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Leicestershire Partnership

NHS Trust

Trust Board

Minutes of the Public Meeting of the Trust Board 22nd December 2020 9.30am

Microsoft Teams Live Stream

Present:

Ms Cathy Ellis Chair
 Mr Geoff Rowbotham Non-Executive Director/Deputy Chair
 Mr Darren Hickman Non-Executive Director
 Ms Ruth Marchington Non-Executive Director
 Mrs Elizabeth Rowbotham Non-Executive Director
 Mr Faisal Hussain Non-Executive Director
 Professor Kevin Harris Non-Executive Director
 Ms Angela Hillery Chief Executive
 Ms Dani Cecchini Director of Finance
 Dr Avinash Hiremath Medical Director
 Dr Anne Scott Director of Nursing AHPs and Quality

In Attendance:

Ms Rachel Bilsborough Director of Community Health Services
 Mr Gordon King Director of Mental Health
 Ms Helen Thompson Director Families, Young People & Children Services & Learning Disability Services
 Mr Chris Oakes Director of Governance and Risk
 Mr David Williams Director of Strategy and Business Development
 Mr Mark Farmer Healthwatch
 Ms Kate Dyer Head of Governance and Interim Company Secretary
 Ms Pauline Lewitt Freedom To Speak Up Guardian
 Ms Debbie Blaze Service Manager CINSS
 Mrs Kay Rippin Corporate Affairs Manager (Minutes)

TB/20/211	<p>The Chair confirmed that due to extreme system pressures the six priority areas would be the focus of today's meeting 1) Covid-19 2) Quality and Safety 3) Health and Wellbeing of Staff 4) Risk 5) Finance and Impacts on Performance 6) Statutory requirements.</p> <p>All papers are to be taken as read. Any changes to the risk profile should be highlighted.</p> <p>Apologies for absence received from Sarah Willis Director of Human Resources & Organisational Development who was director of the day in the ICC.</p> <p>Welcome to the meeting – Mark Farmer, Healthwatch and Debbie Blaze Service</p>
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	<p>Manager CINSS. The Trust Board Members (<i>Paper A</i>) introduces the Board.</p>
TB/20/212	<p>Declarations of interest in respect of items on the agenda No further declarations were received.</p>
TB/20/213	<p>Minutes of the previous public meeting: 27th October 2020 (<i>Paper B</i>) Resolved: The minutes of the public meeting: 27th October 2020 were agreed as an accurate record of the meeting.</p>
TB/20/214	<p>Matters Arising (<i>Paper C</i>) The two complete items were agreed and the one amber item is not yet due. Resolved: The Board agreed the matters arising.</p>
TB/20/215	<p>Chair's Report (<i>Paper D</i>) The paper was taken as read. The Chair added thanks to all staff for the great work taking place given the current system pressures and in particular thanks to those staff who are working over the Christmas period. Resolved: The Report was received for information.</p>
TB/20/216	<p>Chief Executive's Report (<i>Paper E</i>) The paper was taken as read. Angela Hillery (CEO) added her thanks to all staff and recognition of the contribution of all staff. The flu vaccination rate remains low (57.5%) and this presents some risk of which the Trust Board need to be aware. Following the recent government announcements of the new covid19 arrangements around visiting families over the Christmas period staff levels are being assessed to ensure that they remain safe particularly on Christmas day. Mark Farmer (Healthwatch) asked about the integrated care system (ICS) initiatives including the provider collaborative and eating disorders new care models to ensure that Healthwatch and The People's Council link in and contribute. Angela Hillery (CEO) confirmed that the ICS is emergent and as it is established it will ensure that it connects with its public. It was suggested that Mark Farmer (Healthwatch) and David Williams (Director of Strategy and Business Development) connect outside of this meeting to discuss these plans further. Faisal Hussain (NED) congratulated LPT on being shortlisted for the NHS Workplace Race Equality Award and Angela Hillery (CEO) confirmed that this was a very important moment and gives a sense of progress. Faisal Hussain (NED) asked about the ongoing review of patient visiting restrictions especially for Christmas at LPT sites whilst managing Covid secure and IPC protocols. Helen Thompson (Director of FYPC & LD) confirmed that Infection Prevention and Control guidelines had been followed and there was strong national directive on this matter reflected in an updated action card which all staff are aware of. Individual plans with all inpatients had been made. Gordon King (Director of Mental Health) confirmed that there will be a combination of supportive home leave and access to safe visiting following guidance contained on the robust action cards. Rachel Bilsborough (Director of CHS) confirmed that the action card advises one visitor and bubble arrangements to be in place and all arrangements are risk assessed. End of Life arrangements are managed on a case by case basis and action cards are aligned to national guidance for each ward. Resolved: The Report was received for information.</p>
TB/20/217	<p>Organisational Risk Register (ORR) (<i>Paper F</i>) Chris Oakes (Director of Governance and Risk) presented the paper confirming that this month's review shows revised assurance levels with more turning green. From the November 2020 Finance and Performance Committee and the Quality Assurance Committee review of the ORR there was a reduction in risk level of risk</p>

