

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 28 July 2022 at 9:30 am.**

**in Create@1, Horizon Leeds, 3rd Floor, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR**

<b>Board Members</b>		<b>Apologies</b>
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
Mr K Betts	Governance Assistant
Dr F Healey	Associate Non-executive Director
Ms L Heffron	Engagement and OD Practitioner (minute 22/077)
Mrs K Khan MBE	Associate non-executive Director
Mr S Madathil	Temporary Staffing Manager (for minute 22/077)
Ms T Needham	Head of People Engagement (for minute 22/077)
Mrs R Pilling	Carer Coordinator, Patient and Carer Experience Team (for minute 22/067)
Mrs J Trafford	Service user (for minute 22/067)
Mr A Trafford	Service user (for minute 22/067)
Dr W Neil	Consultant Psychiatrist and Responsible Officer (for minute 22/073)
One member of the public observed the meeting	

**22/067**

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

**Sharing Stories** (agenda item 1)

Mrs Pilling presented a film that had been co-produced with service users in support of the reset of Pharmacy services. Mrs Pilling explained the film had been produced for pharmacy staff to use for training purposes so they could better understand the experience of service users in relation to matters such as: receiving information about their medication; changes in dosage; and explanations about side effects. Mr and Mrs Trafford then explained their own experiences and why they decided to get involved with the project.

**Action**

Dr Hosker thanked those involved in the project and explained the difference the film had made to the pharmacy staff's understanding of service users' experience and suggested that it would be helpful for the film to be available to all professions, not just pharmacists.

Mrs White asked about Mr and Mrs Trafford's experience of receiving medication after discharge. Mrs Trafford explained that communication between organisations isn't always sufficient, and that service users can sometimes be left to sort out receiving further supplies of medication themselves. Dr Munro outlined the importance of ensuring there is continuity of receipt of medication to ensure any progress made in hospital isn't lost when service users move back into the community.

The Board then talked about information leaflets and the importance of recognising that not everyone finds narrative easy to read or understand and acknowledged the use of graphics can be helpful in these circumstances.

The Board **thanked** Mr and Mrs Trafford for attending the meeting to share their experiences and also thanked the team involved in the co-production of the film. The Board also acknowledged the importance of service users being involved in co-producing training films to be used by staff.

**22/068**      **Apologies for absence** (agenda item 2)

Apologies were received from Miss Helen Grantham, Non-executive Director; Mr Cleveland Henry, Non-executive Director; and Miss Merran McRae, Non-executive Director.

**22/069**      **Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items** (agenda item 3)

It was noted there were no updates to directors' declared interests and no member of the Board declared a conflict in any agenda item.

**22/070**      **Minutes of the previous meeting held on 19 May 2022** (agenda item 4)

It was noted the minutes showed the wrong venue and should have recorded the meeting was held in the Hemmingway Room, St George's, 60 Great George St, Leeds LS1 3D. Mrs Hill agreed to correct this.

**CHill**

Subject to the change in venue, the minutes of the meeting held on 19 May 2022 were **received** and **agreed** as an accurate record.

**22/071**      **Matters arising** (agenda item 5)

There were no matters arising.

22/072

**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 advised the Board on the progress with the public inquiry into the handling of the COVID pandemic. She noted the chair of the Inquiry had set out the phasing of the various stages which Mrs Hill agreed to circulate to members of the Board.

**CHill**

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

22/073

**Annual Responsible Officer and Medical Revalidation report** (agenda item 16)

Dr Neil presented the Annual Responsible Officer and Medical Revalidation report noting that this set out details of the work undertaken over the last 12 months adding that the report would be submitted to NHS England. Dr Neil outlined some of the details in the report.

In response to a question about information relating to any concerns about individual locum or short-term placement doctors which the Trust provides to their employing bodies, Dr Neil confirmed that any such information would be provided on a pro-active basis.

Dr Munro asked how the Trust benchmarked in relation to maintaining the standards of appraisals undertaken, particularly through the COVID period which had brought with it a number of challenges in carrying these out. Dr Neil explained that whilst there was no benchmarking information, she was part of a regional network of mental health responsible officers which had continued to meet through COVID where such matters were discussed, and that anecdotally the Trust was ahead of other organisations. Dr Hosker paid tribute to Dr Neil and the team in the way they had worked to oversee and maintain the high standards and number of appraisals carried out over the last two years. He added that whilst there were no concerns about the appraisal process there was still more work to do in relation to job planning.

Mrs Hanwell asked about CareDirector and whether the situation had improved in obtaining information from the new patient information system. Dr Neil reported that the situation had improved with the information from CareDirector being more accessible and relevant than from the old system.

