

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 30 September 2021 at 9:30am.
This meeting was held virtually**

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
Ms K McMann	Head of Corporate Governance / Deputy Trust Board Secretary
Mr S Webster	Involvement Coordinator in the Learning Disability Service (for agenda item 1)
Ms A Hirst	Involvement Facilitator in the Learning Disability Service (for agenda item 1)
Ms L Taylor	Risk Advisory, Deloitte LLP
Five members of the public observed the meeting	

Action

21/099

Prof Proctor opened the public meeting at 09.30 am and welcomed everyone. She noted that Ms Taylor was observing the meeting as part of the high-level well-led governance and leadership review which was being carried out by Deloitte LLP.

Sharing Stories – Learning Disabilities Services (agenda item 1)

Mr Webster and Ms Hirst joined the meeting to talk about the project they were leading on, adding that this was related to information about prescribed medication being available in a large font and a more accessible and straightforward language to assist people with learning disabilities. Ms Hirst firstly explained the difficulties people with a learning disability have reported when trying to read the instruction labels on prescribed medication, which had led to establishment of a project to look at what changes need to be made to make it safe for service users.

Mr Webster then shared his personal experience explaining the confusion that had arisen with his medication which had firstly been caused by a change in

packaging, and then the confusion was impacted because he was not able to read the printed label regarding the dose because the font was too small to see clearly. He added that he had become confused which had led to him taking the wrong amount of medication. He added that this had led to him losing his confidence and a degree of independence as he then felt he needed to rely on others to read the labels. He explained that this experience had led to him getting involved with a project to make pharmacies aware of the danger it can create when people cannot read the small print on the labels. Ms Hirst then detailed the work that had been undertaken so far as part of the project.

The Board commended the work of this project.

Prof Baker acknowledged the difficulties people have and the confusion it causes when the colour of tablets change, medication packages change and when people cannot read the information leaflets or dosage labels due to the size of the font. He added that he was involved with a research project and suggested that this might be something that could help support Ms Hirst and Mr Webster's own research project. He agreed to share his contact details outside of the meeting.

JB

Mrs Woffendin supported the suggestion that awareness is raised within GP practices. She also asked if there was anything else that could be done through the Patient Experience Team to support Mr Webster with concluding the project quickly and communicating the main findings and messages to GPs and pharmacies. Mrs Woffendin agreed to follow this up outside of the meeting.

CW

Mr Henry explained there shouldn't be any issues with pharmacies and GPs printing prescriptions and drug labels in larger font because the printers are capable of doing this.

The Board thanked Mr Webster for his story and for the research he is carrying out to raise awareness of the problems and make a difference for other people. Prof Proctor suggested that Mr Webster returns to the Board once the project has been concluded to provide an update.

**Patient
Experience
Team**

21/100 **Apologies for absence** (agenda item 2)

There were no apologies received.

21/101 **Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

Miss Grantham advised there had been a change to her declaration in regard to her partner who is the co-owner of Per Call Ltd, a company that provides marketing and website services to self-employed builders, roofers, gardeners etc. She also noted that with effect from 1 October she would not be a Director of Otley Golf Club. Mrs Hill agreed to make these two changes to the record for declarations of interests.

CHill

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.

21/102 Minutes of the previous meeting held on 29 July 2021 (agenda item 4)

The minutes of the meeting held on 29 July 2021 were **received** and **agreed** as an accurate record.

21/103 Matters arising (agenda item 5)

It was noted there were no matters arising.

21/104 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** the cumulative action log and **noted** the content.

21/105 Chief Executive's Report (agenda item 7)

In the absence of Dr Munro (who joined the meeting later), Mrs Hanwell presented the Chief Executive's Report.

Mrs White asked about the new strategic oversight and assurance group for equality and inclusion. Prof Proctor suggested this was picked up later in the agenda.

