

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 26 November 2020 at 9:30 am.  
This meeting was held virtually via teleconference facilities**

**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
Mr C Henry	Non-executive Director
Mrs C Holmes	Director of Organisational Development and Workforce
Dr C Hosker	Medical Director
Mr A Marran	Non-executive Director
Dr S Munro	Chief Executive
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 K McMann	Deputy Trust Board Secretary
Two members of the public (both of whom were governors)	

**Action**

20/147

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

**Sharing stories** (agenda item 1)

The Board heard the story of Lorna Pankethman who was the mother and carer of two sons with mental ill-health. She talked about her experience of the Personality Disorders service and her involvement in the Personality Disorder Network as an Expert by Experience.

Prof Baker asked about the courses for family interventions for people with borderline personality disorders noting that nationally these were unique and ground-breaking, acknowledging the important role they play to support carers. He specifically asked how the Board could support the group to ensure it continues to run. Mrs Pankethman noted the importance of communication with health professionals, in particular GPs to raise awareness of this.

She also talked about the problems that can arise when a service user transitions from children to adult services and the way in which carers are not informed or involved in an adult's hospital care in the same way as for a

child. She added that many service users still live within the family unit because they are not always able to function in mainstream society. Although she did acknowledge the work that was taking place in relation to Triangle of Care which was a positive initiative. With regard to this Mrs Woffendin indicated that there was more work to be done so staff understand when they are able to provide information to carers.

Mrs White asked about the transition from children to adult services and whether there was more work the Trust could do to support GPs. Mrs Pankethman explained that not having to revisit past medical history or issues when seeing a different GP would be very helpful. She also talked about the difficulty some people with personality disorders have when making appointments at a surgery and suggested that having information on a person's medical notes which shows that a carer will be accompanying them would be helpful.

Dr Munro thanked Mrs Pankethman for sharing her story with the Board and the value that Experts by Experience bring to the carers group.

**20/148 Apologies for absence** (agenda item 2)

There were no apologies received.

**20/149 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

It was noted that no director had a change in their declarations of interest and no director advised of any conflict of interest in any agenda item.

**20/150 Minutes of the previous meeting held on 29 October 2020** (agenda item 4)

The minutes of the meeting held on 29 October 2020 were **received** and **agreed** as an accurate record.

**20/151 Matters arising** (agenda item 5)

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

**20/152 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 **received** a log of the actions. It **noted** the details, the timescales and progress.

20/153

### **Chief Executive's report** (agenda item 7)

Dr Munro provided a verbal Chief Executive's Report. She advised that the NHS was in national incident Level 4, adding that there had been no formal communication from NHS England setting out what the specific requirements were regarding this level. However, she advised that there was an expectation that as many services as possible would be maintained whilst mitigating against the impact of the pandemic. Dr Munro reported that this would be a challenge for the Trust but that staff were keen to provide all services wherever possible.

Dr Munro reported that in the recent spending review there had been an additional allocation of £500m for mental health services to deal with the surge of COVID-19. In addition to this she advised that a sum of £50m had been allocated for winter pressures, with £2.2m of this allocated for West Yorkshire. She noted whilst extra funding had been provided the challenges were around workforce and recruiting the number of staff needed to support any increase in demand. However, she explained that workforce leads had been asked to look at this creatively in order to increase capacity and look at skill-mixing.

With regard to the anticipated NHS England consultation document in respect of the proposals for the future ICS regulatory framework, Dr Munro noted that this would be published on 7 December and would give more information on the future direction for Clinical Commissioning Groups and Specialised Commissioning. She reminded the Board that it had agreed to look at this in more detail in order to inform the Trust's response.

With regard to the COVID-19 rates in Leeds, Dr Munro reported that these were reducing but that the rates across West Yorkshire were not to the same degree and that the tiering system would be based on West Yorkshire as a whole. With regard to York she noted that the rates in the city had been lower than in Leeds and that there would be an expectation that the tiers for Leeds and York would likely be different which would require clear guidance for staff as to how this would impact the way staff work across services.

