

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 26 January 2017
in Meeting Rooms 5&6, Carriageworks Theatre, The Electric Press, 3
Millennium Square, Leeds, LS2 3AD**

Board Members

		Apologies	Voting Members
Prof J Baker	Non-executive Director		✓
Mr A Deery	Director of Nursing		✓
Mr F Griffiths	Chair of the Trust		✓
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive		✓
Dr S Munro	Chief Executive		✓
Dr W Neil	Deputy 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)		✓
Mrs S Tyler	Director of Workforce Development		✓
Mrs S White	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director		✓

In attendance

Mrs C Hill Head of Corporate Governance (secretariat)
Ms F Limbert Governance Assistant
3 members of the public

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17/001	<p>The Chair opened the public meeting at 15.00 and welcomed members of the Board of Directors and members of the public.</p> <p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from Dr Wendy Neil, Deputy Medical Director.</p>
17/002	<p>Declaration of change in directors' interests and any conflict of interests in respect of agenda items (agenda item 2)</p> <p>Mr Steven Wrigley-Howe declared an interest in relation to a subsidiary of the Rehab Group, which is based in Newcastle, and which provides contracted services for brain injury rehabilitation services to the CCGs in the Newcastle area. This was noted by the Board.</p> <p>It was noted by the Board that there were no other changes advised by any director in respect of their declarations of interest and that no director present at the meeting had declared any conflict of interest in respect of any agenda item to be discussed.</p>

17/003	<p>Opportunity to receive comments / questions from members of the public (agenda item 3)</p> <p>There were no questions from the public.</p>
17/004	<p>Minutes of the meeting held on 27 October 2016 (agenda item 4.1)</p> <p>The minutes of the meeting held on 27 October 2016 were received and agreed as a true record of the meeting.</p>
17/005	<p>Matters arising</p> <p>There were no matters arising.</p>
17/006	<p>Actions outstanding from the public meetings of the Board of Directors (agenda item 6)</p> <p>Mrs Hill 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. Mrs Hill asked the Board to be assured on progress.</p> <p>The Board received the actions agreed at previous public meetings and was assured on progress against the actions.</p>
17/007	<p>Chief Executive's report (agenda item 7)</p> <p>Dr Munro presented the Chief Executive's report and informed the Board that a good level of engagement and support had been received from Leeds Health Scrutiny Committee on 24 January. She also noted that the Trust strategy would be presented to the Council of Governors in February and that the final version would be brought back to the Board in March for ratification. Dr Munro then spoke of the value of the 'Meet the Chief Executive' sessions she had been involved in since coming into post, and expressed a view that these should continue to take place.</p> <p>Dr Munro was pleased to inform the Board that Dr Wendy Burn, Consultant Psychiatrist for Old Age had recently been elected as the president of the Royal College of Psychiatrists and had also been awarded a silver National Clinical Excellence award. Dr Munro felt these achievements recognised the significant contribution Dr Burn has made, adding that it was a positive step towards strengthening the female gender balance in leadership positions across the medical profession. The Board also offered their congratulations to Dr Burn. In response to this, Mr Griffiths urged that the Trust take every opportunity to celebrate success and remind the wider public of the achievements of its staff.</p>

Dr Taylor referred to the neighbourhood teams' projects mentioned in the report and asked what progress had been made and how this initiative was likely to develop. Mrs Parkinson explained that mental health nurses had been brought in to provide much needed support and advice to GP services and that this scheme follows on from the recent Rapid Improvement event held by Care Services looking at reducing out of area transfers. She provided an update on the benefits of this initiative so far, in particular a reduction in referrals to Community Mental Health Teams and noted that a more detailed update would follow in due course.

The Board **received** the Chief Executive's report and **noted** its contents and sought to under the detail.

17/008

Integrated Quality and Performance (IQP) Report and quarter 3 monitoring return (agenda item 8)

Mr Deery presented the IQP report for quarter three of 2016/17 and noted that the Trust had met all its NHS Improvement (NHSI) targets to date. He also noted that some of the Trust's other targets had not been met and assured the Board that there were actions in place to address these. Mr Deery explained this was the first report since the Single Oversight Framework had been introduced and asked the Board to note two new indicators added to the IQP for services delivered through the NHS England contract. He noted that these were average waiting time for the Gender Identity service and the completion of Health of the Nation Outcome Scores in the CAMHS service.

