

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 31 March 2022 at 9:30 am.  
This meeting was held virtually**

**Board Members**

		Apologies
Dr 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	
Miss M McRae	Non-executive Director	
Dr S Munro	Chief Executive	
Mr D Skinner	Interim Director for People and Organisational Development	
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 G Enright	Senior Finance Manager
Mrs R Pilling	Carer Coordinator, Patient and Carer Experience Team (for minute 22/019)
Ms A Khan	Service user (for minute 22/019)
Ms J Tiffen	Service user (for minute 22/019)
Four members of the public observed the meeting (including one governor)	

**Action**

**22/019**

Dr Proctor opened the public meeting at 09.30 am and welcomed everyone.

**Sharing Stories** (agenda item 1)

Ms Aya Khan and Ms Jen Tiffen introduced themselves and advised that they had been involved in the Community Mental Health Transformation Project for a number of months; using their lived experience to inform the development of the service. Mrs Pilling first gave a short presentation setting out the background and context of the project and some of the risks and benefits and also the intended outcomes.

Ms Khan and Ms Tiffen then spoke about their reasons for getting involved and their experience of co-production and co-design within the project, adding that this had mostly been positive. However, they also spoke about some of their experiences of co-production which hadn't worked as well, where they felt their involvement was tokenistic and then explained the impact this could have on a person's mental health and self-esteem.

Ms Kahn and Ms Tiffen then outlined some of the things that would assist with mental health service transformation including: co-production genuinely involving and listening to service users; staff having an opportunity to share their lived experiences; respect for people involved rather than this being tokenistic; opportunities for career pathways into services for service users to increase the number of people providing care who have personal experience of mental ill health; and peer learning being provided in conjunction with people within the third sector.

Ms Tiffen then invited members of the Board to attend a weekly focus group. There was interest from a number of Board members, and it was agreed they would provide their contact details so attendance across a number of meetings could be facilitated.

All

The Board then discussed the issues raised. It noted that whilst there were pockets of good practice there were still some barriers to genuine service user involvement and that it would take a culture shift to address this. The Board also noted the importance of clinical training incorporating an element of understanding patients' personal experiences in order to inform the way they care for people with mental ill health in the future. Mrs Woffendin agreed to contact Ms Tiffen and Ms Khan to talk about how they might become involved in sharing their experiences with the nurse training programme.

CW

The Board **thanked** Ms Kahn and Ms Tiffin for their insightful presentation and discussion on co-production and on their experience of being involved in the Community Mental Health Transformation project.

**22/020**      **Apologies for absence** (agenda item 2)

Apologies were received from Prof John Baker, Non-executive Director; and Mrs Dawn Hanwell, Chief Financial Officer. It was noted that Mr Gerard Enright was attending the meeting in the absence of Mrs Hanwell.

**22/021**      **Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

It was noted that the Board's declaration of interests had been updated and provided in the agenda pack for information. It was also noted that no member of the Board declared a conflict in any agenda item.

**22/022**      **Minutes of the previous meeting held on 27 January 2022** (agenda item 4)

The minutes of the meeting held on 27 January 2022 were **received** and **agreed** as an accurate record.

22/023

**Matters arising** (agenda item 5)

Mr Skinner provided an update on the proposed VCoD (Vaccination as a Condition of Deployment) legislation, noting that this had now been repealed. He noted that the proposed legislation had caused some level of distress within the workforce and that staff had been supported where needed.

Dr Proctor noted that in terms of the governors, and ahead of face-to-face meetings resuming, there was a piece of work to ask governors to self-declare they were fully vaccinated in order to protect people at the meeting and ensure a safe working environment. Mr Skinner assured the Board that he had been working with Mrs Hill on this matter.

Miss McRae asked if there had been any concerns raised in relation to people coming into contact with staff who were not vaccinated given it was not now a mandatory condition of employment. Mr Skinner advised that nothing had been raised with him by members of staff. He added there had been some national guidance that a person's vaccination status was personal and confidential information which the organisation could not disclose to a third party, and that information about individuals' vaccination status would not be made widely available.

22/024

**Actions outstanding from the public meetings of the Board of Directors** (agenda item 6)

Dr 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.

Dr Munro noted that the Terms of Reference for the National COVID Inquiry had been published and that predominantly the focus would be on national bodies. However, she noted that work was ongoing in the Trust to make preparations, should Mental Health Trusts be asked to provide information.

The Board **received** the cumulative action log and **noted** the content.

22/025

**Report from the Chief Executive** (agenda item 7)

Dr Munro presented her Chief Executive's report and drew particular attention to the COVID infection rates which she noted were rising in the city. She also noted that outbreaks and risks of infection within services were being closely managed.

