

Minutes of the Public Meeting of the Trust Board
30th January 2024, 9.30am-1.00pm
Meeting held virtually via MS Teams

Present:

Crishni Waring, Chair
Ruth Marchington, Non-Executive Director
Hetal Parmar, Non-Executive Director
Prof. Elizabeth Anderson, Non-Executive Director
Alexander Carpenter, Non-Executive Director
Josie Spencer, Non-Executive Director
Angela Hillery, Chief Executive
Sharon Murphy, Director of Finance
Jean Knight, Managing Director/ Deputy Chief Executive

In Attendance:

Tanya Hibbert, Director of Mental Health
Helen Thompson, Director Families, Young People & Children Services and Learning Disability and Autism Services
Sarah Willis, Director of Human Resources and Organisational Development
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
Hari Subramaniam, Deputy Medical Director (on behalf of Bhanu Chadalavada)
Emma Wallis, Deputy Director of Nursing and Quality (on behalf of Anne Scott)
Pauline Lewitt, Freedom to Speak Up Guardian (in attendance for item TB/24/023)
Sonja Whelan Corporate Governance Co-ordinator (Minutes)

TB/24/001	<p>Apologies for absence: Apologies for absence were received from Faisal Hussain and Bhanu Chadalavada. Due to the current pressures in the system further apologies were received from Anne Scott and Sam Leak.</p> <p>The Chair welcomed colleagues from the Diana team, Hari Subramaniam (attending on behalf of Bhanu Chadalavada) and Emma Wallis (deputising for Anne Scott)</p> <p>The Trust Board Members (Paper A) This diagram introduced the Trust Board Members for Leicestershire Partnership NHS Trust (LPT)</p>
TB/24/002	<p>Patient Voice – FYPC/LDA Helen Thompson introduced the film from the Diana Service which described the support offered to two patients; Joshua and Soban. The Diana Service provides home and community-based healthcare to children and young people across Leicester, Leicestershire and Rutland (LLR).</p>

	<p>Joshua's family described how ongoing observations and investigations at hospital had previously caused him to become upset and distressed but through support ranging from therapeutic play to liaising with hospitals prior to appointments, those visits had become a lot less stressful. The family thanked the service and in particular Karen Mills, one of the Diana service practitioners.</p> <p>Soban described the support which allowed him to both live at home, attend school and take part in some of his favourite activities such as playing games, playing quiz's, ice skating and being taken to The Curve theatre. He thanked the service for being 'friendly, nice and kind'.</p>
TB/24/003	<p>Staff Voice – FYPC/LDA</p> <p>In attendance for this item were Erica Johnson (Service Manager), Jenna Hughes (Specialist School Nursing Team Lead), Jenny Doyle (Respiratory Physiotherapist), Helen Hughes (Specialist Practitioner) and Karen Mills (Child and Family Support Service – CAFSS – Practitioner).</p> <p>Jenna Hughes explained her role was to train the specialist practitioners who work in Soban's school setting ensuring all is safe and risk assessed. She added that Soban was a very bright young person who enjoyed being involved in everything.</p> <p>Jenny Doyle explained that respiratory physiotherapy had been part of the Diana Service for 10 years. The children on the case load had life limiting and life-threatening disease with a complex respiratory component and one of the mainstays of the respiratory physiotherapist role was to review children who may be poorly at home, offer a rapid response review to parents and to liaise closely with teams at the LRI (Leicester Royal Infirmary) and GPs (General Practitioners) to try and maintain children at home. Facilitation of discharge for children who have a strong respiratory need was also offered to move children back home earlier. In addition, physiotherapy programmes existed to keep children well with the cross over into school and respite – this was important as it allows children to carry on and keep well in the community.</p> <p>Karen Mills works for CAFSS (Child and Family Support Services) as part of the Diana team and her role involves using play to therapeutically support children before any procedures or medical treatment, as well as post procedurally, to help children if they have had a traumatic experience. Pre and post bereavement support was also offered to families and siblings.</p> <p>Helen Hughes was a specialist practitioner within the Diana service and had supported Soban for many years. She explained how children are supported with respite care by making it fun whilst carrying out all their medical needs and pointed out how this was an example of working across the whole service by linking in with others regarding care needs and treating children in the community rather than being admitted to hospital. The service is offered 24hours, 7 days a week and includes support to the whole family; attending a family wedding to deal with medical needs so that the whole family could enjoy their day was given as an example. Helen concluded by stating it wasn't 'just a role' for her – she really enjoyed it and felt privileged to work for the Diana service.</p>

Ruth Marchington asked whether the team felt supported by the Trust in terms of their own emotional and psychological support. The team confirmed they felt very supported through clinical supervision, regular 1:1s with managers, peer support, debriefing sessions and safeguarding supervision. They were a close team and always supported each other.

