

AGENDA ITEM 4.1

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

Minutes of the Public Meeting of the Board of Directors held on held on Thursday 23 June 2016 in Studio 7, Northern Ballet, Quarry Hill, Leeds, LS2 7PA

Board Members

		Apologies	Voting Members
Ms J Copeland	Interim Chief Executive		✓
Mr A Deery	Director of Nursing		✓
Mr F Griffiths	Chair of the Trust		✓
Mrs D Hanwell	Chief Financial Officer	✓	✓
Dr J Isherwood	Medical Director		✓
Mrs L Parkinson	Interim Chief Operating Officer	✓	✓
Mrs M Sentamu	Non-executive Director (Deputy Chair of the Trust)		✓
Mrs J Tankard	Non-executive Director		✓
Dr G Taylor	Non-executive Director (Senior Independent Director)	✓	✓
Prof C Thompson	Non-executive Director	✓	✓
Mrs S Tyler	Director of Workforce Development		✓
Mr K Woodhouse	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director		✓

In attendance

Ms F Limbert	Governance Assistant (secretariat)
Ms R Cooper	Administration Assistant
Mr D Brewin,	Deputy Director of Finance attending for agenda item 7 (minute 16/0095)
Ms K Gorse-Brightwater	CQC Inspector (observing the Board meeting)

Action

The Chair opened the meeting at 13.30 and welcomed members of the Board of Directors and members of the public. Mr Griffiths noted that the meeting was being observed by Olayemi Karim from Ernst and Young as part of the Well-led Review.

16/088 Apologies for absence (agenda item 1)

Apologies were received from Mrs D Hanwell, Chief Financial Officer; Mrs L Parkinson, Interim Chief Operating Officer; Dr G Taylor, Non-executive Director; and Prof Thompson, Non-executive Director. Mr Griffiths noted the large number of apologies was due to having to change the date of the meeting at short notice.

16/089 Declaration of change in directors' interests and any conflict of interests in respect of agenda items (agenda item 2)

It was noted by the Board that there were no changes advised by any director in respect of their declarations of interest and that no director present at the meeting had any conflict of interest in respect of any agenda item to be discussed.

16/090	<p>Opportunity to receive comments / questions from members of the public (agenda item 3)</p> <p>There were no questions from the public.</p>
16/091	<p>Minutes of the meeting held on 28 April 2016 (agenda item 4.1)</p> <p>The minutes of the meeting held on 28 April 2016 were received and agreed as a true record of the meeting.</p>
16/092	<p>Minutes of the extraordinary meeting held on 23 May 2016 (agenda item 4.2)</p> <p>The minutes of the meeting held on 23 May 2016 were received and agreed as a true record of the meeting.</p>
16/093	<p>Matters arising (agenda item 5)</p> <p>There were no matters arising.</p>
16/094	<p>Actions outstanding from the public meetings of the Board of Directors (agenda item 6)</p> <p>Ms Limbert presented the action log which showed those actions previously agreed by the Board at its public meetings, those that had been recently completed and those that were still outstanding. Ms Limbert noted that on this occasion there were no actions outstanding.</p> <p>The Board received the log and noted there were no actions outstanding.</p>
16/095	<p>Integrated Quality and Performance Report – exception report (agenda item 7)</p> <p>Mr Deery presented the IQP Exception Report, noting that this reports on exceptions pertaining to the month of May where performance is below expected targets. Mr Deery reported that the introduction of this report was agreed in relation to feedback from the recent Well-led Review, noting that a full quarterly report will still be brought to the Board in line with the dates for the NHS Improvement Board self-assessment returns.</p> <p>With regard to the information provided in the report Mr Deery assured the Board that none of these exceptions affect the Trust’s performance of compliance with KPIs as required by NHS Improvement.</p> <p>Mr Deery drew attention to those areas of under-performance including: the appraisals target noting that this was still below 90%; the Trigger to Board event relating to a defective Mental Health Act detention; data completeness around</p>

ethnicity; adult liaison services seeing services users within three hours; and the mental health payment system clustering. Mr Deery noted that there are action plans in place for each of these areas of underperformance and that for the report at the end of Quarter 1 it is expected there will be a shift in performance closer to the target.

