

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors

held on held on Thursday 26 September 2019 at 9:30 am

in Think@ Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street, Leeds LS10 1JR

Board Members

Apologies

Prof S Proctor	Chair of the Trust	
Prof J Baker	Non-executive Director	
Mrs J Forster Adams	Chief Operating Officer	
Miss H Grantham	Non-executive Director	
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive	
Mrs C Holmes	Director of Organisational Development and Workforce	
Dr C Kenwood	Medical Director	✓
Mr A Marran	Non-executive Director	
Dr S Munro	Chief Executive	
Mrs M Sentamu	Non-executive Director	✓
Mrs S White	Non-executive Director (Deputy Chair of the Trust)	
Mrs C Woffendin	Director of Nursing, Quality and Professions	✓
Mr M Wright	Non-executive Director (Senior Independent Director)	

All members of the Board have full voting rights

In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Ms N Sanderson	Deputy Director of Nursing (attending on behalf of Mrs Woffendin, Director of Nursing, Professions and Quality)

Seven members of the public (two of whom were members of the Council of Governors)

Action

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone.

19/133

Sharing Stories (agenda item 1)

Mark Clayton attended the Board Sharing Stories Session to talk about his experiences of using mental health services and the experience of the services he had received over the years. In addition he asked the Board to consider three areas: the 'Teflon shoulders' of middle management and the way in which it was felt that they do not always take responsibility; whether people have the confidence to speak out when they have concerns about our services; and the rotating door and the continuity of care for service users.

The Board considered and discussed the three issues highlighted by Mr Clayton. Miss Grantham asked about middle managers not taking responsibility and whether there were any common themes. Mr Clayton indicated that he was not personally aware of anything specific and suggested that speaking directly to people would provide the information

relating to this would and yield a more in-depth understanding.

The Board then discussed the issue of people having the confidence to speak out. Dr Munro outlined the need to ensure that there was a strong voice for mental health and learning disability services within the system and noted the work being carried out through the Patient Experience and Involvement Steering Group and the way this was inclusive of partners in Leeds. Prof Proctor noted the potential for the group to help non-executive directors have a better understanding of the experiences of living with mental illness. Mr Wright also asked Mr Clayton for ideas as to how that group could involve more service users. Mr Clayton made a number of suggestions as to how participation could be increased.

With regard to the issue of the 'revolving door', Mrs White asked if there was more that third sector organisations could do to support service users. Mr Clayton provided some examples of organisations that support people needing immediate practical help and suggested that the Trust might learn from some of these.

On behalf of the Board, Prof Proctor **thanked** Mr Clayton for attending the Board to share his story and also **thanked** him for agreeing to co-chair the Patient Experience and Involvement Steering Group.

19/134 Apologies for absence (agenda item 2)

Apologies were received from Mrs Sentamu, Non-executive Director; Mrs Woffendin, Director of Nursing, Professions and Quality; and Dr Kenwood, Medical Director.

19/135 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 3)

The Board noted there were no changes to directors' declarations of interests. It was also noted that no director at the meeting had advised of any conflict of interest in relation to any agenda item.

19/136 Minutes of the previous meeting held on 25 July 2019 (agenda item 4)

With regard to minute 19/117, Mr Wright noted that the minute recorded that the Chair of the Quality Committee would be invited to attend a meeting of the Audit Committee annually. He noted that it should have shown that the Chair of the Quality Committee would be asked to confirm to the Audit Committee the sufficiency of the annual work plan of Internal Audit in relation to the audit of clinical matters.

The minutes of the meeting held on 25 July 2019 were **received** and **agreed** as an accurate record subject to the amendment outlined above.

19/137 Matters arising (agenda item 5)

The Board **noted** that there were no matters arising that were not either on the agenda or on the action log.

19/138 Actions outstanding from the public meetings of the Board of Directors (agenda item 6)

Prof Proctor presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that had been completed and those that were still outstanding. The Board discussed the actions.

With regard to the letter to Ruth May (Chief Nursing Officer for England), Prof Proctor indicated that rather than make a specific request for the Chief Nursing Officer to come to the Trust on an informal visit she would be speaking with Mrs Woffendin to look at whether there was a planned event in 2020 being run by the Trust to which Ruth May could be invited.