Angela Hillery thanked the team for such impressive, compassionate and inspirational work being undertaken which strongly showed the 'Think Family' approach being taken. In such challenging times, and due to the wide range of skills required, Angela asked how recruitment into the service and succession planning was working. Jenna Hughes advised that although recruitment was challenging, a member of staff who had recently joined the team had come through the nursing associate route and this was working really well.

Alexander Carpenter commented on, and thanked the team, for the compassionate care they delivered and intervention given to children to better their engagement with the health service thus removing barriers for them.

Jean Knight echoed thanks for the compassionate and family centred care being delivered. She asked how demand was changing and fluctuating, whether the supply of life saving vests (high frequency chest wall oscillation vests – referred to as the 'Vest') had been resolved and whether the team needed any support from the Trust. Jenny Doyle explained the supply issue with the vests had been resolved but due to the doubling in price, the team were investigating another device. The demand for the respiratory physiotherapy service had increased with a lot more children being referred in with greater needs and more dependency. The onus was to keep children out of hospital, which involved liaison with the different services. The rapid response visit contacts had also increased and this was deemed to be the biggest pressure point but was a service that parents appreciated the most.

Elizabeth Anderson asked whether the team felt they had the breadth of staff required and whether staff with new skill sets could help support. Jenna Hughes outlined the difficulty when young people transition into the adult sector as the service provided was not mirrored and this was scary for children and their families. The adult sector counterparts in UHL (University Hospitals of Leicester) were currently looking at either mirroring or having something similar to bridge the gap.

David Williams reflected how the high quality, compassionate care and wellbeing for all demonstrated the LPT Vision. It was important to keep enabling those who did not access the NHS via the standard route to give good outcomes through ongoing system conversations and to continue supporting populations.

The Chair noted that fundraising for vests had taken place before and if needed could perhaps be supported through LPT's Charity, Raising Health. Also shared was a reflection from Pat Bullen, the Change Programme Partner Strategic Lead, who commented how as a school improvement adviser to Leicester City Special Schools, she saw fabulous practice, support

	<p>and care from the Diana team.</p> <p>Erica Johnson hoped today had demonstrated the breadth of the Diana service in how it supported families and children staying in the community and the passion of the staff. She thanked the Board for listening to the staff and patient stories and welcomed visits to the team anytime. Helen Thompson referred to this being the 25th Year of the Diana Team which was a great achievement.</p> <p>The Chair thanked the team for their fantastic story, commenting that they should be very proud of the service they offer.</p>
TB/24/004	<p>Service Presentation – FYPC/LDA</p> <p>Helen Thompson introduced the service presentation which would look at the local and national picture for SEND (Special Educational Needs and Disabilities) and how to facilitate inclusion of all children across LLR (Leicester, Leicestershire and Rutland) in education. In attendance for this item was Pat Bullen (Strategic Lead for the Change Programme in LLR), Janet Harrison and Paul Williams (both Heads of Service for FYPC/LDA).</p> <p>Janet Harrison shared information about SEND Improvement in LLR. This included the SEND and Alternative Provision Change Partnership Programme launched in September 2023 as LLR had been appointed the Lead Partnership for the East Midlands Region, a new programme from NHSE (NHS England) called PINS (Partnership for Inclusion of Neurodiversity in Schools and existing local SEND risks and priorities.</p> <p>Pat Bullen gave an overview of the SEND Alternative Provision Change Partnership Programme and highlighted three key challenges facing the system:-</p> <ul style="list-style-type: none"> • The system was failing to deliver improved outcomes for children and young people with SEND. Children and young people with SEND were not consistently being helped to fulfil their potential. • Parents’ confidence in the system is in decline – too many parents have lost faith in a system that is not sufficiently responsive to them, which is increasingly adversarial, and in which they face long waiting times to access information and support for their children, including accessing therapists and mental health support. • Despite substantial additional investment, the system had become financially unsustainable – the government had increased investment in high needs by over 50% from 2019-20 to 2023-24, with no marked improvement in outcomes or experiences. <p>The Improvement Plan (March 2023) was then described - with the ambition to create a more inclusive education system that celebrates and enables success. The implication for LPT was being able to spread resourcing in offering the service. The focus therefore was around driving up the quality of ordinarily available provision, with the areas of reform being noted as:-</p> <ul style="list-style-type: none"> • Local area inclusion partnership and plans • Strengthened mediation • Digitised EHCPs (Education, Health and Care Plan) with a standardized template • Advisory tailored lists (of suitable schools)

