

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 29 July 2021 at 9:30am.
in Create@1 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 (Deputy Chair of the Trust)	
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive	
Mr C Henry	Non-executive Director	
Dr C Hosker	Medical Director	
Mr A Marran	Non-executive Director	
Dr S Munro	Chief Executive	
Mr D Skinner	Interim Director of Human Resources	
Mrs S White	Non-executive Director	
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
Mr A Wier	Deputy Chief Operating Officer
Ms K McMann	Deputy Trust Board Secretary
Dr W Neil	Consultant Psychiatrist (for minute 21/083)
Mrs R Pilling	Patient Experience Coordinator (for minute 21/078)
One member of the public	

Action

	Prof Proctor opened the public meeting at 09.30 am and welcomed everyone.
21/077	Apologies for absence (agenda item 2) Apologies were received from Mrs Forster Adams, Chief Operating Officer. It was noted that Mr Andy Weir was attending in her absence.
21/078	Sharing stories – an audio story from Tula who has used our mental health services (agenda item 1) The Board listened to a recording of Tula's story, noting that she had used mental health services over a period of 30 years. She explained the reasons for her needing to use the services. She also explained the length of time it had initially taken to be referred through her GP and how it had affected her not getting treatment early enough.

Once referred, Tula explained some of the barriers she had to overcome within the system including being told she wasn't ill enough to receive various services. She explained the negative impact this had on her and how it caused her further distress. She added that once she had received a correct diagnosis this had had a positive impact on her and she also talked about the positive impact of being involved in the Personality Disorder Network.

With regard to being treated in the community, Tula explained that she had at first been assigned a particular Community Psychiatric Nurse (CPN), but that she had not felt she could get on with this person due to various factors including their unreliability. However, when she asked if she could change to be cared for by another CPN she was advised that this was not possible and therefore had to experience a negative impact due to being cared for by this person until they left the Trust.

Tula then explained the difference it made to her and her ongoing treatment to have a mental health practitioner based at her GP surgery. She also told the Board of the different experiences of this level of service within different surgeries. She spoke about the detrimental effect it can have on a service user when they are referred for treatment only for a set period of time due to funding and the difficulty they can have with continuity of care. Tula also told the Board of the difficulties she experienced of trying to navigate a complex system of delivery of care.

The Board discussed aspects of Tula's story in some detail. Board members acknowledged the difficulties there can be in managing a service users' expectations whilst at the same time providing them with the right level of care within a system governed by the need for a clear clinical diagnosis; resource allocation and measures. They noted the positive impact service user networks have on the experience of service users; the importance of being able to find digital solutions to provide a greater span of care; the difficulties in navigating a pathway through a complex system of care provision linked to the importance of achieving continuity of care through that system.

The Board recognised the importance of ensuring that patient stories and the patient's voice is heard and that partners and commissioners understand that mental health care is not episodic, but lifelong for many people. Having explored the themes raised by the story Prof Proctor asked that Mrs Woffendin share the experiences of Tula with the Chief Nurse at Leeds Teaching Hospitals NHS Trust and provide an update in the next Director of Nursing and Professions' Report. Prof Proctor also asked for an update on progress with the experience of mental health service users who are seen within Accident and Emergency Departments to be included in the next Chief Operating Officer's report.

CW

JFA

The Board **asked** for a letter of thanks to be sent to Tula for sharing her experience with the Board. The Board also noted the importance of hearing the stories of service users to inform how services can be developed.

CHill

Mrs Pilling left the meeting

21/079	<p>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 3)</p> <p>Mrs Hanwell noted that her son was not now an apprentice at Interserve Construction Ltd. Mrs Hill agreed to amend this on future reports of Director's declarations.</p> <p>It was noted that no other member of the Board had any change to their declaration of interests and that no member of the Board had any conflict of interest in any agenda items.</p>	CHill
21/080	<p>Minutes of the previous meeting held on 20 May 2021 (agenda item 4)</p> <p>The Board considered the minutes of the meeting from 20 May 2021. It was noted that there were three minor typos which Mrs Hill agreed to amend, but that these did not impact on the accuracy of the minutes.</p> <p>The minutes of the meeting held on 20 May 2021 were received and agreed as an accurate record.</p>	
21/081	<p>Matters arising (agenda item 5)</p> <p>It was noted there were no matters arising.</p>	
21/082	<p>Actions outstanding from the public meetings of the Board of Directors (agenda item 6)</p> <p>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.</p> <p>The Board received the cumulative action log and noted the content.</p>	
21/083	<p>Annual Responsible Officer and Medical Revalidation report (agenda item 16)</p> <p>Dr Neil, Consultant Psychiatrist and Responsible Officer for the Trust, presented the Annual Responsible Officer and Medical Revalidation report noting that this was an annual quality assurance report required to be submitted to NHS England. She noted that the paper also provided an update on the work that had been undertaken over the previous 12 months.</p> <p>With regard to Medical Appraisals, she noted that in line with NHS Improvement / England guidance for all NHS staff, medical appraisals had been paused during April to October 2020. However, she noted that these had now commenced and that they included wellbeing conversations. She added that these were on track and that all doctors now had these scheduled</p>	