Dr Munro then advised on the staff testing programme, noting that lateral flow testing equipment was being rolled out to all front line staff. She noted that this procedure had some complexities to it and that the Trust would ensure that it was rolled out with sufficient help and support for those staff using it. She also noted that the Trusts that had taken part in the pilot for testing had identified that the tests can give a high number of false positive results and that there was a low rate of positivity. She added that the Trust would be monitoring the results as they come back.

In relation to vaccination, Dr Munro noted that the flu vaccination programme continues across the Trust and that preparations were in hand for the

COVID-19 vaccination programme. She added that it was not possible to provide a detailed update on the COVID-19 programme as it is still being formulated.

Dr Munro then advised on the Public Health England report on COVID-19 deaths of people with Learning Disabilities. She explained that the report contained some distressing findings noting that in the main these were: significantly increased rates of COVID-19 deaths for people with a learning disability; and the reason for death being recorded as the person having a learning disability rather than COVID-19. She added that in West Yorkshire there was a piece of work to look at all the data in relation to the deaths of people with learning disabilities and that a report would be taken to the West Yorkshire Executive Group to ensure that the findings inform changes for people with learning disabilities. It was agreed that the report would be brought back to the Board once it had been presented at the West Yorkshire Executive Group.

**CHos /  
CW**

The Board discussed the matters reported by the Chief Executive. Prof Baker noted that the Quality Committee had been looking at data about Learning Disability deaths. Dr Munro added that when the report was received pro-active work had taken place immediately in response to some of the findings, but that there was still work that could be done to improve the position.

The Board discussed the £500m allocation noting that this was a non-recurrent sum that would be paid to Trusts for the year 2021/22 and that at the present time it was unclear what this would be used for. The Board also noted that the Trust could end up in the position of having a large amount of cash which would need to be spent within the financial year and that it would be important to have a plan on how this could be achieved. Dr Munro noted that with regard to staff costs it would be necessary to have a different approach to skill-mixing and attracting people into the organisation to ensure there are the right number and type of staff to provide the services required.

Prof Proctor asked about access to staff testing and what the arrangements were for students both nursing and medical. Mrs Woffendin noted that if students were in a placement with the Trust and in front-line clinical services they should be included in the programme that was being rolled out, but for other students who had contact with services, Mrs Woffendin agreed to look into this.

**CW**

Prof Proctor then outlined some of the issues discussed at the Chair's meeting in regard to the NHS England consultation on the ICS statutory framework. She outlined some of the areas of concern that had been highlighted at the meeting which were around the need for clarity on the emerging structure; understanding the relationship with other statutory authorities; and transparency of decision making including how the ICS would engage with the public.

Prof Proctor noted that there would be an opportunity for the Trust to consider its response to the consultation document at the Board development session on 10 December and the document would be included in the pack of pre-reading which would be circulated to Board members.

**CHill**

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

20/154

**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 November 2020** (agenda item 8)

Mr Marran provided a report from the Mental Health Legislation Committee meeting that had taken place on 3 November 2020. In particular he reported on:

- The changes to the Mental Health Act regulations which had been announced at very short notice, amending the statutory forms thereby enabling their electronic completion and submission. He noted that the impact of the changes was being reviewed in collaboration with the Local Authority and Leeds Teaching Hospitals NHS Trust colleagues
- The issue of the committee receiving data relating to Mental Health Act matters, noting that this would link to a later discussion the Board was having in relation to CareDirector
- Access to Mental Health Act hearings and the support offered to service users in the use of new technology for these meetings. He noted that there were still ways of improving this and that the Mental Health Act team was engaging with service users to look at what still needed to change.

Mrs Woffendin noted that she, Dr Hosker and Mr Wyatt had met with the CQC Mental Health Act inspector about the changes to the way in which statutory forms were to be completed and that they had advised that changes should not be made in haste but through a considered process. The Board agreed to receive an update in regard to the arrangements for changes to the Mental health Act paperwork in light of the introduction of the electronic system for their completion and submission.

CHos

Mr Henry asked about the use of new technology and the switch to a more digital way of working. Mr Marran noted that these were still early days and that there was more work to do to ensure people were not digitally excluded whilst ensuring access was improved.