SP

With regard to the medical staff vacancy rates, Mrs Holmes indicated that vacancy rates, including those for medics had now been included in a report to the Workforce Committee and that there was a further piece of work to do to look at the metrics that go into other Board sub-committees. Prof Proctor asked for there to be an update to the November Board as to where these considerations were up to if information relating to medical staff vacancies was not captured in the Combined Quality and Performance Report.

CH

With regard to case-load management within community services it was recognised that there was not likely to be any national guidance issued in relation to this. However, it was noted that community case-load management would be evaluated through the community redesign work. Prof Proctor also suggested that consideration be given to the possibility of the evaluation tool used for inpatient services being adapted for use in community services.

The Board **received** a log of the actions. It **noted** the details, the timescales and progress.

19/139 Chief Executive's report (agenda item 7)

Dr Munro presented her Chief Executive's report and drew attention to matters that had occurred since the paper was written. In particular, the early success of the crowdsourcing platform to support the work of the Culture Collaborative and ensure a high level of staff engagement in relation to cultural improvement.

With regard to the Gender Identity Service she advised that the Trust was in the process of finalising the bid for outpatient services, noting that these are

the services currently provided by the Trust. She noted that the bid would be submitted in early October.

SM

Dr Munro also noted that there was a further draft of the ICS Five-year Strategy, advising that she would circulate a copy of this to Board members for information, although she noted that this was still being formulated and that it would change as the consultation progressed.

With regard to the West Yorkshire Mental Health, Learning Disability and Autism Collaborative, Dr Munro advised that NHS England was seeking expressions of interest for Steady State Commissioning for Veterans Mental Health services and that the Trust was looking to put forward a bid.

Dr Munro then reported on the New Model of Care bid for Cumbria and the North East. She noted that the Trust had been supportive of this bid but that due to complexities with the way this was configured there had been an agreement that the Trust's involvement would be paused. She added that a workshop had been arranged in November to look at the service going forward and what partnerships need to be in place to support the service.

Dr Munro also reported on the Public Health England national campaign *Every Mind Matters* which was being launched in October to help support awareness and education in relation to mental health.

With regard to the ICS Five-year Strategy and the Trust's operational plan, Miss Grantham sought assurance that these would be aligned. Dr Munro advised that there was a team within the Trust tasked with ensuring these were joined up, that the content was aligned and that the timescale for submission met the needs of the Board and the wider partnership. Miss Grantham also asked about the capacity to oversee the system work and Dr Munro outlined the arrangements at a corporate and operational level which were in place to support this work.

Mrs White asked about the refresh of the Leeds Plan and whether there would be an emphasis on matters such as housing which had an impact on mental wellbeing and the 'revolving door' for people with mental health conditions. Dr Munro confirmed that the West Yorkshire Mental Health, Learning Disability and Autism Collaborative was involved in progressing work in the area of housing.

The Board **received** and **noted** the report from the Chief Executive.

19/140

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 31 July 2019 (agenda item 8)

Mrs White presented a report on the work of the committee for the meeting held on 31 July 2019 on behalf of the Chair of the Mental Health Legislation Committee. She drew attention to:

- Mental Health Act training noting that there had been a significant increase in compliance which had risen from 35% to 65%.

- Concerns in relation to the practice of a Section 12 doctor, noting that staff were looking at ways of progressing these concerns. Prof Proctor noted that she had also spoken to Dr Kenwood about this matter and how it was being progressed.

The Board **received** the report from Mrs White on behalf the Chair of the Mental Health Legislation Committee and **noted** the matters raised.

19/141

Report from the Chair of the Quality Committee for the meeting held on 10 September 2019 (agenda item 9)

Prof Baker presented the Chair's report from the meeting of the Quality Committee held on 10 September 2019. He drew attention to the following item:

- The Annual Quality and Safety report from the Liaison Psychiatry services, noting that this was made up of seven separate services including those that come under Psychological Medicine. He added that in light of the presentation made he had planned to visit the Chronic Fatigue Syndrome Service to understand more about the work they do.