and that revalidations had been submitted to the GMC without any exceptions or concerns raised.

The Board noted there was a piece of work with the Trust's Head of Diversity to look at the gender and ethnic profile of the medical profession with a view to ensuring this group of staff was appropriately representative.

The Board **agreed** the report provided assurance that there was effective governance to support medical revalidation within the Trust and **agreed** the Chair would sign off the statement of compliance on behalf of the Board for submission to NHS England.

Dr Neil left the meeting.

21/084

Chief Executive's Report (agenda item 7)

Dr Munro provided a verbal Chief Executive's Report. She firstly reported on the national landscape noting that Amanda Pritchard had been appointed as the Chief Executive of NHS England following the departure of Sir Simon Stevens. She added that legislation relating to standing up Integrated Care Systems was progressing and that information was being released through a series of guidance outlining the implications of that legislation.

Regarding the next spending review, Dr Munro noted that negotiations were ongoing with the Treasury and that a case was being put forward for ringfenced money for mental health services, adding that there was a case for this to include money for a further year's funding for mental health support services for staff.

With regard to the development of the West Yorkshire Integrated Care System (ICS), Dr Munro reported that an advert had been placed for a Chair of the ICS and that following their appointment a recruitment process for the Chief Executive would take place. She added that once these two key posts were appointed to, a process of appointment of the executive and non-executive directors would be undertaken with a view to establishing a shadow Board and executive team in the autumn. Dr Munro noted that for all those staff affected by the creation of the ICS there had been a recommendation for there to be no opportunity for redundancy, adding that the unions supported this position and that staff would be supported into new roles emerging within the new structures.

Dr Munro then spoke about the developing Leeds Integrated Care Partnership (ICP) explaining that a number of meetings had taken place to discuss the form the governance and reporting structures would take. She added that there was more work to be done to create the right infrastructure for Leeds.

In regard to demand, she noted there had been an increase in the need for health and social care locally and that this had been adversely affected by staff moving from the healthcare sector into other sectors within the city as the economy begins to move to a more normal position.

Dr Munro advised that the vaccination programme was continuing and that initial preparations were being made for a COVID-19 booster in the autumn, adding that further confirmation and guidance was still awaited. Dr Munro also advised that preparations for administering the winter flu vaccine were underway and that there would be some focus placed on this due to the low levels of immunity against flu within the population.

Dr Munro then advised there had been a visit of Her Majesty's Lord Lieutenant of West Yorkshire, Ed Anderson, who presented the Trust with its Veteran Aware accreditation in recognition of commitment to improving NHS care for veterans, reservists, members of the armed forces and their families. She added that whilst the Trust was very proud to receive the award there was still more work to do to raise awareness amongst all its services.

With regard to the team at Woodlands Square, Dr Munro reported that they had been nominated for a Nursing Times award in relation to the work carried out in collaboration with Leeds Teaching Hospitals NHS Trust to create a bespoke package of care for service users with learning disabilities who needed to access dental care. She added that further details on the outcome of the nomination should be known in September.

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

21/085

Report from the Chair of the Quality Committee for the meetings held on 8 June 2021 and 13 July 2021 (agenda item 8)

Prof Baker presented the Chair's reports from the Quality Committee meetings that had taken place on 8 June and 13 July 2021. In particular he drew attention to:

- A report on the work carried out by the Infection Prevention and Control Team. Prof Baker commended the work carried out by the team to keep service users and staff safe during the pandemic.
- The need to continue the work to recruit to Allied Health Professional roles
- A discussion about the estate, specifically relating to the design and management of seclusion rooms. He added that there also needed to be consideration of how issues were escalated to the Estates Department when these were picked up by Board sub-committees.
- The quality and safety report from the Forensic Service and also from the Connect Service. Prof Baker outlined some of the issues that had been discussed within those reports.
- A request for the committee to be more sighted on the occasions when the Duty of Candour process had been used.