The Board **received** the report from the Chair of the Mental Health Act Committee.

20/155

**Report from the Chair of the Quality Committee for the meeting held on 10 November 2020** (agenda item 9)

Prof Baker presented the Chair's report from the Quality Committee for the meeting that had taken place on 10 November 2020. In particular he drew attention to:

- The impact of COVID-19 and EU Exit on the availability of some medicines. However, he noted that in respect of lithium and diazepam

the committee had been assured that there was sufficient supply within the system to meet service users' needs.

- The Quality Report, noting that the process for its production and reporting to the Quality Committee for the coming year had been agreed.
- A number of suggestions that had been made for internal audits which could be carried out and which would be advised to the Audit Committee.
- The impact of COVID-19 on the redesign of community services and the impact on staff and how they function. He noted that there was still more work to be done to understand the impact of the use of new technologies on service users and on outcomes.

The Board **received** the update report from the Chair of the Quality Committee.

20/156

**Report from the Chair of the Joint Quality, Finance and Performance and Workforce Committee for the meeting held 10 November 2020**  
(agenda item 10)

Mrs White Wright presented a report for the Joint Quality, Finance and Performance and Workforce Committee for the meeting held 10 November 2020. In particular she drew attention to:

- The data and benchmarking information on detained service users, noting that this was something that the Mental Health Legislation Committee should be asked to look at.

In relation to the meeting more generally, it was noted that this was an important meeting bringing together members of each of the committees to look at cross-cutting themes and issues. The Board talked about the origin of the meeting and the way in which it had developed away from its narrow remit of reviewing the Cost Improvement Programme.

It was recognised that the developing agenda of this committee had increased the amount of reporting to Board sub-committees. It was felt that the committee was likely bridging a gap in the Board Strategic Discussion sessions which had been paused due to there being a focus on the management of the pandemic. It was acknowledged that there was a place for committees having connected conversations, but that it should not add to the burden of reporting or create another work-stream outside of the formal Board sub-committee structure. It was agreed that this would be explored further in the private Board meeting.

With regard to digital exclusion and inequalities, Prof Proctor noted that this cuts across the work of all organisations including those in the West Yorkshire Mental Health Learning Disability and Autism Collaborative and suggested that this was discussed at the next Committees in Common meeting. Dr Munro advised that mHabitat was currently in the process of bidding for innovation money from the Health Foundation for the purpose of looking at this subject. The Board was advised that if this bid was not

successful then the executive team would then look at what other funding streams might be available for this important piece of work.

The Board **received** the report from the Chair of the Joint Quality, Finance and Performance and Workforce Committee and **noted** the matters raised.

20/157

**Report from the Chair of the Finance and Performance Committee for the meeting held on 24 November 2020** (agenda item 11)

Mrs White presented the report from the Finance and Performance Committee for the meeting that had taken place on 24 November 2020. In particular she drew attention to:

- EU Exit and the high-level assurances that had been received, informed by the modelling for worst-case scenario and the systems and processes that were in place to mitigate this.
- COVID-19 cost reimbursement noting that this would be audited and that the Trust had been chosen at random as part of the audit
- Change of facilities management through the merger of Interserve FM and Mitie, and the potential implications this change could have on the way in which facilities management services were provided in the PFI units
- The requirement for the CAMHS inpatient service transfer to be reviewed and approved, noting that this would come to the January Finance and Performance Committee before coming to the Board.

It was noted that the Chair's report had adopted the new suggested format, Assurance, Advice and Alert. This change was supported by the Board.

Prof Baker asked about food security and the availability of food for hospitals and asked whether the Supported Living Service had been included in these plans. Mrs White indicated some food was on the potential risk list, in particular fresh food, and that assurance had been provided that there were plans in place that covered all Trust services.

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

20/158

**Combined Quality, Performance and Workforce Report** (agenda item 12)

Mrs Forster Adams presented the paper, noting that this had been discussed in detail at the various Board sub-committee meetings. She noted that there hadn't been any significant changes since the report was last presented to the Board, although she indicated that it reflected improvement and the recovery journey where services had re-started. She also noted that work was ongoing at a service level to redefine some of the targets and standards so they better reflect the new way in which services were being delivered.