Dr Munro reported that work in relation to reset and recovery was ongoing and that a new Hybrid Working Policy was due to be launched in May, which would sit alongside the COVID secure and Infection Prevention Control requirements across Trust sites.

With regard to the rising cost of living and increasing fuel costs, Dr Munro noted that this had been discussed in terms of the support and information

that can be offered to staff; including the implementation of the higher living wage.

Dr Munro also advised that during the course of her visits to services, some of the concerns raised by staff were in relation to the number of vacancies and availability of staff. She noted that the conversations she was having with service leaders included what the areas of focus need to be; what innovations are available to make changes and work in a different way; and what can be done in partnership with other organisations. It was also noted that Executive Director/ Non-executive Director service visits would resume shortly and these would be face to face, but that the Non-executive Director / Governor visits would remain virtual for the present time until there was further guidance on keeping people safe.

The Board discussed the impact of rising living costs on the ability to recruit and retain staff. Dr Munro outlined the discussions that had taken place about the type of support that could be put in place to support staff. With regard to the reimbursement of staff travel costs, Mr Enright noted that the rates paid were set nationally but these were due to be reviewed in the coming weeks; adding that this might affect the amount that can be paid to staff for mileage.

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

22/026

**Report from the Chair of the Quality Committee for the meetings held on 10 February and 8 March 2022** (agenda item 8)

The Board received the Chair's reports from the Quality Committee meetings that had taken place on 10 February and 8 March 2022. In particular it noted the pressures being faced by the Community Mental Health Teams and the risks this posed to the quality of care that can be provided. It was noted this was a theme throughout many services in the Trust and would feature in the various Executive Directors' reports.

Dr Proctor noted the report indicated that NHS England's non-recurrent autism recovery funding was due to end on 31 March 2022, and that this funding had been used to launch secondments for three nurses and two psychiatrists, which increased the clinical capacity of the service and allowed clinical staff from other areas to develop autism expertise. Dr proctor asked what was being done to secure further funding and protect these seconded posts. Mrs Forster Adams advised that a business case had been presented to the Financial Planning Group where it was agreed that the secondments would continue for the foreseeable future.

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

22/027

**Report from the Chair of the Workforce Committee for the meeting held on 17 February 2022** (agenda item 9)

Miss Grantham presented the Chair's report from the Workforce Committee meeting that had taken place on 17 February 2022. In particular she drew attention to:

- The development of the Workforce performance report
- The Medical Strategy which had been received by the committee, noting this would be useful marketing tool to support medical recruitment

Mrs White asked whether the Workforce Committee had agreed how often it would meet and whether it would increase the number of meetings. Miss Grantham advised that the forward plan would be considered at the April meeting which would inform how often it might need to meet. However, she added the committee should remain strategic and that it had a high degree of assurance on the new governance structure within the People and OD Directorate, noting that the level of assurance this provided would inform the regularity of committee meetings.

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

22/028

**Report from the Chair of the Mental Health Legislation Committee for the discussion held on 1 February 2022** (agenda item 10)

Mrs White noted the committee did not meet formally on 1 February, but that as a result of the updates provided it had received significant assurance on the progression of work and the way in which operational pressures were being managed during the recent surge of COVID.

Mrs Woffendin noted that the CQC would be interested in the level of Human Rights Training that had been provided to staff and asked if there was a date for this training taking place. Mrs White agreed to follow this up with the Mental Health Legislation Team.

SW

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

22/029

**Report from the Chair of the Finance and Performance Committee for the meetings held on 21 February and 29 March 2022** (agenda item 11)

Mrs White presented the Chair's report from the Finance and Performance Committee meetings that had taken place on 21 February and 29 March 2022. In particular she drew attention to:

- The challenging circumstances which were having an impact on service delivery, including: lack of staff capacity, higher levels of acuity, rising service user demand, and financial pressures for the year ahead, noting that these factors were impacting on the implementation of some of the actions relating to the reset and recovery programme.
- Indicative capital funding allocations for next year being less than the Trust's requirements, leading to a prioritisation of schemes
- A review of the Cyber Security Dashboard and assurance there were no unmitigated risks in this area. Mrs White added that the Trust had recently invested in additional products to enhance cyber protection, which were being rolled out in a phased way.

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

22/030

### Report from the Chief Operating Officer (agenda item 12)

Mrs Forster Adams presented her Chief Operating Officer's report, noting that this had been scrutinised by the Board sub-committees. She then drew attention to the key points in the report including system pressures and recovery planning, outlining the four key themes that had been identified as part of that work; and the level of demand for Trust services, noting the amount of work carried out to look at how this can be managed.

