

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 29 September 2022 at 9:30 am.**

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

Board Members

Apologies

Dr S Proctor	Chair of the Trust
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 F Healey	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
Miss K McMann	Head of Corporate Governance
Mr K Betts	Governance Assistant
Mrs K Khan MBE	Associate non-executive Director
Mrs R Pilling	Carer Coordinator, Patient and Carer Experience Team (for minute 22/067)
Ms J Flood	Nursing Associate, South CMHT (for minute 22/090)
Ms E Morphet	Practice Development Lead Nurse, South CMHT (for minute 22/090)
Ms E Braithwaite	Head of Digital Change (for minute 22/090)
Mrs C Bamford	Head of Diversity and Inclusion (for minute 22/108)
Five member of the public observed the meeting (including two governors)	

Action

22/090

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

Sharing Stories (agenda item 1)

Ms Braithwaite, Head of Digital Change, introduced the sharing stories item explaining they were attending the Board to talk about how the Practice Development and Digital Change Teams collaborated to co-design a process with the South CMHT staff that looked at the administration of depots for service users in the care of the South CMHT Team.

Ms Flood, Nursing Associate, firstly explained what the experience of the team had been before the changes had been made to the process. She also illustrated the difficulties the team had encountered. Ms Morphet, Practice Development Lead Nurse, then outlined the issues that had been identified

within the team in particular the risk of depots being administered late or being missed. Ms Braithwaite then spoke about the role and work of the Digital Change Team in working collaboratively with the team to offer a number of solutions to the issues identified.

In conclusion it was noted that whilst the project hadn't provided a quick and easy fix and had taken some time to implement and embed, the process of administering depots was now more controlled with a number of safeguards in place to mitigate the risk of depots being missed or administered late. It was also noted that the South CMHT Team was carrying out evaluation audits to ensure the new system was still effective and that errors had been reduced by 80%.

Ms Braithwaite then outlined the possibility of the solution implemented for the South CMHT Team being replicated across other teams. However, the Board noted that not all areas had access to Practice Development Leads and the lack of capacity to support all teams across the Trust could impact on the implementation of digital solutions to support the development of this and other clinical processes.

The Board **thanked** Ms Flood, Ms Morphet and Ms Braithwaite for talking about the depot project within the South CMHT Team and outlining the benefits of using digital solutions to support clinical processes.

22/091

A question from a member of the public

Dr Proctor advised the Board that a question had been received from a member of the public which had asked:

What action was the Trust taking over the next 6 months to reduce the Adult ADHD diagnostic assessment waiting list and waiting times and to reduce Adult ADHD post-diagnostic treatment waiting times in Leeds. Additionally, the question asked what communication and, specifically, what support adults in Leeds were receiving whilst they were waiting for help?

Mrs Forster Adams advised the Board at the end of August the number of people on the waiting list for the ADHD service was 2371, with an average wait of 379 days. She added that the backlog for the service started to increase around March 2021, due in the main to the service being largely paused for one year due to the impact of the pandemic.

Mrs Forster Adams noted the team in the service was small and that any staff absences would have a substantial impact on staffing levels, which was currently running at around 50%, with some vacancies being in key posts.

In terms of actions, Mrs Forster Adams advised that other staff have been seconded into the service which had slowed the rate of increase of numbers waiting. There was active recruitment to vacant posts and discussions were ongoing in terms of increasing the capacity of the team. Also the Improvement Team were working with the service to look at ways in which its clinical

processes could be improved to free up capacity which would help with addressing the backlog. Mrs Forster Adams then outlined the work with GPs and Primary Care colleagues to look at how access and care across the city could be improved.

Mrs Forster Adams advised that in November the Finance and Performance Committee had also agreed it would look at the recovery of backlog for not only this service but also the Leeds Autism Diagnostic Service and the Chronic Fatigue service.

The Board noted the comments and that the Finance and Performance Committee would be looking at this matter in more detail at its November meeting. Mrs Hill agreed to feedback to the member of the public the comments made by the Board.

CHill

22/092 Apologies for absence (agenda item 2)

There were no apologies.

22/093 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 two updates to directors' declared interests. Miss Grantham noted that she was now a sole trader rather than a director of a limited company. Dr Proctor then advised that with effect from December she would be a member of the Quality Committee for the North Yorkshire ICB. These changes were noted and Mrs Hill agreed to provide Miss Grantham and Dr Proctor with the necessary forms to be completed.

CHill

The Board also noted that no member had declared a conflict in any agenda item.

22/094 Minutes of the previous meeting held on 28 July 2022 (agenda item 4)

The minutes of the meeting held on 28 July 2022 were **received** and **agreed** as an accurate record.