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	<p>12; the approval of new risk 52 and changes in scoring for risks 6 and 16.; From the December 2020 review there is a recommendation for the closure of risk 46 and the de-escalation of risk 50 from the ORR and a change in the scoring of risk 23. All of the changes to the ORR have been through the executive team. the. Ruth Marchington (NED) asked if the availability of staff to fulfil the proposals in the Step Up To Great mental health strategy is adequately described in risk 6. Gordon King (Director of Mental Health) responded that the Step Up To Great Mental Health Strategy is largely about doing things differently with existing staff. There is a broader workforce issue related to the next two year plan and a specific workforce group is looking at this and considering skills mixes, peer worker posts, non-nursing posts etc. This all forms part of the risk management process. Ruth Marchington (NED) referred to risk 51 – the flu vaccination risk and asked if a risk should be put in place for the covid vaccination at this point? Anne Scott (Director of Nursing AHPs and Quality) confirmed that this was currently being considered, however the appetite for the covid vaccination appears to be different to the flu vaccination. It is also important that the covid vaccination programme is system wide whereas flu is an internal programme. Darren Hickman (NED) commented that the risk register contains a number of risks relating to staff (4, 26, 9 for example) and as the pace of change is currently fast – has there been a deterioration in these risks since this register was updated? Anne Scott (Director of Nursing AHPs and Quality) confirmed that the risks around staffing are being updated constantly and in particular considering the government’s announcements around Christmas day. Mitigations will be in place and these changes will be addressed by the appropriate committees in the new year.</p> <p>Resolved: The Board received assurance from the ORR Report and approved the changes to the ORR risks.</p>
TB/20/218	<p>Documents Signed Under Seal (Paper G) Paper G was for information and was taken as read.</p> <p>Resolved: The Board received the report for information.</p>
TB/20/219	<p>QAC Highlight Report – 24th November 2020 – (<i>Paper H</i>) Liz Rowbotham (NED) presented paper H confirming that there were two areas where split assurance was given and this was due to the fact that at the point of the meeting, the impact of the second wave had led to some uncertainty around timescales.</p> <p>Resolved: The Board received assurance from the report.</p>
TB/20/220	<p>Director of Nursing’s Report including AHP report (<i>Paper I</i>) Anne Scott (Director of Nursing AHPs and Quality) presented the paper, taking it as read and confirming that all risks and mitigations were explained in the paper. No questions or comments were raised by the Board.</p> <p>Resolved: The Board noted the risks described in the report and received assurance from this report.</p>
TB/20/221	<p>Patient and Carer Experience, Involvement and Complaints Q 2 Report (Paper J) Anne Scott (Director of Nursing AHPs and Quality) presented the paper, taking the paper as read and confirming that there had been a decrease in patients and carers feedback received in Q2 (compared to Q1) and a slight increase in negative feedback. Whilst Q2 showed a slight increase in new complaints it remained an overall reduction compared to Q2 complaints last year. Darren Hickman (NED) commented that it may be worth considering a revisit to the survey on the accessibility/quality of virtual appointments in the new year.</p> <p>Resolved: The Board received assurance from the report.</p>