With regard to the Trigger to Board event Mr Griffiths asked Mr Deery to explain the medical scrutiny as described in the report. Mr Deery and Dr Isherwood explained how this is different from the administrative scrutiny and what the requirements of the act are in regard to this.

Mr Woodhouse supported this new report. He noted that progress had been made over the last 6 months which was good to see. However, he noted that during his visits to services staff are noting the pressure they are under due to the number of vacancies and that they are having to decide how to prioritise their time, with the result that service users are taking priority over carrying out for example, appraisals. With this in mind he asked where the recruitment initiatives are up to. Mrs Tyler acknowledged the fact that staff are having to prioritise their time. She also noted that nationally there is a shortage of nursing staff and that recruitment is a challenge for this and other Trusts. Mrs Tyler advised the Board of the initiatives that have been undertaken to attract staff to the Trust and outlined the successes and outcomes of these, whilst acknowledging the ongoing challenge particularly in the Band 5 nursing posts in some areas. She also outlined the future plans for recruitment drives and also the changes to internal processes to help support these drives.

Mrs Tankard asked for assurance that clinical staff time is focussed on care rather than on 'housekeeping' or administrative tasks. Mr Deery and Ms Copeland assured the Board of the work to ensure staff time is appropriately used.

Mr Wrigley-Howe asked about the CPA target noting that some service users appear not to have a Care Co-ordinator. Mr Deery explained the work that is being undertaken to look at this matter on a case-by-case basis. Mr Griffiths asked Mr Deery to bring a report back on this matter to a future Board meeting.

AD

With regard to financial performance Mr Brewin outlined to the Board the control total and original plan assumptions noting that the original plan to make a £1 million surplus had then been superseded by a control total of £3.051 million, which he noted had been mandated on the Trust by NHS Improvement and agreed by members of the Board outside of the meeting.

Mr Brewin set out the caveats to achieving this revised control total noting that this now requires the Trust to identify additional CIPs and increase its planned to surplus to £2.1 million. Mr Brewin advised the Board that if this increased surplus is achieved the CCG will give the Trust a cash sum of £900k, thereby resulting in an overall surplus at the end of the year of £3 million.

Mr Brewin then set out the current financial position and forecast position in relation to these assumptions noting that at the end of May 2016 the Trust had achieved a surplus of £80k noting that this is behind even the original plan for the Trust to achieve a £1 million surplus. Mr Brewin then advised the Board that the surplus of £80k had been achieved through non-recurrent items and if these are

taken out the Trust's underlying position is a deficit of £404k as at month 2, noting that this is mainly due to spending on Out of Area Treatments whereby the Trust is spending more on these than it is funded for; CIPs which haven't yet been achieved; and the offset of the vacancies the Trust is carrying.

With regard to the forecast Mr Brewin explained how this had been calculated and the assumptions made including the OATs spending remaining at the current level month-on-month and advised the Board that the best-case position is £0.5 million deficit by the end of March 2017, with a Financial Risk Rating of 2, noting that this would not be acceptable to our regulator and would incur detailed scrutiny of the organisation not least because the Trust had failed to meet the imposed surplus.

The Board noted that the Trust was a significant way from the financial plan as required by the regulator and discussed what measures could be put in place.

Mrs Tankard asked about OATs for locked rehabilitation and what the options are for caring for these service users other than out of area. Mr Deery noted that the bed modelling exercise carried out earlier in the year indicated that there were the correct number of beds in the Trust, but noted that there is clearly now a demand issue in relation to beds. Mr Deery then explained what the Trust is doing within the care pathways and the criteria for treating people in various types of facilities to ensure service users are treated in the most appropriate way and ensure the capacity to treat people within Trust services, either as inpatients or in the community. Ms Copeland also noted that the CCG has recognised this as a system issue and are looking at how the Trust can be supported in relation to the increased demand. However, Ms Copeland noted that there is the option for the Trust to hand back the budget to the commissioners and transfer the risk to them.

Mrs Sentamu asked about CIPs and how the achievement of these can be accelerated. Mr Brewin outlined some of the key areas where there are opportunities for CIPs being achieved including the possibility of looking at options around our PFI estate and processes around procurement. He also noted that all CIPs require a Quality Impact Assessment to be carried out prior to commencing, and will be monitored as they progress with the option of halting them if they are having an adverse impact on quality.