22/095 Matters arising (agenda item 5)

There were no matters arising.

22/096 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.

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

22/097

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 including the priorities outlined by the new Secretary of State for Health and Social Care, noting there was very little mention of mental health and no mention of learning disabilities or autism. Dr Munro added that information about how this would be managed through the ICB structure was still to be advised and the Draft Operating Model from NHS England was awaited.

The Board discussed the content of the report. Mr Wright asked if there was any clarity as to how Internal Audit would operate within the committees at Place and ICB levels. Dr Munro advised that auditors would be appointed by the ICB and not at Place level, on the basis that the Leeds place-based system does not have any statutory footing. Dr Munro added that the Audit Committee for the ICB was in place and was undertaking its duties.

Miss Grantham asked if there was a national workforce plan. Dr Munro advised this was in draft and that a number of comments had been submitted in relation to this.

Dr Proctor asked if work was being undertaken at an ICB level to look at the data relating to the impact of the cost of living crisis and its impact on, for example, employment and housing, which contribute to poor mental health. Dr Munro advised that this was being discussed at an ICB level with the work being picked up at Place. Dr Munro added that Mrs Forster Adams was linked into this work and some of the impact of the cost of living crisis was a key part of the winter plan.

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

22/098

Report from the Chair of the Workforce Committee for the meeting held on 1 August 2022 (agenda item 8)

The Board received the Chair's reports from the Workforce Committee meeting that had taken place on 1 August 2022. Attention was drawn in particular to the discussions that had taken place in relation to the slight improvement of clinical supervision rates. Mr Skinner assured the Board this was being monitored closely.

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

22/099

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 9 August 2022 (agenda item 9)

The Board received the Chair's report from the Mental Health Legislation Committee meeting that had taken place on 9 August 2022. Attention was drawn in particular to a comprehensive peer review analysis, from the perspective of Mental Health Legislation, following the failings identified by CQC at the Norfolk and Suffolk NHS Foundation Trust. The committee was assured that with the exception of one area, robust processes and procedures were in place at the Trust and there was a plan to address any areas of weakness.

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

22/100

Report from the chair of the Audit Committee for the meeting held on 16 August 2022 (agenda item 10)

The Board received the Chair's report from the Audit Committee meeting that had taken place on 16 August 2022. Attention was drawn in particular to the operating model for Audit Yorkshire, noting that Sharron Blackburn would be taking a more strategic role and this change would be discussed in more detail at the next Audit Committee meeting.

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

22/101

Report from the Chair of the Quality Committee for the meeting held on 8 September 2022 (agenda item 11)

The Board received the Chair's report from the Quality Committee meeting that had taken place on 8 September 2022. Attention was drawn in particular to:

- Assurances received about the service re-design in relation to the services that transferred from Leeds Community Healthcare into the new build at Red Kite View and what lessons might be learnt and applied to other services that might undergo such changes.
- The independent qualitative review of the current work with Clinical outcome measures including the concerns and experiences listed in the report, with the suggestion that members of staff could connect with their peers in acute trusts to resolve these concerns.

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

22/102

Report from the Chair of the Finance and Performance Committee for the meeting held on 27 September 2022 (agenda item 12)

The Board received the Chair's report from the Finance and Performance Committee meeting that had taken place on 8 September 2022. Attention was drawn in particular to:

- The Care Services Strategic Plan for 2023 to 2028, noting it had discussed this in detail and supported the proposals for the ambition and priorities
- The Digital Plan, noting it had discussed the importance of digital inclusion and building digital confidence, adding the committee had requested to receive the supporting plan developed by Thrive by Design which would address this.

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

22/103

Report from the Chief Operating Officer (agenda item 13)

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.

Mrs Forster Adams reported there were external meetings taking place in relation to system flow across the health and care sectors in the city in order to look at how the situation might be stabilised. Mrs Forster Adams also reported that within Leeds, two Admiral Nurses had been recruited and explained the role was to support dementia services across the city and ensure the right package of care is in place so individuals can return home to continue their care.

With regard to winter planning, Mrs Forster Adams reported there was now a Leeds Winter Plan which was supplemented by the Trust's own Winter Plan. She noted this takes account of the pressures within the system and also pressures within services and the staffing issues being experienced.

With regard to Section 136 detentions, Mrs Forster Adams noted there was an intention to include a performance dashboard into the report in relation to this and that the Finance and Performance Committee would be looking at this in the first instance.

Miss Grantham suggested that staffing in relation to the winter Plan was looked at in more detail at the Workforce Committee. Mrs Forster Adams agreed this would be a good forum in which to look at this in more detail.