	<ul style="list-style-type: none"> • Local data dashboards • Banding and tariffs • National standards for front line practitioners • Three tier system of alternative provision with sustainable funding • ELSEC (Early Language Support for Every Child) pathfinder • Effective multi-agency panels <p>Paul Williams highlighted how PINS fits with the improvement plan, goals and mission and for the local system this meant working closely with local authority partners and parent/ carer forums to consider expertise to support schools using a whole school approach. This would strengthen partnerships between parents and schools, develop schools' confidence and expertise in supporting neurodiversity within their classrooms, improve the school environment and develop an inclusive culture. PINS was part of a wider ambition to build capacity in mainstream education so all those working with children and young people with SEND have the knowledge and skills to do so. Alongside the Change Programme, PINS is part of a suite of reforms aiming to improve early identification and support for children and young people with speech, language and communication needs, ensuring their needs are identified earlier, with appropriate support put in place at an early stage.</p> <p>There are nine regions with different local areas representing them in this Change Programme. LLR are the lead local area partners on behalf of the East Midlands Region with Rutland being the Lead for the LLR Change Programme Partnership. Existing LLR priorities included preparing for adulthood and transitions and risks included capacity in health, increase in private health assessments which was putting significant pressure on the local system, and EHCP timeliness and response which was linked to increase in demand.</p> <p>In conclusion, Janet Harrison thanked the Board for their time and thanked Helen Thompson for her support in agreeing opportunities for staff to take part in change programme leadership and highlighted the newly emerging strong relationships with parent/ carer forums across LLR.</p> <p>Angela Hillery thanked Pat, Janet and Paul for their presentation acknowledging the incredible work taking place which was making a difference and which had illustrated an excellent example of partnership working.</p> <p>The Chair thanked the team for their presentation which provided some helpful context to the Board.</p>
TB/24/005	<p>Declarations of Interest Report (Paper B)</p> <p>Josie Spencer noted the Register had not been updated to reflect her additional non-executive role at Coventry and Rugby GP Alliance which commenced on 1 December 2023.</p> <p>No further declarations of interest were received in respect of items on the agenda.</p> <p>Action: Declarations of Interest Report to reflect updates.</p>

	<p>Resolved: Trust Board received the paper, noting the declarations of interest contained within and the required update.</p>
TB/24/006	<p>Minutes of Previous Public Meeting held 28 November 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/24/007	<p>Matters Arising (Paper D) There were no matters arising.</p> <p>Resolved: The matters arising were approved by the Board.</p>
TB/24/008	<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 particular attention to her visit to the Mental Health Liaison Service based at the LRI, the TAR (Together Against Racism) Workshop and how excellent it was to see the formal programmes of work determined as part of the next stages of the journey and finally, the Medical Trainees Awards where it was wonderful to see trainees being recognised.</p> <p>Alexander Carpenter asked about plans to run a session for the Board, or joint Board, around TAR as per the previous joint Board Workshop. The Chair advised the outline of the programmes of work were being taken forward and Board colleagues would need to be sighted. Angela Hilery added this remained one of the Group's strategic priorities. It was noted a joint Board Workshop was due to take place in February which would include general updates around priorities, but the previous Workshop had been more about launching the programme of work. In terms of Board assurance and progress, that would be via the Joint Working Group.</p> <p>Resolved: The Board received this report for information.</p>
TB/24/009	<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. Key points highlighted included:-</p> <ul style="list-style-type: none"> • the launch of the CQC's (Care Quality Commission) new assessment process which was being rolled out from the beginning of February. • the Joint Trust Board Workshop on 27 February 2024 would give an opportunity to hear more from Craig Howarth, CQC Lead • the CQC published its report into addressing health inequalities in local areas. • the Trust had recently had a CQC Inspection in mental health, PICU (Psychiatric Intensive Care) and community district nursing services and further feedback was awaited. • the Trust had signed up to the national TOC (Carers Trust Triangle of Care) programme to improve working in a three-way partnership between service users, carers and health and care professionals. • congratulations were offered to staff who had been recognised for their