Mr Woodhouse asked about the control total and whether there has been any legal contest to what the regulator is imposing on Foundation Trusts, and whether the Trust has made it clear to NHS Improvement what the likely outcome is for the services in the organisation resulting from the imposed surplus. Ms Copeland noted that she was not aware of any challenge. She also noted that it would appear that it would appear that mental health trusts who traditionally have larger surpluses are being asked to support the acute sector to a greater degree. She also noted the huge challenge to the Trust in achieving the control total.

With regard to the matter of our PFI options Mr Griffiths asked for a fuller report to be brought back to the Board.

DH

The Board **noted** the exceptions and was **assured** that there were action plans in place to address the underperformance.

16/096 Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meeting held on the 11 May 2016 (agenda item 8)

Dr Isherwood presented the paper and advised the Board that there were only a small number of cases discussed at the meeting, but assured the Board that the backlog was being addressed and that systems were in place to ensure continued progress was made.

Dr Isherwood outlined some of the lessons learnt from the various incidents investigated. He also noted that the Mortality Review Group was now in place and that this reports to TIRG.

Mr Woodhouse asked about the £4 million funding which the Board had approved for improvements in the estate and how the use of this was progressing. Mr Deery outlined the four areas identified: replacement of radiator covers, bathroom and toilet facility upgrades, the replacement of furniture, and anti-barricade doors, noting that work was centring on the priority areas first and that an action plan was in place to complete work in the other areas. He then outlined the work that had already been undertaken and that which is still waiting to be completed.

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

16/097 Safer Staffing Report (agenda item 9)

Mr Deery presented the safer staffing report for the month of April and highlighted four areas not meeting the standards expected. He explained the causes for these exceptions and assured the Board that mitigations were in place in all other areas to ensure safe and adequate staffing.

Mr Wrigley-Howe asked for a trend analysis to be included in the report to help identify any hot-spots.

The Board **received** the safer staffing report and **noted** the exceptions and the reasons for these occurring.

16/098 Complaints Summary Report (agenda item 10)

Mr Deery presented the complaints summary report noting that the system continues to perform effectively. He noted that complaints training had been rolled out to staff across the Trust, he also noted that the complaints team is managing to achieve the 30-day response time except for the cases where an alternative timeline had been agreed with the complainant.

Mr Deery then drew attention to the outcome of complaints closed within the month and outlined some of the issues reported back to the clinical teams so these could be addressed. In particular he noted that the reliance on bank and

agency staff is something service users complain about and indicated that this issue is being addressed through safer staffing.

Mrs Sentamu noted that some of the delays in response to complainants. Mr Deery explained the steps being taken to address this.

Mr Woodhouse asked about clinical claims in particular a case with a value of £12 million. Mr Deery agreed to report back in relation to the detail around this case.

AD

The Board **received** the complaints summary report and **noted** the progress being made and also some of the issues which are reported by complainants and what is being done to address these within the services.

16/099 Trust Strategy and Sustainability and Transformation Plan Update (agenda item 11)

Ms Copeland presented a paper updating the Board on progress with refreshing the Trust's Five Year Strategy and the development of the Leeds and West Yorkshire Sustainability and Transformation Plans (STPs).

She noted that the Trust's strategy was responding to national and local developments including the STP for Leeds and West Yorkshire. She also noted there was a comprehensive process of engagement including with staff, governors, members, service users and carers. She also noted that 20% of staff had engaged with the Clever Together process, which was a very good response.

Ms Copeland noted that the strategy will be brought to the Board and the Council of Governors as it is developed. She also noted that it was intended to bring a draft of the strategy to the Annual Members' Day in order to start the consultation on the content with stakeholders and to ensure there is time to allow it to reflect the outcome of the STP.

In relation to governors Ms Copeland indicated there is a group which has been formed to allow governors to input meaningfully to the development of the strategy noting that Mr Wrigley-Howe had been invited to join that group.

With regard to the STPs Ms Copeland noted that these are high-level documents with the West Yorkshire STP becoming the most prominent due to it being the preferred unit of planning within the system. Ms Copeland drew attention in particular to the opportunity to bid for Tier 4 CAMHS services noting that this was being done in collaboration with Leeds Community Healthcare.