With regard to the Connect Service, Prof Baker noted that this service was only provided to adults and asked about the provision of eating disorder services to children and young people. Dr Munro advised that the Leeds Programme Board had asked for further work to be done in recognition of the need to support services to children and young people in regard to eating disorders.

With regard to the issues raised in the report around estates, Mrs White noted that this had been raised at the Finance and Performance Committee on 26 July and that assurance had been received on a programme of work to update the provision of seclusion rooms.

In relation to estates issues more widely, Mrs Hanwell agreed to look at the process of providing assurance to the Finance and Performance Committee for those significant issues raised through the Clinical Environments Group and assurance as to how these link to the Estates work plan.

DH

The Board discussed a point raised about system working and how this would impact on the quality of service provision. It was suggested that the Board might want to look at devoting some time to focus on system issues. Prof Proctor suggested that she and Mrs Hill look at how the Board's agenda might be structured to allow a focus on system, place and Trust business.

SP / CHill

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

21/086

Report from the Chair of the Workforce Committee for the meeting held on 17 June 2021 (agenda item 9)

Miss Grantham presented the Chair's report from the Workforce Committee meeting that had taken place on 17 June 2021. In particular she drew attention to the need to continue the strategic thinking on the Workforce Strategic Plan through the sub-committee and how assurance would be provided on the agreed priorities.

Mr Wright noted the point raised in the report about annual leave for staff and sought assurance that the Executive Team had sufficient annual leave planned into the coming months. Dr Munro assured the Board that, like all staff, the Executive Team had been encouraged and were taking all their annual leave to ensure they have necessary breaks from their workloads.

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

21/087

Report from the Chair of the Audit Committee for the meeting held on 20 July 2021 (agenda item 10)

Mr Wright presented the Chair's report from the Audit Committee meeting held on 20 July 2021. In particular he drew attention to:

- The annual private meeting of committee members with Internal Audit, noting there had been assurances received from Internal Audit that there was nothing of significant concern to advise to the committee.
- The new Health and Safety Manager had provided an update report to the committee outlining the areas of work and focus for the team over

the coming months. Mr Wright added that the Health and Safety Manager was devising guidance for service visits which would suggest that non-executive directors and governors could, as part of those visits, undertake Health and Safety conversations with staff.

- A commitment to incorporate an annual checklist of procedural and governance matters into the annual appraisal process.

Prof Proctor asked about the assurances received in relation to the Counter Fraud Functional standards that had been rated 'red'. Mr Wright advised that the main reason why some of the standards had been rated 'red' was due to the timing of the issue of the standards and the state of readiness all organisations had been in to comply with the standards at the time of their issue. However, he advised the Board that the committee had been assured of the actions in place to address these areas before the next compliance statement was due.

Prof Baker asked about the delay in the audit of CareDirector. Mr Wright noted that the audit would start in quarter 2 and as such would commence very shortly. He added that this delay, and the delay in starting other audits, was due to the need to catch up with the audit workplan as a result of some work being paused because of the impact of the pandemic.

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

21/088

Report from the Chair of the Finance and Performance Committee for the meeting held on 26 July 2021 (agenda item 11)

Mrs White presented the Chair's report from the Finance and Performance Committee meeting that had taken place on 26 July 2021. In particular she drew attention to:

- The pay award of 3% for staff on Agenda for Change and the risk that the Trust will be required to identify efficiency savings to fund the award. Mrs White added that if savings were to be identified this was something which would need to be looked at in more detail and that a further update on this would be available for the September committee meeting.
- Patient capacity and flow and the revised trajectory for eliminating Out of Area Placements, noting that there was a plan to eliminate acute placements by the end of the financial year.
- The Data Security and Protection Toolkit, noting that one outstanding area of work was the planned Penetration Testing of the Trust's IT systems, which once completed would allow a re-submission of the scoring for the toolkit and the Trust being able to declare full compliance with the standards.

Prof Baker asked about the use of Out of Area Placements for older people as a result of the current pressure on beds in care homes. Mrs White assured the Board that this had been discussed at the meeting and that it had sought to understand the reasons for the use of such placements.

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

21/089

Report from the Chief Operating Officer (agenda item 12)

Mr Weir presented the Chief Operating Officer's report, noting that this was a new report to the Board, and that whilst it provided more detail in terms of care services, the Combined Quality and Performance Report was appended to provide greater detail on the metrics.

Mr Weir drew particular attention to pressure of people waiting for beds in care homes and assured them of the ongoing work to ensure people were placed in a timely way and into appropriate beds. He also assured the Board two people were currently placed out of area and that a decision had been taken for them to remain out of area as this provided the necessary continuity in their care.