	<p>leadership – further details were contained within the report</p> <ul style="list-style-type: none"> • a Health and Care Partnership session was taking place which was another example of partnership working. <p>Finally, staff were thanked as pressures were evident across the whole organisation and staff were going above and beyond to support and respond to demand.</p> <p>Alexander Carpenter was pleased to see the report highlighting the importance of staff health and wellbeing particularly with team time out sessions but in terms of the new legislation for physician associates, Alexander wondered if appropriate plans were in place to adapt to the legislation. Angela Hillery responded that the physician associate roles were fairly new into the NHS and there were mixed views about the role, however, the regulation was supported as it would reinforce the role. Hari Subramaniam confirmed there were currently six physician associates in the Trust, with different levels of seniority and training needs, but processes were in place to support and review developmental needs.</p> <p>Ruth Marchinton welcomed the proposal to have a board development day on health inequalities to include ICS representation. Angela Hillery referred to the recent QRSM (regulatory meeting held with NHSE) where she was pleased to hear encouragement for the LLR work around health inequalities where the Midlands region was seen as a front runner.</p> <p>Resolved: The Board received this report for information.</p>
TB/24/010	<p>Audit and Risk Committee Highlight Report: 8 December 2023 (Paper G)</p> <p>Hetal Parmar introduced this report and drew attention to items under the Advise section. There had been some changes to the plan agreed both for internal audit and the area of work on LPT’s asset valuations around external audit. The Counter Fraud team had undertaken some excellent work picking up proactively emerging risks around Wagestream and fake English qualifications and there had been good transparency and reporting under Waivers. Lastly, thanks were offered for the excellent work undertaken around the FM Transformation.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/011	<p>Organisational Risk Register (Paper H)</p> <p>The Organisational Risk Register (ORR) contained strategic risks and was presented as part of a continuing risk review process - there were currently no significant changes for January. The profile remained with some very high-risk areas predominantly around staffing capacity and waiting lists. The summary table indicated current risk scores.</p> <p>Alexander Carpenter referred to Risk 83 and advised the FPC action log included an action around Brigid which had now concluded - work underway around the digital plans should form part of the action plan to address that risk moving forward.</p> <p>Ruth Marchington asked about Risk 89 which was about compliance with national cleaning standards and the transfer of soft FM services; given the</p>

	<p>overspend on Estates, which was made up of a number of issues, she queried whether this was adequately reflected and whether this had been considered by the executive team. Kate Dyer responded that horizon scanning was taking place with Estates and work was taking place to refresh the register ready for 1 April 2024. The broader estates programme was being reviewed to understand the risk against delivery of strategic objectives around estates.</p> <p>The Chair noted this was the only risk where the initial risk is lower than the current risk and felt the Board may need a better understanding. Paul Sheldon articulated that the risk around meeting the cleaning standards on initial transfer was fairly good, but it transpired that when the risk was placed onto the ORR it was still under the auspices of UHL which meant lots of vacancies being transferred. The mitigation to those vacancies is the use of agency – in summary, in meeting the standards, the trust was mitigating that the service could be better by having an all-substantive workforce trained to LPT standards. Paul further explained the initial perspective of the risk was around struggling to gather the service that was required; however, this would improve as recruitment continued to improve.</p> <p>Alexander Carpenter commented that the financial aspect is also covered under risk 90 (delivering the Trust’s financial position) so felt both elements would cover the risk that is currently materialising.</p> <p>Action: ORR to reflect updates discussed. Resolved: The Board received this report for information and assurance.</p>
TB/24/012	<p>NHSE Core Standards for Emergency Preparedness, Resilience and Response (EPRR), Annual Assurance Process Position Report 2023/24 (Paper I)</p> <p>Jean Knight introduced this report which provided assurance that LPT was discharging its EPRR responsibilities to maintain a high level of compliance with the NHS EPRR Core Standards 2023-24 and was aligned to the LPT EPRR Policy and Civil Contingencies Act (2004).</p> <p>The Board were pleased to hear the Trust was fully compliant with 54 out of 58 core standards and partially compliant with the remaining 4 – this was an excellent position to be in. It was noted that detailed action plans were in place to be fully compliant with the remaining 4 standards and NHSE had highlighted this as good practice. Additionally, best practice was being shared across the Group to ensure shared learning and a consistent approach. An EPRR group had been established within the organisation where leads from each of the directorates discuss any issues in terms of the core standards and as part of that group, training and therefore sustainable learning would take place.</p> <p>Resolved: The Board received this report for information and assurance and approved the Trust position.</p>
TB/24/013	<p>Terms of Reference Updates (Paper J)</p> <p>Kate Dyer introduced this report which outlined the rationale for the mid-year review of the Terms of Reference (ToR) for the Audit and Risk Committee (ARC) and the Quality and Safety Committee (QSC) and provided revised</p>