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<p>TB/20/222</p>	<p>Serious Incidents Bi-monthly Report (Paper K)</p> <p>Anne Scott (Director of Nursing AHPs and Quality) presented the paper, taking the paper as read and confirming that SI investigations continued throughout covid although there had been deterioration in the 60 day compliance. Work is ongoing to improve this.</p> <p>The Chair commented that it is important to draw out from this report that lessons learned begin from the moment the incident occurs and that there is not delay in learning from the incident.</p> <p>Ruth Marchington (NED) asked if action plans are not completed (as detailed in the report – 28% in the mental health directorate) – is there a risks that lessons are not being learnt?</p> <p>Anne Scott (Director of Nursing AHPs and Quality) confirmed that lessons are learnt from the point of the incident, there is qualitative learning throughout. The learning lessons group draws out the learning and often this will not be seen in the action plans – the action plans are the written piece but the learning is much more than this.</p> <p>Faisal Hussain (NED) confirmed that he was pleased to evidence the compassionate approach during a recent SI review in his NED role. The family was engaged and involved very early on and staff were treated with compassion enabling real learning. Anne Scott (Director of Nursing AHPs and Quality) confirmed that she would pass this praise on to the team.</p> <p>Avinash Hiremath (Medical Director) confirmed that the approach is based on learning and a just culture.</p> <p>Liz Rowbotham (NED) added that an example of this SI learning lessons approach was discussed at an Insulin Errors deep dive held at QAC in November.</p> <p>Mark Farmer (Healthwatch) commented that self-harm has fluctuated over the covid period and wondered what we can collectively do to reduce the risks around this. Anne Scott (Director of Nursing AHPs and Quality) confirmed that safeguarding boards are sighted on this both with regards to self-harm and suicide attempts – it is a national issue. We would welcome Healthwatch’s thoughts on engagement. There continues to be much work going on around mitigating self-harm.</p> <p>Gordon King (Director of Mental Health) added that it is a mixed picture with some rises and some declines including within adult inpatients. For actual suicide, real time surveillance is used.</p> <p>Resolved: The Board received assurance from the report.</p>
<p>TB/20/223</p>	<p>Safe Staffing Monthly Review (<i>Paper L</i>)</p> <p>Anne Scott (Director of Nursing AHPs and Quality) presented the paper, taking it as read and confirming that safe staffing levels were achieved during October. Since this time there have been higher levels of both sickness and covid isolation cases and as a result of this, the risk is being updated to reflect these challenges – this is a system risk and as such is being addressed in partnership.</p> <p>The Chair commented that some wards have up to 50% temporary staff – is this extra resource due to acuity of patients? Anne Scott (Director of Nursing AHPs and Quality) confirmed that it was and that LPT have a block booking for agency staff creating consistency and that bank staff are part of the ward team – this mitigates the risk.</p> <p>Faisal Hussain (NED) asked with the pandemic fast changing how confident do we feel around dealing with the known unknowns over the festive period particularly in relation to staff sickness /leave /self isolation etc.? Anne Scott (Director of Nursing AHPs and Quality) confirmed that they were confident that as a system and</p>