Mr Deery then referred to the Controlled Drugs Report, provided by the Chief Pharmacist, which had come under some scrutiny at the meeting of the Quality Committee earlier in the week. He noted that questions had been raised in regard to the number of drugs that were unaccounted for on Rose Ward and it was felt the report in its current format provided insufficient assurance on this matter.

He noted that Mrs Parkinson and himself had since looked into this further, having had conversations with the Chief Pharmacist and the Local Security Management Specialist, and assured the Board that these discrepancies were still subject to investigation, but that there was an early indication that the most likely cause was inconsistencies in the recording of drugs, such as when they are borrowed by other wards. Mr Griffiths asked for this to be documented in accordance with the serious incidents procedure and for a report to go to Quality Committee to provide further assurance on this matter.

Mr Wrigley-Howe referred to page 6 of the report and suggested that measuring the number of adults and children who are in crisis and have Section 136 applied (and how many are assessed in police cells) could provide valuable data on how the system as a whole is working for people experiencing crisis. Mr Deery agreed and explained that distinguishing between child, adolescent and adult 136 data in quality metrics had been

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discussed with the commissioners and that the information team is working towards incorporating data from multi-agency meetings into the report. Prof Baker felt that additional narrative and clarity regarding targets in the quality report would help to improve the way in which the Board can analyse the data.

Mrs Tankard requested further information on the new indicators for CAMHS mentioned on page 2 of the report (completion of HoNOSca and GCAS). Mr Deery explained the tool used for measuring outcomes by comparing symptoms on admission with progress made upon discharge. He added that NHSE have now included this in their contract, and require the tool to be used on a routine basis. Mr Deery acknowledged that further work needed to be done to examine the detail beyond simply whether or not the tool had been used.

Mrs Tankard expressed concern at the current year-long waiting list for access to the Gender Identity Service. Mrs Parkinson acknowledged that this was a pressure area, despite extra investment from NHS England, but assured the Board that internal measures, such as service user and peer pre-assessment support for those on the waiting list, were being implemented. The Board then discussed the staffing requirements in the service and Mrs Parkinson provided assurance that analysis had been carried out and submitted to NHS England mapping what staffing arrangements would reduce waiting list times. Dr Munro added that the experience had whilst on the waiting list can impact on a person's expectations of the treatment they receive and, therefore, their outcomes.

Mrs Hanwell provided an update on the Trust's financial position; noting that the anticipated £1m in-year investment from the CCGs had been secured based on the OATs risk share, which meant the Trust was certain meet its control total for year. Mrs Hanwell expressed concern that CIPs were behind plan and that slippage on the capital programme meant the Trust was unlikely to achieve the anticipated £5m forecast, but referred to the concern about over-committed capital across the NHS noting that this had impacted on the Trust's ability to spend its own capital.

Mrs White referred to the Trust's £48.3m surplus and queried whether this was going to be converted into an investment plan for the benefit of service users, expressing disappointment that the existing capital investment plan had slipped. Mrs Hanwell explained that the Trust is in a difficult position because of the contractual obligations to its PFI assets; but agreed that surplus cash should be used for capital investment. Mrs Hanwell acknowledged the pace of spending could be frustrating but assured the Board that progress will be made.

Dr Munro then explained that the Trust's regulatory body requires plans for capital spending to be sustainable long-term, demonstrated in a robust business case and could be subject to full scrutiny, resulting in what can appear to be cautious spending. Mr Griffiths suggested that the Trust publically provides some narrative assurance regarding its intent to use the surplus to enhance the quality of its services, and Mrs Hanwell agreed. Dr Munro then cited the work Mrs Hanwell and her team were doing to manage the PFI arrangements, and assured the Board that a clearer timescale

regarding short and long term cash spending will be brought back in the near future.

Dr Munro then assured the Board that plans were being developed for long-term strategic investment for estates and IT infrastructure. Finally, Mrs Tankard supported Dr Munro's plans to engage an external company to examine and develop the Trust's estates strategy, which would enable other strategies which feed into this to be progressed.