	<p>ToR for each Committee for ratification by Trust Board.</p> <p>Following an internal audit review of the arrangements in place at the Trust for Freedom to Speak Up and the findings presented in the subsequent report (reference 2324/LPT/03) issued in October 2023, a recommendation was made to update the ToR for the ARC and the QSC to provide further clarity of their roles in relation to the Freedom to Speak Up agenda in each forum. Revisions were made to the ToR for each committee aligned to the wording recommended within the audit report. These are outlined in the report and were signed off by the respective Committees in December 2023.</p> <p>Resolved: The Board approved the revisions to the ToR for ARC and QSC and the proposal to review again in April 2024 as part of the annual committee reviews. The Board further agreed that ARC would receive an annual Freedom to Speak Up (FTSU) update moving forward and not receive quarterly reports.</p>
TB/24/014	<p>Group Update: Joint Working Group (Paper K)</p> <p>David Williams presented this report and explained, due to timings, this was a brief interim summary to ensure the LPT Board remained updated about the assurance and discussions from the committee. The Triple A committee report would be presented at the next Board meeting.</p> <p>Key points highlighted from the report were the workstreams, provider collaborative achievements, strategy and planning and group learning. In addition, it was noted that the national policy leads for NHSE would be attending the February joint Trust Board Development Workshop to share NHS policy around provider collaboratives.</p> <p>Angela Hillery commented that the Chief Executive of the NHS Confederation had asked to meet and discuss some of the Group work as we had demonstrated it as a vehicle of transformation.</p> <p>Alexander Carpenter asked if the tangible benefits of Group best practice continued to be shared. David Williams was continually looking at opportunities to promote the Group and gave examples of case studies recently featured by NHSE, NHSP and Browne Jacobson.</p> <p>Angela Hillery added that a TAR booklet had been produced which detailed progress and plans and would be useful to keep Board members up to date. Copies of the booklet were available online at https://www.leicspart.nhs.uk/wp-content/uploads/2024/01/Together-against-Racism-A4-Booklet_digital.pdf</p> <p>It was highly likely that NHSE would formally delay any formal delegation through to April 2025. However, the work undertaken with the LDA (Learning Disabilities and Autism) Collaborative in LLR showed that the ICB (Integrated Care Board) could deliver contract changes and enable progress. On 1 April 2024, five staff from the LLR ICB would arrive with LPT to pick up the case management alongside existing case managers.</p> <p>The Chair then reminded colleagues that Faisal Hussain from LPT and Julia Curtis from NHFT are now sharing the chairing of the JWG.</p>

	<p>Resolved: The Board received this report for information and assurance.</p>
TB/24/015	<p>Joint Trust Board Workshop Dates 2024-25 (Paper L) Kate Dyer presented this paper which now included the Joint Trust Board Development Workshop dates - calendar invitations would follow. The Chair highlighted that as part of his Deputy Chair role, Faisal Hussain would Chair the May Trust Board.</p> <p>Resolved: The Board received this report for information.</p>
TB/24/016	<p>Quality and Safety Committee Highlight Report 19 December 2023 (Paper M) Josie Spencer presented this report and highlighted within the Alert section that for a number of reasons there had been no written update received since June from the Mental Health Act Delivery Group and these were expected in February. Concern remained regarding the significant number of RN (Registered Nurses) and HCSW (Health Care Support Worker) vacancies and this concern had been taken back to the People and Culture Committee to look at the targets and workforce recruitment plan. Also highlighted under the Celebrating Outstanding section was the fire inspection work at St Lukes.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24/017	<p>Care Quality Commission Update (Paper N) Emma Wallis presented this report on behalf of Anne Scott, which provided assurance on the Trust's compliance with the Care Quality Commission (CQC) fundamental standards and an overview of current inspection activities.</p> <p>Salient points highlighted were the internal quality accreditation programme and continued boardwalks. The first community service had undertaken the Valuing High Standards Accreditation (VHSA) self-assessment and achieved a silver rating and there had not been any mental health act inspections recently although an external visit had taken place to the paediatric audiology service.</p> <p>Ruth Marchington asked whether the People's Council involvement in the 15 Steps Programme had been pursued. Emma Wallis agreed to follow this up and confirm back.</p> <p>The Chair took the opportunity to thank executive colleagues and their teams for their work during the recent unannounced CQC inspection to the Trust.</p> <p>Action: the role of the People's Council in supporting the 15 Steps Programme to be confirmed. Resolved: The Board received this report for information and assurance.</p>
TB/24/018	<p>Safeguarding Annual Report (Paper O) Emma Wallis introduced this report on behalf of Anne Scott which detailed the work of the Trust Safeguarding Committee and Safeguarding Team to deliver the Trust's statutory duties for safeguarding during 2022-23.</p> <p>The report illustrated progress, improvements and changes throughout the</p>