Mrs White also observed that it had been reported to her by a governor that staff in the Trust had not been directly involved in the ICS and place-based governance arrangements and did not have a full understanding of the changes in legislation and the impact on the services the Trust provides. Mrs White asked what the arrangements were to make staff aware of the impact of these changes. Mrs Hanwell explained the work that had taken place to strengthen the partnership arrangements and ensure staff were linked into this. However, she noted that this work was at an early stage and there would be more work to do to communicate these changes more widely to staff and ensure they understand how they will link some of their work into the new structures.

Mr Skinner left the meeting.

Mr Wright asked if there was an update on who had been appointed as the Chair of the West Yorkshire and Harrogate Integrated Care System. Prof Proctor indicated that it was expected that the outcome of this appointment would be communicated shortly.

Mr Henry acknowledged the reasons for postponing the face-to-face staff celebration event that had been scheduled for November, but noted the importance of there being a virtual way of thanking staff for all their hard work. It was noted there was a programme of ways to recognise the achievements of teams and individuals and that the executive team was looking at ways in which this could be enhanced.

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

21/106

Report from the Chair of the Quality Committee for the meeting held on 14 September 2021 (agenda item 8)

Prof Baker presented the Chair's reports from the Quality Committee meeting that had taken place on 14 September 2021. In particular he drew attention to:

- A report on the new approach to Collective Leadership which it had supported
- The Annual Quality and Safety Reports from the National Deaf CAMHS service and also the Complex Rehabilitation Service noting the assurances the committee had received and also the opportunity this provided to understand some of the issues facing services.
- A verbal update on the work carried out by the Infection Prevention and Control Team including arrangements for outbreak management and supporting staff who had been contacted by the NHS Test and Trace app. Prof Baker also reported that the committee had received and been assured on the Infection Prevention and Control Board Assurance Framework.
- A report on the governance arrangements for CareDirector, noting that the committee had been assured on these.

The Board then discussed digital poverty and inequality. Mrs Hanwell drew attention to the specific points raised in the written report about the level of IT support that had been received by the Deaf CAMHS service during the pandemic. Dr Hosker then outlined the difficulties the service had with some equipment purchased through Charitable Funds early in the pandemic, which had not been to the Trust's usual specification and that this had led to the IT department not being able to provide its normal level of technical support.

Mrs Hanwell noted there was a wider issue about the level of digital technology and support for staff and service users who were engaging in a different way. She outlined some of the work being undertaken by Thrive by Design and suggested there was a presentation to the Board so it is sighted on this work and the steps being taken in regard to digital inclusion and transformation. Mrs Hill agreed to add this to the forward programme.

CHill

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

21/107

Report from the Chair of the Workforce Committee for the meeting held on 5 August 2021 (agenda item 9)

Miss Grantham presented the Chair's report from the Workforce Committee meeting that had taken place on 5 August 2021. In particular she drew attention to:

- A paper which set out the forward plan and timeline for refreshing the Trust's People Plan. Miss Grantham noted that the committee had been informed that an external consultant had been commissioned to support the delivery of the plan and that the committee would review the final plan in October 2021.
- An update on the requirement for mandatory vaccinations for a small number of Trust staff who go into care homes and the support and operational arrangements in place for those who decline the vaccine.
- A proposal for the adoption of the "social model of disability" and agreed that, whilst the committee supported the proposal, it should be presented to the Board of Directors for final approval.

DS

With regard to the Trust's People Plan the Board asked for this to come to the November Board meeting.

DS

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

21/108

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 3 August 2021 (agenda item 10)

Mrs White presented the Chair's report from the Mental Health Legislation Committee meeting held on 3 August 2021. In particular she drew attention to:

- The number of gaps in data reporting following the implementation of CareDirector. Mrs White added that this limits the assurance the committee was able to receive and that a list of data gaps would be escalated to the new CareDirector Governance Group.
- The new Liberty Protection Safeguards systems that was due to be implemented in April 2022, noting that there were delays in issuing national guidance. Mrs White added that the Mental Health Legislation Team was working with partners across the city to plan the approach to the new legislation and there was likely to be a national training and IT system to support these new arrangements.
- The Mental Health Legislation Activity Report showing the disproportionately high detention rates for people from BAME backgrounds. Mrs White also drew attention to the work of the Synergi Collaborative and their work with Touchstone to help encourage people from BAME backgrounds to seek early mental health support and intervention.