Mrs Forster Adams then detailed those services that were experiencing an increased amount of pressure, namely the Community Mental Health Teams, the Older Adult Service and the Forensic Inpatient Service. She then explained some of the specific issues leading to pressures within services including staffing vacancies and staff absences, then detailed the plans to address these issues.

Dr Proctor noted the multi-agency event that had taken place and asked about the level of involvement of primary care. Mrs Forster Adams assured the Board that primary care was linked into the work. Mrs Forster Adams also provided assurance on how partners would be held to account in terms of the outcomes of this work.

Miss Grantham noted the guidance in relation to *Living with COVID*, she sought to understand the impact this would have on capacity and asked whether this had been built into plans for the delivery of services. She also recognised the pressures around recruitment of clinical staff and asked if there was sufficient change improvement capacity. The Board recognised that it needed to have further discussions about what future service provision might be, in light of the pressures in the system. Mrs Forster Adams agreed to bring a report back to the private Board that set out some of the thoughts around future plans for service provision within the most challenged services so the Board could consider these.

**JFA**

Mr Wright noted that the report identified risks and what actions were being taken to address these, noting the assurance this report provided. He then drew attention to system working and observed this seemed to be focused on

the acute trusts, noting the need to ensure that mental health was brought to the fore in discussions wherever possible.

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

**22/031**

**Chief Financial Officer's Report** (agenda item 13)

Mr Enright presented the Chief Financial Officer's Report advising that the Trust's financial position remains robust in the context of the current operational conditions and in the context of the wider system risks and opportunities. He added that whilst the Trust was not being monitored against the usual external metrics for cash and liquidity, the cash position remained strong with a cash balance of £119.8m, and liquidity was strong with cover for 132 days operating expenses. He then explained the main areas in the report.

Dr Proctor suggested that it might be helpful for Non-executive Directors, in particular, to have an understanding of what was going to be included in the financial plan for 2022/23; and in due course it might be helpful for there to be a workshop for governors as well. The Board supported this suggestion and it was agreed that this would be picked up with Mrs Hanwell to look at the timing of sessions for the Board and the Council of Governors.

**DH**

Dr Proctor also noted that the Finance and Performance Committee had looked at the financial report in detail and invited members to comment. Mrs White noted that the committee had been advised the financial rebasing exercise had been designed to put the Trust in a realistic position going forward. However, she noted that the exercise had not yet delivered the expected outcomes and this had contributed to some of the issues highlighted in the paper. The Board noted the difficulties that rebasing budgets can pose and the culture shift that was needed for this practice to be embedded.

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

**22/032**

**Director of Nursing Quality and Professions Report** (agenda item 14)

Mrs Woffendin presented the Nursing, Quality and Professions report and highlighted: the ongoing progress in regard to Clinical Governance; the Mental Health Units (Use of Force) Act 2018 and the work related to the reduction of restraint; the Triangle of Care in particular the meeting for the second part of the 2-star accreditation process; the COVID vaccination and booster plan; and activity related to safeguarding practice and the request to support and contribute to the Local Authority Ofsted ILACS inspection.

Dr Proctor drew attention to the trauma informed training and levels of uptake and asked if it would be possible to provide this training for Board members. Board members were asked to indicate if they would be interested in receiving such training.

**All**

With regard to the Ockenden Report, Dr Proctor asked if the learning set out in the report had been reviewed to look at where this might be applied in the Trust. Mrs Woffendin explained that points of learning in the draft report, which had been released earlier, had been reviewed and any points of learning had been shared with the Perinatal Service. She also agreed to share this report with the Quality Committee.

Mrs White asked about the practice of restraint and how this was monitored in relation to organisations the Trust contracts with, for example private transport providers. Mrs Woffendin agreed to look into this further.

CW

The Board **received** the Director of Nursing Quality and Professions Report and **noted** the content. It also **agreed** to sign up to the Restraint Reduction Pledge.

22/033

#### **Safer staffing report** (agenda item 15)

Mrs Woffendin reported there had been 10 breaches within the reporting period, explaining that this was where a registered nurse had not been on duty at the time. She added that these occurrences had happened at a time when the Trust was dealing with the impact of the pandemic, including a high level of staff sickness, annual leave absences, vacancies and staff being deployed into other services. However, she noted that she fully supported the decisions of the operational managers in how these breaches were managed.

In regard to these breaches, Mrs Woffendin reported that seven were at Asket Croft / Asket House, noting these were rehabilitation units and as such low risk in terms of the impact from this type of breach, adding there were no patient safety issues caused as a result of these. She then explained that two were at the Mount and a nursing associate provided cover during this period which was the safest way to have managed this. Mrs Woffendin reported that the breach at the Riverfields Unit was due to illness at short notice and staff on the unit stayed for an extended shift to ensure this breach did not impact on the safety of patients.