	<p>year with the safeguarding agenda. The 2023-24 objectives were linked with the two safeguarding Board objectives and demonstrated the Trust's commitment to close partnership with other agencies for the safety of communities.</p> <p>The Chair requested the governance structure on page 5 of the report be corrected as it still referred to the Quality Assurance Committee, rather than the Quality and Safety Committee. There was also a further reference to Quality and Assurance Committee within the paper.</p> <p>Action: Quality Committee name change to be reflected within governance structure chart and body of report.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/019	<p>Safe Staffing Monthly Report – November 2023 (Paper P)</p> <p>Emma Wallis introduced this report on behalf of Anne Scott which provided a full overview of nursing safe staffing during the month of November 2023, including a summary and update of new staffing areas to note, potential risks and actions to mitigate the risks to ensure safety and care quality are maintained. This report triangulated workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback.</p> <p>Temporary worker utilisation rates had decreased by 1.39% reported at 42.31% overall and Trust wide agency usage slightly decreased by 1.32 % to 18.39% overall. In November 2023, 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equated to 87.87 % of our inpatient wards and units, changes from last month included Stewart House who had reduced agency usage to 0.6%. A senior nursing review had been undertaken to triangulate metrics where there was a high percentage of temporary worker/agency utilisation or concerns directly relating to increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care. Basic Life Support compliance for bank staff is currently being risk managed with plans for all bank workers to be in date with core and clinical mandatory training by 1 April 2024 – a significant increase in bookings had been seen.</p> <p>Any areas where fill rates are above and below 100% are adjusted due to staffing levels and skill mixed to meet patient care needs. The RN and HCSW vacancies remained challenging. RN turnover sits at 8% so continue to progress nursing retention priorities. Whilst staffing challenges continued, there was no evidence through triangulation, that this was contributing to patient harm.</p> <p>Elizabeth Anderson was concerned about the basic life support compliance for bank staff and asked what measures were in place to ensure all workers would be in date by 1 April 2024 given that we were already in February. In response, both Emma Wallis and Sarah Willis confirmed the risk was being managed operationally on a constant day to day basis and actions were being taken between now and April to ensure staffing complements were safe.</p> <p>Ruth Marchington added that in the Advise section of the People and Culture</p>

	<p>Committee (PCC) triple A report, there was amber assurance around this as there is an action plan to improve training compliance but the impact hadn't yet been seen. The PCC would be having an update at their February meeting to see if the impact of these plans would be evident.</p> <p>The Chair enquired whether technology was used or being trialled for mental health observations. David Williams explained the types of technology being explored and how work was taking place amongst clinical teams about types of information to be recorded and how it could feed through to SystemOne.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24/020	<p>Patient Safety Incident and Serious Incident Learning Assurance Report (Paper Q)</p> <p>Emma Wallis introduced this report on behalf of Anne Scott which provided assurance on LPTs incident management and Duty of Candour compliance processes. The process reviews systems of control which continue to be robust, effective, and reliable underlining our commitment to the continuous improvement of keeping patients and staff safe by incident and harm reduction. The report also provides assurance on 'Being Open', numbers of incident investigations, themes emerging from recently completed investigation action plans, a review of recent Ulysses incidents and associated lessons learned. Also contained within the report were details on a Falls Incidents deep dive. Emma Wallis would look at the quality improvement approach and project methodology being followed to ensure it was the same.</p> <p>The positive assurance from an outcome perspective was noted within the Falls slide as the level of harm had remained consistent even though there had been increased incidents.</p> <p>Josie Spencer mentioned some areas of concern and referenced flat lift training, falls data and pressure ulcers. These would be considered at Quality and Safety Committee in due course.</p> <p>The Chair thanked Emma Wallis for presenting the reports on behalf of Anne Scott.</p> <p>Resolved: The Board received the report for information and assurance.</p>
TB/24/021	<p>Annual Board Report and Statement of Compliance – Responsible Officers and Revalidation (Paper S)</p> <p>Hari Subramaniam presented this report on behalf of Bhanu Chadalavada which provided assurance that the Trust was meeting the Medical Profession (Responsible Officers) Regulations 2010 and the GMC (Licence to Practice and Revalidation) Regulations 2012.</p> <p>Resolved: The Board approved this report and confirmed sign off of the Statement of Compliance.</p>
TB/24/022	<p>Learning from Deaths Q2 Report (Paper R)</p> <p>Hari Subramaniam presented this report on behalf of Bhanu Chadalavada which provided assurance of the efficacy of the Learning from Deaths (LfD),</p>