Miss Grantham also noted the improvement work outlined in the report and asked if there was capacity for services to undertake this work whilst also operating on a day-to-day basis. Mrs Forster Adams noted that whilst it was important to achieve a balance there was a need to grow and improve

JFA

services and create the headspace to do this, as was illustrated in the earlier sharing stories session.

Miss McRae noted the system was operating at a Silver Command level and asked how productive the system was from being permanently in incident command mode and whether the Trust benefitted or whether supporting the reporting structure was creating more work for the Trust. Mrs Forster Adams advised that the main benefit for being part of that system was maintaining relationships and that whilst in the main the focus was not on mental health and learning disability, there was an opportunity to receive help and support from the system when needed.

Dr Proctor asked about the communication plan for the COVID and flu vaccination programme. The Board was assured the Trust had a robust programme in place which had been launched ahead of the national communication plan; there would be sufficient supply and deliveries were as expected; and that the programme to identify and then vaccinate vulnerable service users had commenced.

Mrs Khan asked about staffing shortages and what was being done to attract young people into the services. Mrs Woffendin and Mr Skinner outlined the initiatives being undertaken within colleges and universities to explain the opportunities and the roles available within the mental health and learning disability sector.

The Board received the report and agreed the EPRR Annual Statement would be signed off at the October Finance and Performance Committee prior to it being submitted.

JFA

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

22/104

Chief Financial Officer's Report (agenda item 14)

Mrs Hanwell presented her Financial Officer's Report noting that whilst there were hotspots within the Trust it was in a strong financial position, achieving both capital and revenue plans as at month 5. She added that system financial metrics would be reintroduced during quarter 2, including agency spending limits and increased scrutiny of efficiency plans. Mrs Hanwell explained the immediate focus was to address the unidentified recurrent efficiency requirement and implement actions to mitigate cost pressures including agency spending.

With regard to the delivery of the capital programme, she explained the Trust's capital resource limit was tied into the system and it was unable to act outside those parameters. She also noted work was ongoing to finalise the PFI options appraisal, noting there would be more information provided to the Board in the coming weeks.

The Board sought to understand the cap on agency spend which was being reintroduced against the challenges around ensuring safe staffing levels.

Miss McRae asked if there would be any penalties for breaching the cap. Mrs Hanwell explained it was a system cap, however, she noted that safety would not be compromised just to achieve the cap. It was suggested there was a deep dive to look at where long-term locums are used and where short-term reactive appointments are made through agencies. It was agreed this would be looked at through the Workforce Committee.

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

22/105

Safe staffing Report (agenda item 15)

Mrs Woffendin presented the safe staffing report noting there had been two registered nurse breaches that had occurred during the period of 1 June and 31 July 2022, noting these had occurred at Asket Croft and Ward 3 at the Mount. She added these shifts had been covered by other staff and patient safety issues had not occurred as a result of these breaches.

Mrs White asked about international recruitment and whether by attracting nurses from other countries this would leave those countries with a deficit in their workforce. Mrs Woffendin advised that the recruitment operates on a framework and the Trust does not deviate from that framework. She also assured the Board that recruitment was carried out in line with the agreement the Trust had with NHS England in terms of numbers.

Mrs Forster Adams noted the report had referenced the potential for industrial action. She assured the Board this had been discussed by the Executive Team and planning for this was being done alongside the winter planning.

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

22/106

Guardian of Safe-working Hours Quarterly Report (agenda item 16)

Dr Hosker presented the Guardian of Safe-working Hours Quarterly Report noting the purpose of the report was to give assurance that doctors in training were safely rostered and their working hours were compliant with the junior doctors contract 2016 and in accordance with junior doctors' terms and conditions of service.

Dr Hosker drew attention to the key points, noting there had been two exceptions reported and no patient safety issues recorded in this period.

With regard to the change in the rota for Higher Trainees, Dr Hosker reported they had expressed a wish to switch sides of the rota midway through their 6-month rotation and it had been agreed this would be implemented from the next rotation date.

The Board **received** the Guardian of Safe-working Hours Quarterly Report and **noted** the content.

22/107

Care Services Strategic Plan (agenda item 17)

Mrs Forster Adams presented the final version of the Care Services Strategic Plan noting the Board had seen and had the opportunity to contribute to the content at the last Board Strategic Discussion Session. She also noted the Finance and Performance Committee had looked at the content in detail at its last meeting and had been supportive of the final version.

Mrs Forster Adams noted there would be an implementation plan to go alongside the strategic plan and this would be brought back to the Board at a later date.

The Board received and discussed the plan in some detail. Miss Grantham asked how this would link to the People plan. Dr Munro noted the work done with the leadership team to look at the priorities across all strategic plans, noting there was still work to do to look at the key deliverables, the inter-dependencies and the milestones over the coming years. She added that at a more granular level these deliverables would link to the service line business plans year-on-year.