Mrs Woffendin provided assurance that she, Mr Skinner and Mrs Forster Adams had convened a task and finish group to look at vacancies and what actions were being taken to recruit to these and what innovative ways these might be addressed. The Board noted the assurances provided by the report on the actions being taken.

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

22/034

#### **Medical Director's report** (agenda item 16)

Dr Hosker presented the Medical Director's Report and drew out some of the main points. He talked about the challenges within the workforce in terms of the recruitment and retention of doctors. He then reported on the high number



of locum doctors that were being used as a result of these challenges. Dr Hosker then reported that the Medical Strategy had been received at the Workforce Committee which set out the future plans for the medical workforce, including plans to ensure there was diversity within the medics.

Miss Grantham asked if the Trust offered opportunities for locum staff to convert to substantive staff. Dr Hosker confirmed that the Trust offers opportunities to be employed substantively, but the conversion rate was not high because agency doctors have often made a lifestyle choice to work on an agency basis.

Mr Wright drew attention to the forensic medical staff at the Clifton Unit being wholly agency and asked if this was a matter of concern and what had led to this position. Dr Hosker indicated that this was a reflection of a national issue and the shortage of not only psychiatrists, but forensic psychiatrists adding this was not a new issue.

Dr Proctor drew attention to the change in the Specialty Doctors' Contract, noting that some doctors were opting out or were not being assimilated. She asked if this was something that was being raised at an ICS level with the newly appointed Medical Director. Dr Hosker commented that this was a personal choice for the doctors and that from an organisational perspective did not pose a particular risk as the majority of the Trust's doctors had transferred over. However, Dr Proctor suggested that this might become a problem if members of the medical workforce were working across a number of partners in the ICS. Mr Skinner suggested that this was something that could be explored with partners.

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

22/035

**Guardian of Safe Working Hours – quarterly report** (agenda item 17)

Dr Hosker then presented the Guardian of Safe Working Hours quarterly report, noting that within the reporting period there had been three exception reports but that these had generated no patient safety issues, adding that these exceptions were as a result of a single incident.

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

22/036

**Non-executive Director Champions** (agenda item 18)

Dr Proctor reported that in December 2021, NHS England / Improvement released a guidance document entitled '*Enhancing board oversight: a new approach to NED champion roles*'. She explained that the guidance set out a new approach to ensuring Board oversight of important issues by discharging the activities and responsibilities previously held by NED champions through committee structures.

Mr Wright noted that the Chair of the Quality Committee was most impacted by the proposed changes. Dr Proctor agreed to pick this up with Prof Baker and also Frances Healey (Associate Non-executive Director) who would be chairing the Quality Committee from September onwards once she transitions to a substantive NED.

The Board **received** and **supported** this approach and **agreed** that it would be reviewed on an annual basis. Mrs Hill agreed to add this to the Board's cycle of Business.

**CHill**

**22/037**

**Board Assurance Framework (BAF)** (agenda item 19)

Dr Munro presented the Board Assurance Framework noting this had been updated and represented the most up to date position. She also noted that some of the dates in the paper and in the BAF were incorrect, which Mrs Hill agreed to change.

**CHill**

Miss Grantham advised that it had been agreed at the Workforce Committee to split Strategic Risk 2 into two risks which would be reflected in the future versions of the BAF. Dr Munro noted there was a Board workshop scheduled for June where all the Strategic Risks would be revisited and this could be further discussed at that session.

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

**22/038**

**Ratification of the Terms of Reference for the Remuneration Committee** (agenda item 20)

The Board received and considered the Terms of Reference for the Remuneration Committee. It also agreed one further amendment which was that the approval of the VSM Pay Policy should be delegated to the Remuneration Committee. Mrs Hill agreed to make this change to the Terms of Reference.

The Board **ratified** the amended Terms of Reference and **agreed** delegated authority for the approval of the VSM Pay Policy.

**22/039**

**Chair's report from the West Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Committee-in-Common meeting 26 January 2022** (agenda item 21)

It was agreed that the Children and Young People's Mental Health Strategic Plan would be circulated to members of the Board.

**SM**

The Board **received** and **noted** the Chair's report from the WYMHLDA Committee in Common meeting.

**22/040**      **The use of the Trust seal** (agenda item 22)

The Board noted the Trust seal had not been applied since the last meeting.

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

**22/041**      **Any other business** (agenda item 23)

There were no other items of business.

**22/042**      **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 12:45 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.