ICS) position was reporting a risk position of £61m deficit which was subject to a high degree of focus from NHSE. A lot of ongoing work was taking place and LPT were confident of delivering.</p> <p>Ruth Marchington asked when a plan would be developed for 2024-25 in terms of (CIP) planning. Sharon Murphy confirmed that executives had already had a meeting to start planning for 2024-25 and would be meeting again in January.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/188	<p>Performance Report – Month 7 (Paper X)</p> <p>This report, presented by Sharon Murphy, provided the Trust's performance against Key Performance Indicators (KPIs) for October 2023, Month 7. The exception matrix showed a move to seven areas for special cause of concern last month – there had not been any deterioration in position for this month. All exception reports had been updated and an in-depth review at accountability meetings would be taking place.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/23/189	<p>Charitable Funds Committee Highlight Report 27 September 2023 (Paper Y)</p> <p>The Chair presented this report and highlighted the activity being undertaken in terms of fundraising. Faisal Hussain reminded colleagues of the huge amount of work behind the scenes that Raising Health carries out to raise funds for additional enhancements that improve staff and service user experience.</p> <p>Resolved: The Board received this report for information and assurance.</p>

TB/23/190	<p>Review of risk – any further risks as a result of board discussion? Sexual Safety Charter item (minute no TB/23/182) – discussions around monitoring this moving forward.</p>
TB/23/191	<p>Any Other Urgent Business No other urgent business was raised.</p>
TB/23/192	<p>Papers/updates not received in line with the work plan: Safeguarding Annual Report – <i>deferred to 30 January 2024</i> Learning from Deaths Q2 Report – <i>deferred to 30 January 2024</i></p>
TB/23/193	<p>Public questions on agenda items One public question had been received which asked:-</p> <p><i>‘Can the board tell me why there is no specific email address for patients’ families to communicate with wards on the Mental Health Unit. Communication is only by telephone which means there is no record of conversations and families have to rely on staff recording matters of concern?’</i></p> <p>The response, provided by Tanya Hibbert and read out by the Chair was shared:-</p> <p><i>We agree this is a good idea and not something that we have in place currently. We will work up and sign off a process to make this work and pilot it on wards during Quarter 4. Pending the pilot, which we anticipate will be successful, we will roll out to all Mental Health wards from April 2024.</i></p>
<p>Close – date of next public meeting: 30th January 2024</p>	