Prof Baker asked about the increasing trend in B5 nursing vacancies and asked if the Trust was doing everything to address this and attract people into the organisation and also what was being done to look at the retention of newly qualified nurses in their first few years. Mrs Holmes outlined the work that was being undertaken to address both of these areas including information about international recruitment across the ICS and the support for newly qualified staff. Mrs Woffendin also noted that some of the vacancies had been created due to staff being promoted to B6 and B7 as part of the safer staffing work and as such the skills were not lost to the Trust. Mrs Woffendin also outlined the work that was being undertaken to attract, nurture and support newly qualified nurses in their first few years of employment to ensure we retain as many people as possible.

Mrs White asked about the attrition rates for staff. Mrs Holmes advised that this was at the lower end of what was expected, although she noted that there was more work to do to look at the reasons for this and that assurances around this would be taken through the Workforce Committee.

Prof Proctor asked if there was a sufficient mechanism for the Directors of Nursing and Allied Health Professionals to have a dialogue with their counterparts at the universities in order to look at how the attrition rate within courses could be addressed. Mrs Woffendin noted that these conversations had started prior to COVID-19 but had been paused. She then advised the Board that NHS England had been looking for a Director of Nursing to represent all Directors of Nursing at a regional level. She noted that she had taken on this voluntary role and would be able to use it not only to represent the wide remit of Directors of Nursing within the acute, community and midwifery sectors but also give the mental health and learning disability agenda a voice within this area.

With regard to the pipeline for Allied Health Professionals, in particular Occupational Therapists, Prof Proctor highlighted the need to ensure these groups received attention in terms of recruitment and retention. Mrs Woffendin noted that there was a piece of work being carried out by the Allied health Professionals Team to look at creating a clearer career pathway.

Miss Grantham asked about the CQPR in its totality noting that on the surface it looks as if the Trust was performing poorly, because the public for example, do not necessarily hear the discussions and the context of those discussions that occur at Board or in the sub-committees. She therefore suggested that the messaging could be looked at in order to manage perceptions. Mrs Forster Adams suggested that the CQPR could be supplemented by a Chief Operating Officer's report which sets out some of that more positive narrative and context.

The Board **received** and **noted** the content of the Combined Quality, Performance and Workforce Report performance report.



20/159

**Safe staffing report (agenda item 13)**

Mrs Woffendin presented the Safe Staffing Report. She advised that reporting on staffing levels had been previously hibernated by NHS England but that the report was again being presented to the Board. She explained that it reflected the activity for July, August and September and that it showed there had been only one breach despite staffing challenges. She assured the Board that there had been no patient safety issue as a result of that breach and that there had been some learning from this which would be taken forward.

Mr Wright asked about the funding from the Clinical Commissioning Group (CCG). Mrs Woffendin noted that gaps in staffing had been identified through the MHOST tool which had led to a business case being submitted and that this had resulted in additional resources being provided by the CCG. She added that whilst currently the Trust was not operating within a contract regime due to the pandemic, in future the discussions regarding the additional money going forward would be included in contract negotiations once these resumed. Mrs Hanwell confirmed that this was the position and that the CCG was committed to providing this additional funding in future.

Prof Baker supported the model of having a peripatetic workforce across the ICS where staff could move between not only service but also organisations. However, he noted that to do this effectively and safely there would need to be standardised practices and procedures not just across Trust services but across organisations. Dr Munro advised the Board of the discussions that had taken place at the West Yorkshire Mental Health Learning Disability and Autism Collaborative Committee in Common which had discussed the work being carried out to standardise training for the Prevention and Management of Violence and Aggression (PMVA) across mental health trusts in West Yorkshire. She added that the learning that had come out of this would inform the standardisation of other aspects of care.

The Board **received** the safe staffing report and **noted** the content.

20/160

**Flu Assurance Framework (agenda item 14)**

Mrs Woffendin noted that this was an annual report and that it assured the Board on the systems and processes in place to effectively manage the flu vaccination programme. She added that there was a requirement to make a submission to NHS England which had been completed.