The Board discussed the report in some detail.

The Board noted that the report had highlighted there being a low level of staff morale and a difficulty recruiting to some posts in the Forensic Service. Mr Weir advised of the challenges relating to the staffing of the service. He assured the board that there were a number of plans in place to address this.

With regard to the vaccination rates for people with severe mental illness, Mrs Woffendin updated the Board on the arrangements in place to support and provide the COVID-19 vaccination for these people. However, she added that the focus in the coming months would be on delivering the flu vaccine to staff and inpatients, and that other vulnerable service users would be considered in the programme if this was possible.

With regard to the redesign of community mental health services and assurance about the extent to which staff would be supported through the changes, Mr Weir assured the Board that the redesign programme was part of a citywide review of community mental health services and that a number of partners, including those from the third sector, were involved in this work and that it would be a phased change over time.

Dr Munro noted that once the details of the national inquiry into the COVID-19 pandemic were known there would be an update provided to the Board in relation to the Trust's readiness.

SM / CHill

The Board acknowledged the pressures in the system in relation to older people's services and the availability of care home beds. The Board asked for an update in the Chief Operating Officer's report to the September Board meeting in relation to capacity and pressures in the system which were being addressed at a city-wide level through the System Resilience and Assurance Board.

JFA

The Board **received** and **noted** the detail in the Chief Operating Officer's report.

21/090

Report from the Director of Nursing, Quality and Professions (agenda item 13)

Mrs Woffendin presented her report. She firstly noted that an update on the Clinical Governance restructure would be provided to the September Quality Committee meeting where a more in-depth discussion could take place. Mrs Woffendin added that linked to this piece of work was a review of professional leadership and outlined the steps being taken to progress the integration of these roles in the governance structures.

Mr Wright noted the importance of the work relating to the Clinical Governance restructure and sought clarification as to where the oversight of this work would lie, due to it impacting on a number of different areas covered by a variety of Board sub-committees. Mrs Woffendin advised that it had been agreed that the Quality Committee would have Board sub-committee oversight, which was supported by the Board. Dr Munro advised that at some point in the future there would be an internal audit commissioned to look at the governance arrangements once they were embedded.

In relation to the domestic abuse training, it was noted that whilst the bespoke training referred to in the paper had been completed by a large number of psychiatrists, there was also a section on domestic abuse training contained within the level 3 safeguarding training which was available to more general groups of staff.

The Board **received** the Director of Nursing Quality and Professions report and **noted** the content.

21/091

Safe staffing report (agenda item 14)

Mrs Woffendin presented the report noting that it set out staffing on wards against safer staffing levels for the 6-month period from the 1 November 2020 to the 30 April 2021, adding that this period fell during the second wave of the COVID-19 pandemic. She reported that despite the challenges during this period there was only one Registered Nurse breach and that this had not led to any patient safety concerns, adding that it had been mitigated by a member of qualified staff working for an extended period. Mrs Woffendin also commended the way in which staff and operational management had worked to ensure the safe staffing of wards overall during the period.

In regard to outbreaks, Mrs Woffendin indicated that the paper outlined the areas in which these had occurred, and noted that whilst there was a peak in the period January to March 2021, there were fewer outbreaks than in other organisations which was due to the Trust's robust infection prevention arrangements that were in place.

Prof Baker noted that the report had been reviewed in detail at the last Quality Committee meeting, and that the committee had been pleased to note the funding for overheads had been increased to 24% in the specialist wards, and there was work ongoing to secure a similar level of funding in core services.

Prof Proctor asked whether those directors with responsibility for infection prevention and control (IPC) across the ICS were sharing good practice and were agreed on the approach to visiting inpatient wards. Mrs Woffendin confirmed that good practice was being shared across the region and that directors spoke regularly on matters of IPC, although she noted that different Trusts were taking different approaches to the arrangements for the management of infection control.

The Board **received** the Safer Staffing Report and **noted** the content.

21/092

Report from the Medical Director (agenda item 15)

Dr Hosker presented the Medical Director's report and drew attention to a number of areas in the report. He spoke about the Mental Health Legislation Team and the high level of expertise the team have in managing this area, noting that with this success comes capacity issues for a small team which is being asked to deal with a large number requests and also interpret legislation changes.

With regard to the Trust's pharmacy services, Dr Hosker noted that this team had a respected presence and high profile within the city, which again had created capacity issues for the team. He explained that recruitment to the team had been successful, but that there would be a period of training for the new recruits.