Mr Wright noted there was an internal audit of CareDirector and that he had been informed of some of the early indicative findings. He added that the draft report was due to come back to the October Audit Committee meeting. It was agreed there would be a more detailed discussion in the private session of the Board.

Mr Marran asked about the Section 136 Suite and the increase in demand and what the current position was. Mrs Forster Adams reported that this was an ongoing issue, but that staff were working with the police to identify appropriate ways of better managing demand. She added that the Section 136 suite was being upgraded to enable beds to be flexibly designated as inpatient facilities in order to avoid breaching deadlines for length of stay in that facility. It was noted that an update report on this would be going to the next committee meeting.

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

Dr Munro joined the meeting.

21/109

Report from the Chair of the Finance and Performance Committee for the meeting held on 27 September 2021 (agenda item 11)

Mrs White presented the Chair's report from the Finance and Performance Committee meeting that had taken place on 27 September 2021. In particular she drew attention to:

- The review of the status of the 2021/22 NHS England Emergency Preparedness Resilience and Response (EPRR) Standards Assurance, noting that this was to be discussed in more detail later in the Board agenda. However, she noted that a huge amount of work had been done in the Trust, adding that for those standards that had not yet been achieved, this had been due to EPRR capacity being diverted into the management of the pandemic, but there had been assurance provided on how these would be addressed.
- A presentation on the emerging digital strategy, noting that the committee had suggested that this should be presented to the Board at a future Board strategic discussion session. Mrs Hill agreed to add this to the forward plan. Mrs Hanwell also suggested that a written report is presented to the Board to inform it of the direction for the strategy and microsite. Mrs Hanwell agreed to advise on a date for this coming to Board.

CHill

DH

Prof Proctor asked if the CQC was aware of the plans to complete the outstanding action in relation to the EPRR standards. Mrs Forster Adams advised that she was not aware of the CQC having any oversight of the EPRR arrangements. She then went on to outline some of the work required not only internally but at a city-wide level that needed to take place, noting how reliant the Trust was on the completion of this work to facilitate it achieving some of the outstanding standards. Mrs Forster Adams added that she was confident that the standards would be met in the next six months and that a

further update had been scheduled to come back to the Finance and Performance Committee.

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

21/110

Report from the Chief Operating Officer (agenda item 12)

Mrs Forster Adams reminded the Board that in terms of format this was a relatively new report. She also noted that whilst the Finance and Performance Committee had looked in detail at the Service Delivery section, it had been agreed that the full report would go to the committee for it to be looked at there in some detail in advance of it coming to the Board.

Mrs Forster Adams then highlighted some elements of the report. She firstly drew attention to the progress with the vaccination programme, noting that this was in its third phase which was around administering the booster to staff and service users. She added that in addition to this the Trust was part of a city-wide programme for the administration of the vaccine and that this programme was designed to address inequalities in the delivery and receiving of the vaccine more widely.

She drew attention to the ongoing recovery in the CRISS service and the Intensive Home Support Service and the opening of the Crisis House, noting that these three areas support the Trust's provision of out of hospital care.

Mrs Forster Adams then drew attention to staff vacancies and demand for additional staff noting that this was the most significant risk to uninterrupted service delivery, recovery of backlogs and to the increased demand for health and care support. She added that this was a sustained and ongoing risk, but there were governance arrangements in place within the Trust in terms of deployment of staff across services.

In terms of the Gender Identity Service, Mrs Forster Adams reported that it had been successful in securing an additional £315k recurrent funding. She noted that the additional resources would be used to improve patient experience and outcomes. She added that a more detailed impact assessment and trajectory would be reported through the Finance and Performance Committee.