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	<p>internally as a team they would cope, that mitigation is in place including the work of the Incident Command Centre (ICC); risk assessments including the Board Assurance Framework for Infection Prevention and Control specific actions taken in light of Christmas day and all executives being sighted on these matters. Hopefully, this confidence will remain.</p> <p>Angela Hillery (CEO) confirmed that the agility of the risk is the highest that we have ever experienced and it is challenging to capture this in a risk. Both Anne Scott (Director of Nursing AHPs and Quality) and Avinash Hiremath (Medical Director) continue to meet regularly with other clinical leaders in the system so that whilst the system is challenged, clinical leaders take decisions together. Anne Scott (Director of Nursing AHPs and Quality) advised that she is monitoring Christmas staffing levels on a daily basis.</p> <p>Resolved: The Board received assurance from the report.</p>
TB/20/224	<p>IPC 6 monthly review including IPC BAF update (<i>Paper M</i>)</p> <p>Anne Scott (Director of Nursing AHPs and Quality) presented the paper, taking it as read and confirmed that there were no issues to escalate. The chair confirmed that this paper has previously been to Trust Board on two occasions, each time a more updated version is presented with more controls added to increase safety.</p> <p>Resolved: The Board received assurance from the report.</p>
TB/20/225	<p>Learning From Deaths Q2 report (<i>Paper N</i>)</p> <p>Avinash Hiremath (Medical Director) presented the report confirming that this regular report contains data and learning from Q1 and data from Q2 (the learning will be reported in the Q3 report). This report has been through the governance route – the Learning From Deaths Group, the Quality Forum and the Quality Assurance Committee and there was nothing to escalate at this point. Due to covid pressures there has been a slight delay in a number of reviews happening but the learning continues to take place.</p> <p>Resolved: The Board received assurance from the report.</p>
TB/20/226	<p>Freedom To Speak Up (FTSU) Guardian Report 6 Month Report (<i>Paper O</i>)</p> <p>Pauline Lewitt (Freedom To Speak Up Guardian) presented paper O confirming the highlights from the report. There has been an increase in activity during Q1 and Q2 and this trend is continuing into Q3 with more staff speaking up. The annual self-review completed includes two stretch actions to review the speak up policy and proposed internal case reviews during Q1 next year. There is a potential risk that non-urgent issues may slip and this is being managed by being in close communication with both staff and managers of teams. During covid there remains the continued risk around visibility and accessibility and this is being mitigated by employing different ways to keep in touch with staff</p> <p>The Chair confirmed that the FTSU guardian’s presence is still felt across the Trust evidenced by the fact that people are still speaking up. The Board had worked with the FTSUG to co-produce our report on the national self-assessment tool.</p> <p>Resolved: The Board received assurance from the report.</p>
TB/20/227	<p>Finance and Performance Committee Highlight Report – 24th November 2020 – (<i>Paper P</i>)</p> <p>Geoff Rowbotham (NED) presented the report confirming that assurance was lowered in one area of the performance report due to formatting and processing issues rather than information and actions agreed. It is acknowledged that waiting times will continue to decline due to the covid second wave but the service teams have brought forward recovery plans to address this. Congratulations were offered to the Procurement Team for their work on delivering PPE during these challenging times.</p>

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	<p>Resolved: The Board received assurance from the report.</p> <p>TB/20/228 Performance Report – Month 8 (<i>Paper Q</i>)</p> <p>Dani Cecchini (Director of Finance) apologised for the late circulation of this report and confirmed that the month 8 report is the first that’s been produced since the new Electronic Patient Record system has been in place. Narrative included has caveats around data quality issues. Well done to all involved in implementing a new patient record system whilst dealing with the demands of covid. At present there are no critical services standing down, some minor services have stood down for staff redeployment purposes.</p> <p>Angela Hillery (CEO) asked for further detail around how patients are being kept safe whilst they are waiting. Dani Cecchini (Director of Finance) confirmed that the Strategic Waiting times and Harm review Committee continues to meet to provide the assurance function for understanding potential harm.</p> <p>Avinash Hiremath (Medical Director) confirmed that the Strategic Waiting times and Harm Review Committee receives reports from directors detailing the work being done to reduce harm whilst waiting. There is no national standard in how to approach this issue but assurance is received as patients are all being assessed.</p> <p>Helen Thompson (Director of Families, Young People & Children Services & Learning Disability Services) added that this Committee recently conducted a deep dive into systems and processes for the CAMHS waits and all had an initial appointment within 13 weeks. Whilst waiting for treatment all patients are risk stratified and assigned a category (CAMHS traffic light system) – with the higher risk patients being offered weekly contact.</p> <p>Gordon King (Director of Mental Health) confirmed that the mental health directorate has a similar service user focused approach and patients on long waiting lists can have multiple complex needs which have to be assessed to be met and supported. Work is ongoing in this regard.</p> <p>Avinash Hiremath (Medical Director) confirmed that contingency plans are in place for patients in case their needs become more urgent.</p> <p>Kevin Harris (NED) commented that it was great to hear that patients are being managed according to their need and asked if the system owned this, as if it does these decisions need to be made by the system. Angela Hillery (CEO) responded that the LLR as a system is challenged around wait times particularly the 52 week waits. Priorities should be considered collectively rather than in isolation.</p> <p>Avinash Hiremath (Medical Director) confirmed that the service prioritization plan has been presented to the system executives so they have sight of the plans.</p> <p>Faisal Hussain (NED) asked if the central access point (CAP) can help pick up and prevent people going into early crisis and Gordon King (Director of Mental Health) confirmed yes they can and that since April 2020 self-referral is possible for those in crisis or those moving into crisis – so service users no longer need to go through their GP which can be a barrier for access. This service is strengthened with the relationship with the voluntary and community sector (in this case Turning Point) supporting the ethos that there is no such thing as a bad referral, a ‘no wrong door’ policy. This gives us an opportunity to address the wider breadth of need. Turning Point and LPT staff are developing a great partnership through this joint work in the CAP.</p> <p>Resolved: The Board received assurance from the report.</p>
<p>TB/20/229</p>	<p>Finance Monthly Report - Month 8 (<i>Paper R</i>)</p> <p>Dani Cecchini (Director of Finance) presented the report confirming that since the report was circulated there has been an amended forecast with the £1.4 million</p>