The Board briefly discussed the Psychological Medicine services. Mrs Forster Adams noted that the presentation made to the committee had given an opportunity to understand the links with the acute Trust for these services. Mrs Sanderson explained the work that was being undertaken to look at the pathways of care that link to our service users and the acute Trust and agreed to look at a further pathway in relation to Psychological Medicine. Mrs Forster Adams advised the Board of the work being undertaken to look at how the governance arrangements were being strengthened. Prof Proctor asked for there to be a verbal report to the November Board providing an update on those governance arrangements.

NS

JFA / CK

The Board **received** the report from the Chair of the Quality Committee and **noted** the matters reported on.

19/142

Report from the Chair of the Finance and Performance Committee for the meeting held on 24 September 2019 (agenda item 10)

Mrs White presented a report on the matters discussed at of the Finance and Performance Committee meeting held on 24 September 2019. She drew attention to:

- The Combined Quality and Performance Report and the discussion about the continued challenges with capacity and flow and out of area placements (OAPs), noting that achieving zero OAPs by March 2020 would be a challenge and that the target had been rescheduled to be achieved by 2021, which was the national target date.
- The financial position noting that the continued pressures were in

respect of OAPs, medical agency costs and unidentified cost improvements. She added that there would be a further report on the CIPs to the October committee meeting

- The Business Growth procedure adding that the committee was supportive of a more systematic approach
- The apprenticeship levy reporting that the Trust had not been able to maximise the opportunities offered by the scheme and that the committee had discussed ways in which it might do this including remitting part of the unused levy to other NHS or third sector organisations
- The Long-term Plan and the financial planning assumptions noting that the committee had looked at these in detail
- Scrutiny of the declaration for Emergency Preparedness Resilience and Response assessment noting that the Trust was substantially compliant.

Mrs Holmes confirmed that whilst the Finance and Performance Committee would look at the financial aspects of the apprenticeship levy the Workforce Committee would be looking at the effectiveness of the scheme.

Miss Grantham welcomed there being a more systematic approach to business growth and asked that workforce issues are programmed into any considerations of growth to services.

The Board **received** the report from the Chair of the Finance and Performance Committee and **noted** the matters reported.

19/143

Combined Quality and Performance Report (CQPR) (agenda item 11)

The Board reviewed the CQPR noting that this had been discussed in detail at the Quality Committee and the Finance and Performance Committee. Mrs Forster Adams drew attention to the work being carried out in respect of the Intensive Home Treatment Service and the evaluation of the impact this was having, noting that this would be reported to the Quality Committee as it progresses. She also noted the discussions that had taken place with the Local Authority and the Leeds CCG in respect of delayed transfers of care and how this might be tackled.

Prof Baker noted that the detail of the data in the report had improved outlining the importance of this in driving the Trust's strategic plans and the quality improvement work. He also commended the work of the informatics team noting the significant changes that had been made to the report.

Prof Proctor asked about the target for communication with GPs within 24 hours and when performance against this would improve. Mrs Forster Adams explained that whilst the issues around inpatient discharge summaries had been identified this would take some time to translate into a change in practice. She noted that the next report would outline how this was being addressed.

JFA

The Board **received** the CQPR and **noted** the progress made and the areas currently under review.

19/144 **Safe Staffing Report** (agenda item 12)

Ms Sanderson presented the Safe Staffing Report and highlighted the main points in the report.

Mrs White asked about the MHOST tool and when it would be possible to look at re-profiling the staffing levels on wards using the data from the tool, particularly as there were budgetary challenges on some wards and units in relation to staff costs. Ms Sanderson advised that work was ongoing to look at the outputs from the tool and that this would be used to look at not only how many nursing staff were needed on wards, but also what the skill mix should be. Mrs Hanwell added that alongside this there would also need to be work done to look at the resources required and the resulting budgets and that this work would be taking place over the next six months. Prof Proctor asked for the Board to be kept informed of the outcome of this work.

Prof Proctor noted that the Chief Nursing Officer for England had asked trusts to submit information on the number of Allied Health Professionals and Nursing Associates and asked how this information would be used as a workforce planning tool internally. Dr Munro noted that it would only be helpful in sitting alongside other information informing the configuration

Prof Baker asked where changes to staffing levels and configurations would be decided. Dr Munro noted that this would be an executive decision through the Executive Management Team meeting, with any issues being escalated to the Board should this be necessary.