Dr Proctor noted there had been no referrals to the General Medical Council (GMC) but sought assurance that people felt able to raise concerns should these arise. Dr Neil explained there were no concerns that had reached the threshold for reporting to the GMC but that concerns had been raised which had been dealt with internally. She also advised the Board that the raising concerns policy had been recently updated and this provided a framework to raise and investigate any concerns reported and to monitor trends. Dr Hosker

added that the Guardian of Safe Working would receive any concerns raised by junior doctors.

The Board **received** the Annual Responsible Officer and Medical Revalidation report and **agreed** this could be signed off by the Chair of the Trust.

22/074

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

Dr Munro presented her Chief Executive's report and drew attention to the key information it contained. In terms of service visits the Board noted there was a plan to hold the September Board meeting at Red Kite View and there would be an opportunity to visit the unit during the course of the day.

Mrs White asked about the Leeds Health and Care Hub and expressed concern this was another body the Trust would need to service which may have the potential to create further capacity issues. Dr Munro advised that she was aware of the potential for duplicating effort but that other groups with a workforce agenda were linked into this to ensure this was limited. However, it was also noted that increasing the number of groups within the region that were overseeing workforce matters could lead to things being missed if there was a lack of understanding as to what each group was responsible for. With regard to the ICB approach to recruitment, Dr Proctor asked for the slides produced by Sonya Robertshaw to be shared with members of the Board noting these detailed the mental health and learning disability workforce strategy for West Yorkshire. Mrs Hill agreed to circulate the link.

**CHill**

Mr Skinner then spoke about recruitment processes for Red Kite View, noting the Trust had been asked to produce a national best practice case to set out and share its processes to recruit staff to the unit.

Dr Healey observed that the new Mental Health Act had an emphasis on what could be done in inpatient settings that could not be done elsewhere. She added that in order to ensure the act was implemented properly a review would need to be carried out to assess any changes required. Dr Munro noted there was also work to do to ensure the community model of care fits with the inpatient model and that ringfenced investment was available to support any changes needed.

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

22/075

#### **Report from the Chair of the Quality Committee for the meetings held on 13 June and 11 July 2022** (agenda item 8)

The Board received the Chair's reports from the Quality Committee meetings that had taken place on 13 June and 11 July 2022. Attention was drawn in particular to:

- The Research and Development Strategy and the need to ensure sufficient funding to undertake and carry out research

- The safer staffing report and the assurance received in relation to the breaches.

With regard to funding for research, Dr Hosker advised that initial funding had been secured. However, with regard to subsequent academic posts he noted this would be subject to further discussions.

With regard to the Annual Quality Reviews, Dr Hosker noted these go to the Quality Committee for assurance, but don't go to the Board more widely. However, it was noted that Board sub-committee papers were provided to all NEDs and as such were available in the Quality Committee agenda packs. Dr Healey suggested there needed to be further consideration as to how these and other reports were used and how the Board sub-committees work together so information was shared across the committees. It was agreed that further consideration of how reports are used and circulated needed to take place.

**FH / CHos  
/ CW /  
CHill / KM**

Mrs Hill noted that in relation to Board and sub-committee papers, Teams was being used as a repository for these papers and that she and Miss McMann would look at ensuring information on how to access these was circulated again.

**CHill / KM**

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

**22/076**

**Report from the Chair of the Workforce Committee for the meeting held on 16 June 2022** (agenda item 9)

The Board received the Chair's report from the Workforce Committee meeting that had taken place on 16 June 2022. Attention was drawn in particular to:

- The progress with the development of a cultural dashboard which would set out this data in one place and highlight any hot spots.

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

**22/077**

**Report from the Chair of the Finance and Performance Committee for the meetings held on 28 June and 25 July 2022** (agenda item 10)

The Board received the Chair's report from the Finance and Performance Committee meetings that had taken place on 28 June and 25 July 2022. Attention was drawn in particular to:

- Service performance, in particular performance for physical health checks
- The wait times for the Gender Identity service and the reset plans and waiting list management.

- Emergency Preparedness Resilience and Response annual report which detailed the huge amount of work that had been undertaken by the team to support the management of the pandemic.
- A discussion on cultural and behaviours in relation to the digital agenda. Mrs White noted the committee had identified this as an issue that cut across a number of Board sub-committees and suggested there was a need for the Board to look at this at one of its Strategic Discussion sessions. Dr Proctor asked that she and Mrs Hill look at where this can be added to the forward plan.
- The reduction of the agency cap and the impact this might have on the workforce given the difficulties there were in some areas to recruit staff. It was suggested that Mr Henry and Miss Grantham as chairs of the Finance and Performance Committee and the Workforce Committee should discuss which committee would receive assurances on this matter.