With regard to service provision in Leeds Ms Copeland noted that there had been a meeting with commissioners on how the Trust and Leeds Community Healthcare could work more collaboratively noting that the commissioners in Leeds have indicated that there should be a single contracting mechanism for out of hospital / community based care with there being a lead provider model. Ms Copeland outlined the discussions that had taken place in relation to progressing this to better understand the implications of it and the models through which this will be delivered with a view to there being something in place by April 2017.

The Board **received** the update report and **discussed** the content, its implications and was **assured** with the progress made.

16/100 Verbal report from the chair of the Quality Committee for the extraordinary meeting held 24 May 2016 (agenda item 12)

Mr Wrigley-Howe provided a verbal report of the extraordinary Quality Committee which was held on 24 May 2016. He reported on the following matters:

- Assurance as to the progress made with preparations for the CQC inspection.

The Board **received** the verbal report and **noted** the matters discussed at that meeting.

16/101 Draft minutes of the meeting of the Quality Committee held 12 April 2016 (agenda item 12.1)

The draft minutes of the meeting of the Quality Committee meeting held on 12 April 2016 were **received** by the Board.

16/102 Draft minutes of the meeting of the Extraordinary Quality Committee held 24 May 2016 (agenda item 12.2)

The draft minutes of the extraordinary meeting of the Quality Committee meeting held on 24 May 2016 were **received** by the Board.

16/103 Re-appointment of Mental Health Act Managers (agenda item 13)

Mr Deery presented to the Board a proposal about the re-appointment of a number of Mental Health Act Managers following the expiry of their current term of appointment which will come to an end on 30 September 2016. Mr Deery noted that a recruitment process would be undertaken to ensure the pool of Mental Health Act Managers is refreshed.

Mrs Sentamu asked the reason why there were nine managers undertaking hearings in excess of the required 12-18 hearings a year. Mr Deery agreed to look into why this was.

AD

Having considered the matter the Board **confirmed** that Brian Kemp, Enid Atkinson, Lindsay Councill, Heather Limbach, Bernard Marsden, David Walkden, Maggie Archer, Brian Councill, Roger Helm, Anne Rice, and Jill Hetheron, would be appointed for a further six months to conclude on 31 March 2017.

16/104 Ratification of the revised Terms of Reference for the Mental Health Legislation Committee (agenda item 14)

Mr Wrigley-Howe presented the Terms of Reference for the Mental Health Legislation Committee noting that these had been refreshed and agreed at the last committee meeting.

He noted that the members of the committee had been reviewed although he raised a question as to whether the committees of the Board should be made up of only non-executive directors or should have a mixture of executive and non-executives. Mrs Hill was asked to clarify this point.

CH

He also drew attention to some of the changes made including the involvement of the Mental Health Act Managers who would attend committee meetings and the input that service users can make to understanding the patient's experience of the application of the Mental Health Act.

Mr Wrigley-Howe also referred to the recent judicial review in regard to decisions taken at a Mental Health Act hearing. Mr Griffiths asked for the email outlining the case to be circulated to all Board members.

AD

The Board **considered** and **ratified** the revised Terms of Reference for the Mental Health Act Committee.

16/105 Approval of the changes to the Trust's Constitution (agenda item 15)

Ms Copeland presented the proposed changes to the Trust's constitution, noting that the changes were in regard to the make-up of the Council of Governors. Ms Copeland reported that these changes had been presented to the Council of Governors at their meeting on the 12 May and had been approved there and as such asked the Board to now approve these.

Having considered the proposed changes to the Constitution to Board **approved** these changes with immediate effect.

16/106 Chair's report (agenda item 16)

Mr Griffiths noted there were no matters to report to the Board at this point.