The Board asked about communication and socialising the plan, noting this needed to be carefully presented to ensure staff don't feel overwhelmed by the priorities outlined. Mrs Forster Adams advised the plan had been developed in conjunction with PricewaterhouseCoopers LLP and their view was the plan was robust and deliverable. She also noted the plan had been developed in conjunction with the service line leadership and they had identified the key priorities and were best placed to assess capacity to deliver the aspirations and ambitions outlined in the plan.

The Board noted the level of co-production of the plan but acknowledged there was still more to do to ensure service users remain connected with its ongoing development. Mrs Woffendin assured the Board on the level of engagement with service users and carers which had been facilitated by the Patient Engagement and Involvement Team.

The Board **received** and **ratified** the Care Services Strategic Plan.

22/108

Workforce Race and Disability Equality Standards and Gender Pay Gap Progress Update 2022 (agenda item 18)

Mr Skinner presented the Workforce Race and Disability Equality Standards and Gender Pay Gap Progress Update for 2022, He explained the report had been reviewed by the Workforce Committee and the People and Organisational Development Group. He drew attention to the progress that had been made in all areas, in particular an increase in the number of BAME colleagues being promoted; a decrease in the number of BAME colleagues

entering the disciplinary process; and a decrease in the number of disabled staff feeling pressure to come into work when unwell.

Mrs White asked whether sufficient resource had been invested in the chairs of the WREN network. Mr Skinner explained that support had been offered to all staff networks with two days per month being backfilled to provide individuals the time to carry out these roles. However, he noted that if there was still an issue this offer could be revisited. Mr Skinner added that in terms of dedicated admin support this was being picked up by the wellbeing team to ensure there was adequate provision.

Mrs White then asked what level of take-up there had been for the Reciprocal Mentoring Programme phase 2. Mrs Bamford assured the Board there had been a good uptake for the phase 2 programme and the Trust was looking at including people with other protected characteristics in the next phase and expanding the programme out to managers and associate directors so there was a wider focus.

Finally, Mrs White asked what support there was to ensure people with learning disabilities were employed within our services. Mr Skinner advised there were some good examples of where this had worked well in the Trust, and explained there was more that could be done and that the Trust was working with a charity which supported people with learning disabilities in gaining employment.

Mrs Khan acknowledged the progress that had been made, but noted that people from BAME backgrounds were less likely to be appointed and staff employed were more likely to experience bullying and harassment and asked what training was planned for managers around cultural competencies.

Mr Skinner noted that training for managers had been paused over the last couple of years due to the COVID response but that this would be starting again which would include these issues. He also noted the disciplinary process had been refreshed and there had been a significant improvement in the number of people from BAME backgrounds entering the process. He added that bullying and harassment was the next issue to be looked at by the team

With regard to recruitment, Mr Skinner advised the HR team was looking at ensuring values-based recruitment was used across the Trust. He added that cultural and inclusion ambassadors were providing a check and challenge within that process.

The Board **received** and **noted** the content of the report. The Board was assured the submission had been made correctly and the action plan would be published on the Trust's website.

22/109 Health Education England / General Medical Council annual self-assessment report (SAR) (agenda item 19)

Mr Skinner presented the report noting the information was due to be submitted on 30 September 2022.

The Board **received** and **noted** the content of the report and approved its submission.

22/110 EPRR Assurance Standards update (agenda item 20)

Mrs Forster Adams noted this had been covered previously in the meeting with the Board agreeing the submission would be signed off by the Finance and Performance Committee.

22/111 Board Assurance Framework (BAF) update (agenda item 21)

Dr Munro noted the amount of work that had been carried out to populate the refreshed risks on the BAF, but noted there was still more work to do to complete this. The Board agreed it would receive the finalised BAF at the extraordinary meeting in October.

The Board **noted** the progress with updating the BAF and **agreed** it would be presented again in October 2022.

22/112 West Yorkshire (WY) Integrated Care System (ICS) Mental Health, Learning Disability & Autism (MHLDA) Committee-in-Common Chair's report for meeting held on 27 July 2022 (agenda item 22)

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

22/113 Use of the Trust seal (agenda item 23)

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

22/114 Any other business (agenda item 22)

Dr Proctor advised the Board that the Chair recruitment was underway with the expectation that an appointment would be made in mid-November. In view of this, Dr Proctor advised she would be stepping down as Chair on 24 December 2022.

Dr Proctor also advised this would be the final public Board meeting for Sue White who would be stepping down on 31 October. The Board thanked Mrs

White for all her support and dedication to the work of the Trust, in particular for chairing both the Finance and Performance Committee and the Mental Health Legislation Committee.

22/115

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 12:25 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.