	<p>Child Death Overview Panel (CDOP), Learning Disabilities Mortality Review (LeDeR), and Serious Incident (SI) processes in adherence to the National Quality Board (NQB) guidance on Learning from Deaths (2017). The report presented data from April to June 2023 (Quarter 2: Q2) as well as learning from Q2 and previous quarters not already reported, at LPT.</p> <p>Attention was drawn to the underreporting of deaths on Ulysses where some deaths (226 in Q2) were captured on SystemOne but not in Ulysses. Analysis showed there were no deaths the trust wasn't aware of; the discrepancy was how the data was captured. Processes and systems were being reviewed – this work was still underway. There was a resource implication to deliver this as dedicated input from the data team was required and restoration of the LfD clinical lead role was required (this role had not been appointed to since the departure of the previous post holder). David Williams confirmed the executive team had been discussing this after being picked up through reviews and ways of learning as an organisation.</p> <p>Josie Spencer expressed concerned about the 92% outstanding reviews for DMH/MHSOP and asked when a more manageable level would be reached. The Chair also expressed concerns around data quality and requested more assurance for the Board. Sharon Murphy stated a meeting between the relevant teams to look at the data and data quality was taking place today and was confident processes would be put in place to ensure reporting was corrected going forward and similarly a plan to address the 92% outstanding reviews.</p> <p>Action: Learning from Deaths next quarterly report will describe the data review that has taken place. Resolved: The Board received this report and noted the assurances provided.</p>
TB/24/023	<p>Freedom to Speak Up Guardian 6 Monthly Report (Paper T) Pauline Lewitt presented this report which provided the Board with an update on the Freedom to Speak Up (FTSU) activity during Q2 and Q3 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' and is divided into three parts; assessment of cases, highlighting action taken and identifying current recommendations.</p> <p>The second data table in the report showed comparative data across directorates with DMH being consistently higher with contacts through the FTSU route - this was taken as a good sign as it gives confidence that staff are aware of the service and speaking up. Conversely, contacts through CHS had consistently decreased over the last year and this would be monitored with more engagement events being offered.</p> <p>The overriding theme identified was around attitudes and behaviours and individual perceptions of bullying behaviours – this fed into the culture work being undertaken. Across the organisation there were various pieces of work, supported by the Organisational Development team, to enhance the practical skills and compassionate leadership for Band 7 and Band 8As. In addition, support was being given at the large-scale bespoke leadership activities at a local level within individual directorates. Furthermore, matters</p>

	<p>concerning inappropriate attitudes and behaviours and/or Bullying and Harassment have led to conversations and working through options using the Disputes at Work Resolution policy. Close links with the Governance teams, Human Resources team, Organisational Development team, Equality, Diversity and Inclusion service and Health and Wellbeing Team are being maintained to ensure triangulation of information in order to identify 'hot spots' and 'hot topics'. Close working is taking place with the Organisational Development team as key stakeholders in all four priorities of the 'Our Future, Our Way' culture, to support change leaders and the wider organisation and three examples of learning were contained within the report to give assurance around learning that takes place.</p> <p>The Freedom to Speak Up: Speak Up, Listen Up, Follow Up policy was published in November 2023 in line with NHSE expectations that local policy will be aligned with the updated template by end of Jan 2024.</p> <p>The Internal Independent Audit (360 Assurance) report was published in October 2023 and all actions are now included within the FTSU Action Log.</p> <p>There was very low uptake of the Speak Up, Listen Up, Follow Up training modules as highlighted in the internal independent audit report - this is being targeted through comprehensive communication plans for Q4 2023-2024 and throughout 2024-2025. In addition, Speak Up and Listen Up training is to be highlighted as a role essential component of the line managers pathway.</p> <p>Angela Hillery thanked Pauline Lewitt and Chris Moyo for the work they do as FTSUGs within LPT as it was an essential part of the culture work and reported positive feedback from the compassionate leadership conferences that had taken place within the Trust.</p> <p>In response to a question from Elizabeth Anderson, Pauline Lewitt advised there was a cross section of professional relationships around the attitudes and behaviours theme.</p> <p>The increase in triangulation of data to identify hot spots and hot topics was welcomed and it was recognised that creating a safe culture was a collective responsibility for the Board.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/024	<p>People and Culture Highlight Report: 19 December 2023 (Paper U)</p> <p>Ruth Marchington introduced this report and highlighted the two items from the Alert section relating to the recruitment workstream and recruitment productivity as well as the requirement to prioritise Growth and Development as this was delaying the acceleration of the recruitment workstream. Sarah Willis explained the remodeling around the workforce and agency reduction plan and it was recognised that although the Trust was above plan for RNs, it was also losing its workforce and an escalated programme of work was taking place to address the significant challenges. Retention of HCAs in particular was of concern although the good work on RN retention was acknowledged.</p> <p>Resolved: The Board received this report for information and assurance.</p>