16/107	<p>Confirmation of the independence of the Non-Executive Directors (agenda item 16.1)</p> <p>Mr Griffiths noted that at the Board meeting held on the 23 May 2016 the independence of NEDs had been discussed and the Board had confirmed that each of the NEDs were independent in character and judgement. Mr Griffiths noted that this was now a matter to be reported in public and asked the Board to again note this matter.</p> <p>The Board noted the independence of NEDs.</p>
16/108	<p>Chief Executive's report (agenda item 17)</p> <p>Ms Copland presented the Chief Executives report noting that this is for information which was noted by the Board.</p> <p>The Board received and noted the Chief' Executive's report.</p>
16/109	<p>Draft minutes of the public meeting of the Council of Governors' held 12 May 2016 (agenda item 18)</p> <p>The Board received and noted the report minutes from the Council of Governors' meeting held on 12 May 2016.</p>
16/110	<p>Draft minutes of the meeting of the Audit Committee held 21 April 2016 (agenda item 19)</p> <p>The Board received and noted the report minutes from the Audit Committee meeting held on 21 April 2016.</p>
16/111	<p>Draft minutes of the meeting of the Audit Committee held 18 May 2016 (agenda item 20)</p> <p>The Board received and noted the report minutes from the Audit Committee meeting held on 18 May 2016.</p>
16/112	<p>Draft minutes of the meeting of the Finance and Business Committee held 21 April 2016 (agenda item 21)</p> <p>The Board received and noted the report minutes from the Finance and Business Committee meeting held on 21 April 2016.</p>

16/113 Draft minutes of the meeting of the Mental Health Legislation Committee held 19 April 2016 (agenda item 22)

The Board **received** and **noted** the report minutes from the Mental Health Legislation Committee meeting held on 19 April 2016.

16/114 NHSE Annual Organisational Audit Questionnaire 2015/16 (agenda item 23)

The Board **received** and **noted** the content of the NHSE Annual Organisational Audit Questionnaire 2015/16.

16/115 Use of the Trust's seal (agenda item 24)

Mr Griffiths noted that the Trust seal had been used on one occasion since the last meeting:

- Log number 93 signed on the 9 June 2016; licence for alterations for 34-36 Springwell Road, Leeds.

The Board **noted** that the seal had been used once since the last meeting.

16/116 Any other business (agenda item 25)

There were no items of other business.

16/117 Further Questions or Comments from the Public (agenda item 26)

There were no further questions from members of the public.

At the conclusion of business the Chair closed the public meeting of the Board of Directors of Leeds and York Partnership NHS Foundation Trust at 15:20 and thanked members of the Board and members of the public for attending.

**BOARD OF DIRECTORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held Thursday 23 June 2016**

**FOR INFORMATION ONLY
SEE CUMULATIVE ACTION LOG FOR DETAILED INFORMATION**

MINUTE	ACTION SUMMARY (PUBLIC MEETING – PART A)	LEAD DIRECTOR
16/095	<p>Integrated Quality and Performance Report – exception report (agenda item 7)</p> <p>With regard to the matter of our PFI options Mr Griffiths asked for a fuller report to be brought back to the Board.</p> <p>Mr Wrigley-Howe asked about the CPA target noting that some service users appear not to have a Care Co-ordinator. Mr Deery explained the work that is being undertaken to look at this matter on a case-by-case basis. Mr Griffiths asked Mr Deery to bring a report back on this matter to a future Board meeting.</p>	<p>DH</p> <p>AD</p>
16/098	<p>Complaints Summary Report (agenda item 10)</p> <p>Mr Woodhouse asked about clinical claims in particular a case with a value of £12 million. Mr Deery agreed to report back in relation to the detail around this case.</p>	AD
16/103	<p>Re-appointment of Mental Health Act Managers (agenda item 13)</p> <p>Mrs Sentamu asked the reason why there were only nine of the managers undertaking hearings in excess of the required 12-18 hearings a year. Mr Deery agreed to look into why this was.</p>	AD
16/104	<p>Ratification of the revised Terms of Reference for the Mental Health Legislation Committee (agenda item 14)</p> <p>Mr Wrigley-Howe noted that the members of the committee had been reviewed although he raised a question as to whether the committees of the Board should be made up of only non-executive directors or should have a mixture of executive and non-executives. Mrs Hill was asked to clarify this point.</p> <p>Mr Wrigley-Howe also referred to the recent judicial review in regard to decisions taken at a Mental Health Act hearing. Mr Griffiths asked for the email outlining the case would be circulated to all Board members.</p>	<p>CH</p> <p>AD</p>