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	<p>LPT deficit reducing to £800,000. This is due to some assurance around an income that had not been anticipated. Work is still ongoing to understand if we will be able to achieve the statutory break even at the end of the financial year.</p> <p>The Chair asked what was the risk around the recovery of the covid capital expenditure and Dani Cecchini (Director of Finance) responded that they continue to manage the capital programme flexibly, they remain hopeful but mitigation discussions are taking place.</p> <p>Resolved: The Board received assurance from the report.</p>
TB/20/231	<p>Charitable Funds Committee Highlight Report – 7th December 2020 (<i>Paper S and appendices</i>)</p> <p>Cathy Ellis (Chair) presented the report confirming that 3 attached appendices needed Trust Board approval due to being over £50,000 in value which is the committee authorisation limit. Appendix 1 is the overheads approval; appendix 2 the summary of NHS Charities Together grants approved for allocation and appendix 3 the staff rooms upgrade approval to ensure all staff rooms are of a consistent standard.</p> <p>Resolved: The Board received the report and approved and supported the proposals in appendices 1, 2 and 3.</p>
TB/20/232	<p>Audit and Assurance Committee Highlight Report 4th December 2020 (<i>Paper T</i>)</p> <p>Darren Hickman (NED) presented the report confirming that the amber in relation to clinical audit has now been progressed.</p> <p>Resolved: The Board received assurance from the report.</p>
TB/20/233	<p>Review of risk – any further risks as a result of board discussion?</p> <p>The Chair confirmed that additional risks identified as a result of today's meeting around staffing and waiting times will be reviewed and monitored.</p>
TB/20/234	<p>Any other urgent business</p> <p>No other business was raised.</p>
TB/20/235	<p>Papers/updates not received in line with the work plan</p> <p>The Chair confirmed that all papers were received in line with the work plan. The interactive items (Patient voice, staff voice and service presentation) – have been removed from this meeting due to covid pressures. These will hopefully be reinstated for the next public meeting.</p>
TB/20/236	<p>Public questions on agenda items:</p> <p>The Chair confirmed that one question had been received from Jean Denyer MBE. Question: What are the plans for the reintroduction of Volunteers back into various hospital settings? Will they have to wait until they have been vaccinated?</p> <p>Anne Scott (Director of Nursing AHPs and Quality) confirmed that all of our 500 plus volunteers are currently being risk assessed to return alongside the services in which they volunteer. We have spoken to all of our volunteers to undertake risk assessments with them and are now speaking with the hosted services on a phased basis, starting with those who have no or little patient-facing contact or who do not work in clinical areas. Services are being asked to undertake their own risk assessments and agree when they may be ready for volunteers to return to their areas. The Covid vaccination programme will take a number of months however it will not affect this exercise in bringing back our volunteers in a safe risk assessed way.</p> <p>The Chair and CEO wished everyone a happy and safe Christmas.</p>
	<p>Date of next public meeting - 2nd March 2021 Microsoft Teams</p>