SP / CHill

CHe / HG

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

22/078

#### **Bank staffing survey** (agenda item 18)

Ms Needham presented the slides setting out the findings from the bank staff survey. She explained that she and Andrew McNichol had been working with the NHS England/Improvement Staff Engagement Team to promote the need for and develop a national bank survey. She added that for the coming year the survey would be voluntary for organisations with this being mandated in future years. She added that the questions would feed into the People Promise, but that some of the language used would be amended to ensure the questions were relevant for bank staff.

Ms Needham then outlined the main findings from the survey as set out on the slides, in particular the results around bank staff feeling they don't have a voice within the services and discrimination against bank staff by service users, noting these had been marked as areas for improvement.

Ms Needham then advised that a deep dive had been done into some of the responses and a specific area for concern was around violence, bullying and harassment. She explained this area was being linked into the work carried out by the Associate Director for People Experience on the prevention of violence and aggression.

Mr Madathil then outlined some of the actions being undertaken in relation to the findings from the survey including a listening session in August with bank staff to better understand their experience of violence, aggression, bullying and harassment. The Board expressed concern about the findings in regard to bullying and harassment and discussed this matter in some detail and the possible factors that could lead to situations where bullying and harassment, violence and aggression might take place. It also supported the work to look in more detail at the specifics of the responses within the survey to better understand what targeted work needs to take place.

The Board also sought to understand the conversion rate of bank staff being employed into substantive posts, and what the reasons were for not wanting to be employed substantively. Mr Madathil explained that to date 116 staff had converted with the bank often being seen as a progression to gaining a profession. He added that many of the barriers to converting had now been removed but a cohort of staff still wished to remain on the bank to maintain a flexible way of working.

Mr Skinner noted that a question had been asked about staff feeling the need to come into work when they were not well. He explained that during the COVID pandemic the Trust ensured that bank staff were paid whilst they were sick if this was when they had a booked shift. He added that whilst NHS England had asked organisations to revert back to pre-COVID sick-pay arrangements, the Trust had taken the decision to continue the arrangements until the end of September.

Dr Proctor asked for the slides to be made available to members of the Board. She also asked for details of the bank staff event on 16 August be circulated to members of the Board who were encouraged to attend.

**CHill**  
**CHill**

The Board **thanked** Ms Needham, Mr Madathil and Ms Heffron for attending the meeting to present the findings from the bank staff survey.

**22/079**

#### **Report from the Chief Operating Officer** (agenda item 11)

Mrs Forster Adams presented her Chief Operating Officer's report, noting this had been scrutinised by the Board sub-committees. She then drew attention to the key points in the report.

Mr Wright welcomed the report, including the use of the AAA (assure, advise, alert) format noting this assisted the Board in focusing on the key areas of information and data. He also observed that it was apparent from the report there was a huge amount of work ongoing both at a Trust and ICB level and asked if it might be better to focus on a few things rather than try and address everything at the same time. Mrs Forster Adams noted that this had been considered in the context of the first draft of the Care Services Strategic Plan. She added that service line leadership teams had also considered what it was important to focus on and they would be using their judgment on what was needed at a particular point in time.

Dr Proctor noted there had been a decline in the performance of Liaison Psychiatry where 65.7% of people had been seen within one hour of being referred, however, she added that this should be seen in the context of a very busy emergency department and whilst this performance was below target the team should be commended on achieving this level.

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

**Chief Financial Officer's Report** (agenda item 12)

Mrs Hanwell presented her Financial Officer's Report noting that at month 3 the Trust was reporting an income and expenditure surplus of £763k compared with a plan of £251k. She noted the Trust was in a good financial position and expected to exceed its target overall. She explained the position was being kept under review to ensure money was spent appropriately without creating recurrent financial risk.

She added the main financial challenge in regard to expenditure was workforce noting the level of vacancies, explaining that not all vacancies were able to be filled.

Mrs Hanwell then reminded the Board that any forecast surplus must be seen in the context of the ICB financial regime and that through the year discussions would be undertaken at a system level and would take account of partner organisations' financial position.

Mrs Hanwell then drew attention to the reintroduction of the Single Oversight Framework noting that within this would be a target for agency spend. She explained that whilst the target was still to be announced it was expected to return to pre-COVID levels less 10% which would likely create a target less than the Trust's forecast spend. Mrs Hanwell added that whilst this might be a challenging target to meet it would provide a helpful point of negotiation which could be used when discussing with agency staff providers what their level of charges might be.

Mrs White thanked Mrs Hanwell for the report. She noted that the Finance and Performance Committee had agreed to receive information about the Trust's position for both agency spend and efficiency plans. She also noted the committee had welcomed a report setting out the service line under and overspend and this had proved useful in triangulating against the Chief Operating Officer's performance report.

Dr Healey asked about the funding of the national pay award. Mrs Hanwell explained this would be fully funded but the funding would be at the expense of some national development programmes.

Prof Baker asked whether there would be a system agency cap and what would happen if this was breached. Mrs Hanwell reported that whilst the Single Oversight Framework set out targets at different levels within the system, the agency cap was to be set at a Trust and not system level.