Dr Hosker then talked about the Research and Development (R&D) Team, noting that whilst there was a newly appointed Head of R&D there would shortly be a vacancy created by a long-standing and experienced member of the team leaving the Trust. He added that this person played a key role in securing research funding, and that their departure could cause some issues in the coming months.

Dr Hosker then spoke more broadly about the teams within the directorate, noting that there had been a number of key changes and that development work had been undertaken to look at key priorities for the directorate and how these would be delivered.

With regard to medical staffing, Dr Hosker outlined the key recruitment areas, noting that a paper would be taken to the Workforce Committee to look at how this would be addressed.

The Board thanked Dr Hosker for the information provided in the report and discussed the points raised, in particular the medical staffing pressures and the upcoming vacancies created by key staff leaving or retiring and the assurances as to the plans in place to recruit to vacancies.

Mr Henry noted the challenges that can be created by key staff leaving the organisation and asked if these upcoming vacancies had been included in the directorate workforce plan. Dr Hosker referred to the earlier discussion about specific vacancies that were on the horizon in the directorate. He also acknowledged that such vacancies caused an element of risk and whilst there was more work to do in regard to working in partnership, in the future there was the potential for these risks to be shared across the Integrated Care System.

Dr Munro suggested that it might be beneficial for the Workforce Committee to hear from Sharon Nightingale (Director of Medical Education) on the plans to address medical workforce training vacancies and capacity.

SN

Mrs White asked about the outcomes work and where this would be reported on. Dr Hosker confirmed that a report would be presented to the November Council of Governors' meeting.

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

21/093

Report from the Chief Financial Officer (agenda item 17)

Mrs Hanwell presented her report and drew attention to three key areas. She reported that the uplift relating to the Mental Health Investment Standard had been agreed with the Leeds Clinical Commissioning Group (CCG). However, she added that the CCG had not identified or allocated the Trust with any specific additional non-recurrent funding relating to the Spending Review, noting that the CCG had advised that resources had been pooled and allocated across a range of providers.

Mrs Hanwell then reported that the full detailed planning guidance and revenue allocations for the second half of 2021/22 (referred to as H2) was still awaited, including the funding arrangements for the recent staff pay award. Mrs Hanwell explained that ahead of receiving the funding guidance, work was ongoing to look at recurrent expenditure, any cost improvements (CIPs) that could be made, and the possibility of resetting core budgets.

With regard to the Capital Programme, Mrs Hanwell explained that in past months the operational upgrades had been paused due to the impact of the pandemic and that the lack of decant arrangements presents some risk to the completion of the capital programme. However, she noted that the Facilities Team was working with operational staff to look at ways of completing the work programme.

The Board discussed the details in the report. Prof Baker asked about the £3m CIPs that need to be made in the next six months and how likely it was that these would be achieved. Mrs Hanwell explained that all Trusts had been asked to plan for around 3% less resources in H2. She explained that this Trust was underspent by £1m at the end of month one and that given the Trust was already ahead of its financial plan she was confident that the Trust could generate sufficient surplus resource to mitigate the need to cut costs in H2.

However, she added that there would need to be a plan for efficiencies on an ongoing basis.

Miss Grantham asked about the Mental Health Investment Standard and the Non-recurrent Spending Review, in particular what assurance could be gained that this was having the right impact on mental health services and that it was making a difference for service users. Mrs Hanwell advised the Board that work was ongoing to ensure there was a collaborative approach to mental health commissioning, which would help to provide full transparency and a more joined up approach as to how the money should be distributed.

Prof Proctor noted that she had attended the Leeds CCG Finance Committee meeting on 1 July and that the minutes from that meeting would be presented at the September Board meeting.

SP

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

21/094

Approval of the Data Security and Protection Toolkit (self-certification)
(agenda item 18)

Mrs Hanwell presented the Data Security and Protection Toolkit for noting. She advised that the submission made had indicated that the standard had not been met due to the penetration testing of IT systems not having taken place at the point of submission. She added that this test was due to be carried out in August and that when this had been done the Trust could report that the action plan had been completed, with the expectation that the Trust would be upgraded to full compliance.

The Board thanked the Information Governance Team for the work they had done to maintain the standards, particularly during the COVID-19 pandemic.

The Board **received** the Data Security and Protection Toolkit and **noted** the submission that had been made.

21/095

Board Assurance Framework (agenda item 19)

The Board received the Board Assurance Framework and noted that this had been scrutinised within the various Board sub-committees.

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

21/096

The use of the Trust seal (agenda item 20)

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

21/097 **Any other business** (agenda item 21)

There were no items of other business.

21/098 **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 12.40 pm 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.