The Board welcomed the narrative in the report noting this provided a high degree of assurance on the actions being taken and the work ongoing within care services.

Mr Wright sought assurance that the environmental issues relating to the Crisis House had been addressed and that the unit was now fully functioning. Mrs Forster Adams noted that this related to some damp found in the unit, likely caused by a leak, and that this would be addressed very shortly.

With regard to Psychiatric Intensive Care Unit (PICU) beds, Mr Wright noted that an external agency had been engaged to undertake detailed modelling of

required capacity based on different clinical scenarios. He asked if this was linked to the Acute Care Excellence work. Mrs Forster Adams explained that this was in relation to the West Yorkshire PICU service; that there was a lot of synergy to the Acute Care Excellence work but that this was on a wider footprint and was being led through the collaborative work.

Prof Baker asked about the pressure in older people's acute services around bed occupancy and out of area placements and sought assurance as to what the winter planning arrangements were for this specific area of care. Mrs Forster Adams advised that whilst complex dementia capacity had been increased and protected through The Willows, there was still a system issue around reduced capacity to discharge into care homes. She noted that this was a key focus for the Trust and was highlighted in the Winter Plan. She added that the Trust's clinicians were playing a key part in those system discussions to highlight the needs of mental health services.

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

21/111

Chief Financial Officer's Report (agenda item 13)

Mrs Hanwell presented the Chief Financial Officer's Report. She advised the Board that the Trust remains in a relatively good financial position overall, and that it continues to work as part of the Integrated Care System (ICS) in terms of both revenue and capital planning.

She reported that the Trust was forecasting to deliver overall within H1 control totals for both revenue and capital. She added there was uncertainty regarding the detail of H2 resources and the position into 2022/23.

Mrs Hanwell reported there was significant work underway within the Trust to understand and realign the recurrent budgetary requirements in the context of our reset and recovery work across the whole organisation. She added that the medium to long term capital requirements were also being reassessed and would be informed by the work with healthcare planners over the next six to nine months.

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

21/112

Cyber security dashboard (agenda item 14)

Mrs Hanwell presented the cyber security dashboard. She drew attention to the resources needed to address issues around cyber security and increase capacity within the IM&T Team.

With regard to the penetration testing, Mrs Hanwell reported this had now been completed and that when the report was signed off the Trust would be

able to update its compliance with the Data Security and Protection Toolkit to compliant.

Mr Henry supported the work being undertaken and noted that the Trust was in a good position in terms of its processes, but the issue of cyber security was one the Trust cannot afford to underestimate.

Prof Baker asked whether the sharing of resources in terms of cyber security was an area that could be shared within the ICS. Dr Munro noted there was a Chief Digital Information Officer for the city and that they were looking at what functions could be merged. However, she added that organisations in the city were at different levels in terms of the amount of investment required and this would impact on where any shared resources were targeted.

The Board **received** the cyber security dashboard and **noted** the content.

21/113

Guardian of Safe-working Hours quarterly report (agenda item 16)

Dr Hosker presented the Guardian of Safe Working Hours quarterly report, noting there had been no exception reports and no patient safety issues recorded in the period.

With regard to the medical staffing arrangements for Red Kite View, Dr Hosker added that issues had been discussed at the Junior Doctor's Forum related to the staffing of wards on junior doctor rest days and the potential impact on training opportunities. Dr Hosker noted that discussions were ongoing with the Junior Doctors in regard to this matter.

The Board **received** the report from the Guardian of Safe Working Hours and **noted** the content.

21/114

Safe staffing report (agenda item 15)

It was noted this had been looked at in detail by the Quality Committee and that it had been assured on the detail in the report. Prof Proctor sought assurance that newly qualified nurses would be appropriately supported within the Trust. Prof Baker assured the Board that, from a university perspective, students were very well supported from the end of year three into their new roles and through their preceptorship in their first year.