TB/24/025	<p>Finance and Performance Committee Highlight Report: 19 December 2023 (Paper V)</p> <p>Alexander Carpenter presented this report and drew attention to Risk 91 where challenges faced in neurodevelopmental waits continued to show deterioration month on month with no defined funding in 2024-25 to materially improve the position. Work around the short and long term Beacon Unit financial position was ongoing. Board performance reporting saw areas of fluctuation throughout and the committee remained assured on the Trust financial position. It was also noted that NHSE had provided feedback on performance for out of area placements and LPT had been rated the best mental health trust in the country and the fifth best performing in the country for physical health checks.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/026	<p>Finance Monthly Report – Month 9 (Paper W)</p> <p>Sharon Murphy introduced this report which presented the financial position for the period ending 31 December 2023. At month 9, the Trust is reporting a year-to-date net income and expenditure deficit (overspend) of £498k. This is an adverse variance of £16k compared to the year-to-date December plan which is a deficit of £482k. The net costs of industrial action to date are included within the position. Within the overall month 9 position, net operational budgets report a £2,078k overspend. The Estates position is overspent by £3,802k, and the majority of other directorates are underspending. Central reserves report a favourable variance of £2,062k which largely offsets the net directorate overspend leaving the residual £16k variance for the Trust as a whole. Closing cash for December stood at £35.7m, equating to 34.2 days' operating costs. The forecast outturn shows £148k of risk against breakeven which was purely associated with the impact of industrial action costs but funding could potentially come from NHSE to fund those costs. CIP delivery was showing 100% delivery but 60% of that delivery is non-recurrent as previously reported so high risk moving into 2024-25. The capital spend for December is £7.8m, which is within expected limits although there was an emerging risk to delivery around the delayed signing of the Hinckley Hub Lease which could fall into 2024-25. Everything was being done to ensure the Lease is accounted for this year.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/027	<p>Performance Report – Month 9 (Paper X)</p> <p>This report, presented by Sharon Murphy, provided the Trust's performance against Key Performance Indicators (KPIs) for Month 9. The Trust had become aware of gaps in restrictive practices data and had put in place revised reporting arrangements with effect from 1 January 2024 - the revised performance metrics would be included in the month 10 performance report. The Agency Costs exception page was retained in the report at the request of EMB to allow for exceptional monitoring outside of the standard SPC rules for generating an exception page.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/028	<p>Charitable Funds Committee Highlight Report: 6 December 2023 (Paper</p>

	<p>Y) Crishni Waring presented this report and described the comprehensive discussion that had taken place on finances and next steps around budgets and confirmed the annual accounts had been submitted to the Charity Commission. It was also noted that Faisal Hussain would be chairing this meeting going forward.</p> <p>Resolved: The Board received this report for information and assurance.</p>
TB/24/029	<p>Review of risk – any further risks as a result of board discussion? No further risks were identified as a result of the discussions in today’s meeting.</p>
TB/24/030	<p>Any Other Urgent Business No other urgent business was raised.</p>
TB/24/031	<p>Papers/updates not received in line with the work plan: n/a</p>
TB/24/032	<p>Public questions on agenda items</p> <p>Two questions had been received for Board:-</p> <ol style="list-style-type: none"> 1. A question came from a patient on a ward which was dealt with as a PALs enquiry and a response through PALs was sent to the patient. 2. A parent of a nearly 20-year-old young woman who had a diagnosis of ASD and ADHD since 16 years of age had been waiting to be titrated onto alternate adult ADHD medication but because of shortages the wait had been exacerbated. The parent was told that in early January 2024 that medications would be available but she had since heard that the Board took the decision to hold back on providing this critical medication to any people waiting to be titrated or started on it until further notice. The parent was looking for clarification and transparency on this decision as she was concerned that other trusts had taken a different decision and wanted to reinforce the huge impact this would have on many other adults in terms of living a fully functional life. <p>The response provided by Bhanu Chadalavada was read out by the Chair:-</p> <p>You are correct that the guidance was that the medications for treatment of ADHD would be back in sufficient supply and that treatment plans would be restarted from the beginning of 2024. Unfortunately, at this present time, the National Guidance continues to be that we do not initiate ADHD treatments in adults due to the continuing shortages of some medications and the limited dosing options put in place for those treatments that are available.</p> <p>LPT has re-instated a specific Task & Finish Group to continually review this situation. This group is led by our Chief Pharmacist; Deputy Medical Director; Associate Medical Director and a number of senior clinicians from across the Trust.</p> <p>I would like to assure you that this group continually considers the impact of delaying treatments across all the age groups and this is reflected in the</p>

strategies for initiating treatments as early as possible. With the support of the Task and Finish Group, CAMHS and Paediatrics have re-started initiations and are prioritising the high-risk patients due to the resolution of the supply chain issues for first line treatment. We are now confident that we have enough stock to initiate and continue treatments in children safely.

The treatment guidance for adults is different and at the present time we are not assured that it would be safe to initiate medication in adults as continuity of the supply of treatments can't be guaranteed.

However, this situation is constantly monitored and as soon as there is stable stock availability, we will commence initiations as it will then be safe to do so.

These delays are not associated with any budgeting issues and are solely a result of LPT following the prevailing National Guidance based on the shortage of medications.

Like yourself, and all our patients and their families who find themselves in this position, we are very keen for this situation to be resolved as soon as possible.

Thank you for taking the time and trouble to write to us.

Close – date of next public meeting: 26th March 2024