The Board also recognised that at the present time, whilst the cost of agency was an ongoing financial pressure, the other pressure would be the impact of the rising cost of energy. Mrs Hanwell acknowledged this but noted there would be no new money from the treasury for 2022/23 and any financial consequences would need to be managed in year.

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



22/081

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

Mrs Woffendin presented her Director of Nursing, Quality and Professions report. She drew attention to: the revised clinical governance arrangements; the new CQC strategy setting out changes to the way they regulate; and achieving stage 2 accreditation for Triangle of Care.

With regard to the Triangle of Care, Mrs Woffendin explained the accreditation was for the work the Trust had achieved in working alongside carers to improve their experiences. She added this was an excellent achievement which demonstrated commitment in ensuring carers were at the forefront of this important area of work.

With regard to the new way in which the CQC will regulate as set out in the report, it was noted that the example provided could be construed by the reader as the scores for this Trust. It was suggested the paper on the website was amended.

CHill

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

22/082

**Six-monthly safer staffing report** (agenda item 14)

Mrs Woffendin presented the paper noting this contained a high-level overview of data and analysis for staffing of wards against safer staffing levels for the six-month period from 1 November 2021 to 30 April 2022, adding this period had presented a number of challenges.

Mrs Woffendin added the report brings together data from the periods previously reported to the Board in the two-monthly reports and that that Board would have been advised of any breaches detailed in this report.

Mrs Woffendin then outlined some of the key information in the report and drew attention to the work to grow and maintain the nursing and professions workforce. Dr Proctor asked for the next six-monthly report to include information about staff who had successfully attained promotions to band 7 and above.

CW

Dr Proctor also asked about the apprenticeship levy and whether the Trust uses all the levy. Mr Skinner advised the Trust would use as much as it is able and then share any unused levy within the system.

Dr Proctor asked about the relationship the Trust had with Bradford University in terms of student nurses. Mrs Woffendin explained the work to try and attract students from Bradford. Dr Proctor agreed to link in with the Dean of the university in relation to this matter.

SP

The Board **received** the six-monthly safer staffing report and **noted** the content.

22/083

**Medical Director's report** (agenda item 15)

Dr Hosker presented his Medical Director's Report. He drew attention to the main points in the report including: the challenges around the recruitment and retention of doctors linked to the need to reduce spending on agency staff; the importance and progress made with international recruitment; the Mental Health Legislation Team and the training they had provided on the Deprivation of Liberty new code of practice; the Research and Development Strategy and the work to re-brand the function and bring it closer to services; and the staffing problems in the Pharmacy Department and the work to look at skill-mixing and staffing in different ways.

Dr Proctor noted the report indicated that the junior doctor's rotation dates would move to August from 2023 rather than October, noting the added pressure this creates for support services both in HR and medical education at a time when annual leave for staff is at its highest. Dr Proctor asked if this was something that should be raised by the Board at an ICB level. Dr Munro noted there was a relationship meeting with Health Education England where this could be raised in the first instance to understand what the route of escalation should be.

**SM**

The Board **received** and **noted** the content of the Medical Director's Report

22/084

**Director of People and Organisational Development report** (agenda item 17)

Mr Skinner presented his Director of People and Organisational Development Report noting this was the first report to the Board. He outlined the work being carried out within the directorate. He drew particular attention to the Messenger Review and the work being carried out in relation to the recommendations from this review.

Mr Skinner then provided an update on the Big Thank-you Event and the COVID Stars, noting that these had been very well received by staff and initiative had been supported by Staffside.

The Board **received** and **noted** the content of the Director of People and Organisational Development Report.

22/085

**Emergency Preparedness Resilience and Response (EPRR) Annual Report** (agenda item 19)

Mrs Forster Adams presented the EPRR Annual Report noting this covered the period up 31 March 2022. She paid tribute to the EPRR team and the

work they had overseen through a very difficult and busy period. The Board also extended its thanks to the team.

The Board **received** and **approved** the EPRR Annual Report.

**22/086 Cyber security dashboard** (agenda item 20)

Mrs Hanwell presented the cyber security dashboard, noting this had been received and discussed at the Finance and Performance Committee in some detail. She added the Trust was in a good position and was making progress with the implementation of the two-factor authentication log on for Trust staff.

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

**22/087 Use of the Trust seal** (agenda item 21)

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

**22/088 Any other business** (agenda item 22)

Dr Proctor noted this was the last meeting for Prof Baker. The Board thanked him for all the work he had done on the Board including providing his clinical insight and especially for the development of the work of the Quality Committee. The Board paid tribute to the difference he had made and his dedication to seeking assurance on the promotion of the delivery of quality services.

**22/089 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 13:00 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.