With regard to the target of 90% compliance, Mrs Woffendin advised that the Trust was currently at 66.5% compliance, noting that this was ahead of this point last year despite the challenges with the pandemic. She the outlined some of the steps being taken to increase compliance to not only meet the February deadline but also to ensure that as many staff as possible had the flu vaccine before they had the impending COVID-19 vaccine.

Prof Proctor asked whether the Trust offered flu vaccinations to carers. Mrs

Woffendin advised that this was not offered in-house due to the target for the vaccination of front-line staff which the Trust was required to meet, and as such she explained that the number of vaccines ordered should be in relation to that target. She added that the Trust would signpost carers to their GPs in order to arrange a vaccination. However, she agreed to raise this matter with NHS England.

CW

The Board **received** the report and **noted** the content.

20/161

### **Medical Director's Report** (agenda item 15)

Dr Hosker presented his first Medical Director's Report. He advised that this report had been informed by the focus of his work over the first four months in post in regard to the medical workforce and the areas of priority.

Dr Hosker then highlighted the main points set out in the report including some of the challenges. He reported on: the number of doctors nearing retirement, particularly in community services; the costs associated with agency doctors, noting the valued contribution they make to the delivery of services; medical appraisals and the review of job planning, noting that there had been a delay in agreeing some of the job plans; medical education, noting that there had been a pause on placements over the peak of the pandemic adding that these were now back on track; the success with the recruitment of consultants into vacancies; and the work to develop a Medical Strategy

Miss Grantham welcomed the development of a Medical Strategy and invited this to be presented to the Workforce Committee noting that this would sit alongside the strategies for other sections of the workforce. Mr Hosker noted that he was anticipating that this would be finalised by March 2021.

Miss Grantham also asked about the term 'good clinical leadership' and how this was defined and then measured. Dr Hosker outlined some of the tools that would be used to ensure there was first an understanding of what good clinical leadership looked like, noting that the Continuous Improvement Team had been asked to support this piece of work.

Mrs White sought assurance that the pension taxation implications for doctors had now been resolved and that this would not impact on the number of hours that doctor were able to work without severe financial implications. Dr Hosker advised that although there had been some temporary changes to the pension taxation regime this issue had not been fully resolved and that the HR team were doing what they could to signpost and support doctors who may be affected.

Mrs White also asked if the Board could receive some assurance in relation to locum doctors, particularly quality information pertaining to this group of staff. Dr Hosker assured the Board that there was a consultant within the Trust who had an overview of all medical agency appointments. He also noted that of the agency doctors appointed the majority of these stay within

the organisation which helps to ensure the continuity of quality of care.

Prof Proctor asked what work was being undertaken to promote psychiatry as a career and attract doctors into the specialty. Dr Hosker acknowledged that during the peak of the pandemic doctors had been diverted into the acute sector, but noted that this was a temporary situation and that placements for doctors in training were now back on track. He also outlined some of the actions being taken to enthuse and support medical students and promote psychiatry as a career.

The Board **received** and **noted** the Medical Director's report.

**20/162 Report from the Chief Financial Officer (agenda item 16)**

Mrs Hanwell drew attention to a number of points in her report. She advised that the impending audit of the reimbursement of COVID expenditure would generate work for the finance team; but that she was confident that there would be a positive outcome and conclusion to the audit and that the findings would be shared with the Board. With regard to the financial position year-to-date, Mrs Hanwell advised that the Trust was in a robust position particularly as it went into the winter phase.

The Board **received** and **noted** the report from the Chief Financial Officer.

**20/163 Minutes from the WYMHDLA Collaborative Committees in Common meeting held 22 October 2020 (agenda item 17)**

The Board **received** and **noted** the minutes from the WYMHDLA Collaborative Committees in Common meeting held 22 October 2020.

**20/164 The use of the seal (agenda item 18)**

It was **noted** that the seal had not been used since the last Board meeting.

**20/165 Any other business (agenda item 19)**

There were no items of any other business.

20/167

**Resolution to move to a private meeting of the Board of Directors**

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 12:10 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.