DH

19/145 **Mortality Review – Learning from deaths quarterly report** (agenda item 13)

Prof Baker indicated that this report had been looked at in detail at the Quality Committee and that no concerns had been identified.

The Board **received** the learning from deaths quarterly report and **noted** the content.

19/146 **Guardian of Safe-working Quarter 1 report** (agenda item 14)

Dr Munro drew attention to the five areas of exception, noting that each had been looked at and that there had been no patient safety issues arising from these.

The Board **received** the Guardian of Safe-working report for quarter 1 and noted the content.

19/147 Workforce Race and Disability Equality Progress Report (agenda item 15)

Mrs Holmes presented the WRES and WDES data. She noted that there were some areas where the Trust benchmarked well against other NHS Trusts but that there were some areas that needed improvement and cultural change. Mrs Holmes outlined some of the initiatives currently being undertaken and the associated action plans to improve the Trust's performance. She also suggested that the Workforce Board sub-committee would have oversight of progress against the action plans, which the Board supported.

Mrs Holmes suggested that there should be a reciprocal mentoring programme developed which would be brought back to the Board for consideration and approval. This was agreed by the Board.

CH

Dr Munro reflected on the workshop held on 11 September which had brought together key members of staff and members of the Board noting that this had been a valuable opportunity to share with and understand the experience of some of the staff. It was agreed that the slides from this event would be shared with the Board.

CH

The Board **received** the workforce race and disability equality progress report and **noted** the content.

19/148 Workforce and organisational development report (agenda item 16)

Mrs Holmes presented the workforce and organisational development report and drew attention, in particular, to the process of assessing the applications for Trust Awards. Mrs Holmes also reported on the staff survey, noting that a survey for bank staff had been implemented and distributed for the first time. Mrs Holmes agreed to ensure that bank staff were advised of the survey how they could engage with the process.

CH

The Board **received** the workforce and organisational development report and **noted** the current projects underway and intended way forward.

19/149 Report from the Chief Financial Officer (agenda item 17)

Mrs Hanwell presented the Chief Financial Officer's report which set out the current financial position for the Trust, noting that the Finance and Performance Committee had reviewed this in detail at its meeting in July. She then highlighted the main points outlined in the report, which the Board noted.

The Board **received** the Chief Financial Officer's report and **noted** the content.

19/150 Emergency Preparedness Resilience Response (EPRR) Assurance Standard (agenda item 18)

Mrs Forster Adams presented the annual assessment, noting that it showed significant improvement since last year and that this had led to the Trust declaring substantial compliance. She then drew attention to the three partially compliant standards and noted that these had been discussed in detail at the Finance and Performance Committee meeting.

Mrs Forster Adams provided an update on the discussions that had taken place in relation to business continuity and the Trust's PFI partners and also NHS Property Services, noting that assurances had been received from Miti who were contracted by NHS Property Services for facilities management, but that discussions were still ongoing with Interserve.

The Board **approved** the EPRR Assurance Standards report.

19/151 Board Assurance Framework (agenda item 19)

Dr Munro presented the refreshed Board Assurance Framework noting that the new risk around partnerships had been discussed by the Executive Management Team and that proposed wording was presented to the Board for its consideration. Mrs White and Mr Wright agreed to provide supplementary comments and wording for the new partnership strategic risk.

SW / MW

The Board **received** the Board Assurance Framework and **noted** the content.

19/152 Use of seal (agenda item 20)

Prof Proctor advised that the Trust's seal had been used the details of which were:

- Log 117 – the counterpart lease relating to Unit A and Unit A1 of Springwell Road Leeds LS12 1AW (premises for the Northern School of Child and Adolescent Psychiatry) which was sealed on 22 August 2019.

The Board **received** the Programme Director's report for information and **noted** the content.

19/153 **Glossary** (agenda item 21)

The Board received the glossary.

19/154 **Resolution to move to a private meeting of the Board of Directors**
(agenda item 22)

At the conclusion of business, the Chair closed the public meeting of the Board of Directors and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.

The Chair of the Trust closed the meeting at 12:20 and thanked everyone for attending.

Signed (Chair of the Trust)

Date