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

21/115

2021/22 NHS England Emergency Preparedness Resilience and Response Standards Assurance (agenda item 18)

It was noted this report had been discussed earlier in the meeting. Mrs Forster Adams drew attention to the standards that had been achieved and to the work outstanding to ensure the other standards were also achieved.

Mrs Forster Adams noted that an interim report would be presented to the Finance and Performance Committee at the end of the financial year.

The Board **noted** the details in the report. It **approved** the Trust's assessment position for 2021/22 and the action plan and agreed that the Chief Operating Officer should sign the submission to NHS England.

Mr Skinner joined the meeting.

21/116

WRES and WDES Annual Report (agenda item 17)

Mr Skinner presented the paper to the Board and noted in particular the slight reduction in the response rate to the staff survey, noting that this was due in the main to COVID-19. He also drew attention to the Reciprocal Mentoring Programme, noting that following the review of the initial programme there was an intention to roll this out more widely across the Trust.

In summary Mr Skinner noted there was a lot of good feedback from the WRES and WDES groups and with the Rainbow Alliance about the work being carried out in the Trust and that there was evidence that things were improving.

Mrs White asked about the new oversight and assurance group for equality and inclusion which had been referenced in the Chief Executive's report; whether this would add value to the work of the Trust; and whether learning from other organisations had been applied. Mr Skinner reported that Frances Dodd (Associate Director for People Experience) was leading on the wellbeing of staff, including the equality and diversity agenda. He added there was a very clear focus on these areas and the WRES and WDES were now part of the new governance structure. With regard to applying any learning, Mr Skinner noted that whilst there were connections with other organisations there was more work to do to look at linking to a wider set of partners, applying learning and bringing this into the organisation.

Mr Henry acknowledged all the good work that had been undertaken but noted that a lot of staff had reported feeling dissatisfied and disillusioned. He acknowledged it might take some time to make a real difference and suggested there was a need to manage the expectations of staff as to when a real change might be seen. Mr Henry then expressed some concern at the level of bullying and harassment that was reflected in the report and asked if the actions to address this were sufficient. Mr Skinner noted that the People Plan would set out a three-year road map with a timeline of when things were expected to be achieved, noting that this would be shared with staff through

a variety of means. In terms of bullying and harassment, Mr Skinner agreed this was unacceptable and there was a lot of work to encourage staff to speak up and raise concerns about bullying and harassment so these could be addressed.

Prof Baker spoke about not only staff members experiencing racism but also our service users. Dr Munro suggested that following on from the Reciprocal Mentorship Programme the Board should set aside some time to look at the cultural threads that need to run through the strategic priorities to ensure a safe and effective environment, not only for our service users but also for our staff. Mrs Hill agreed to add this to the Board Development Programme.

The Board also considered the priorities set out in the paper. Prof Proctor asked if these could be SMART objectives. Mr Skinner noted that SMART and measurable objectives would be drawn out through the three-year road map and this would be presented to the Workforce Committee on 5 October.

The Board of Directors **considered** the report. It **noted** the 2021 WRES and WDES results and the reports that would be publicised through the Trust website. The Board **considered** and **approved** the priorities **noting** that these would be expanded on within the three-year road map.

21/117

West Yorkshire and Harrogate Integrated Care System Mental Health Learning Disability and Autism Committee-in-Common Assurance report for the meeting held 22 July 2021 (agenda item 19)

The Board **received** the minutes from the Committee in Common and **noted** the content.

21/118

The use of the Trust seal (agenda item 20)

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

21/119

Any other business (agenda item 21)

Prof Proctor noted this was the last public Board meeting that Mr Marran would attend, and also his last day in the organisation before he steps down as a Non-executive Director. Prof Proctor thanked Mr Marran for all his hard work and dedication to the role of a NED, and also acknowledged that during his time in the Trust he had been a Mental Health Act Manager; latterly chairing the Mental Health Legislation Committee. Prof Proctor wished Mr Marran every success in his new role.

CHill

21/120

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 12.15 pm and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public would 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.