The Board **received** the quarter IQP and was **assured** of progress against the targets, but sought to understand some of the areas where poor performance had been reported.

17/009

Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meetings held on 9 November and 14 December 2016 (agenda item 9)

Mr Deery introduced the report and explained that, upon recommendation of the National Confidential Inquiry into Suicide and Homicide, over the course of the last year the team have been focusing on identifying root causes in the reports. As part of the lessons learnt governance process the incident team also intend to increase the amount of thematic analysis carried out during investigations in order to establish common themes, enabling them to evidence when there have been changes in the quality of services provided. Mr Deery assured the Board that where the 60 day threshold for investigating serious incidents is breached, plans are in place and progress is being made to reduce this.

Prof Baker expressed concern that this report does not feed into the Quality Committee, and was surprised the Trust has no formal mechanism for accumulating learning. He also queried how several of the most recent reports found there to be no root causes and asked if this was justifiable. Mr Deery responded by saying that possible root causes and contributory factors were rigorously discussed at the meeting. Mr Griffiths agreed with Prof Baker's concerns, adding that the lack of cumulative findings and aggregate knowledge across the Trust would be something he will pick up with his successor in due course.

Mrs Tankard asked if a database of this information is kept and that this could help to establish any correlation between staffing configuration and the number of deaths, she noted that if these two pieces of data could be identified per ward that it could be used for trend analysis. Prof Baker stressed the importance of using the latest evidence to hand, citing that the risk period for suicide after discharge is 72 hours, yet the Trust records quality as a 7 or 14 day follow-up. He suggested taking a more proactive approach and applying the evidence available ahead of the guidelines to ensure quality services are provided.

As part of the discussion on thematic analysis Dr Munro highlighted the importance of recognising protective factors in patient care, such as having

continuity in relationships with staff, and ensuring the effect this can have on a service user's treatment is understood. Dr Munro then discussed the importance of having a culture of practice that encourages honesty, where staff feel it is acceptable to acknowledge mistakes that may have been made, and as a result, better identify root causes and therefore improve quality of care.

The Board **received** and **noted** the content of the report and was **assured** that the actions in respect of lessons learnt are being progressed appropriately within the Trust.

17/010 Update on the MA/SA inquest (agenda item 9.1)

Mr Deery provided the Board with details of the case, noting that the perpetrator had been a patient of the Trust, but that the tragic incident had taken place after his discharge from hospital. Mr Deery informed the Board that the coroner had given a verdict of unlawful killing on behalf of SA, and an open conclusion in regard to MA. Mr Deery then provided some assurance as to the circumstances in which MA was discharged from treatment, noting that he had been detained under Section 2 of the Mental Health Act Assessment Order and that upon completion of this assessment he could no longer be detained and wished to leave hospital. He added that the Safeguarding Team had put appropriate measures in place to protect SA. Mr Deery went on to say that the coroner had praised the care and treatment provided by the Trust and the manner in which the investigation was handled.

The Board discussed the unsubstantiated claim made by the press, which suggested that the perpetrator had been discharged early due to a bed shortage. This speculation was refuted by two subsequent independent reports that have supported the clinical decisions made in regard to the care of MA. Good practice had been highlighted and the reports found that the incident was not preventable.

The Board **received** the verbal update in regard to the MA/SA inquest.

17/011 Safe Staffing Report (agenda item 10)

Mr Deery introduced the report and noted that it provides data for September, October and November 2016.

Mrs White recognised the work already done by the Trust to recruit nursing staff, but highlighted where there had been an over-fill of health support workers to compensate for the lack of nurses and asked how the Trust is able measure if this is affecting the quality of service it provides. She also noted the use of irregular bank and agency staff had increased over the last quarter. Mrs White asked if the Trust had a realistic plan to address current staffing gaps and, considering that there will be no bursary option available

going forward, asked if there was a plan to proactively recruit and retain staff.

Mrs Tyler acknowledged these concerns and agreed there were areas of key focus for recruitment such as at Clifton House, adding that there had been a high level of turnover within the recruitment team which had presented additional challenges. She then referred to the recent approach of bulk recruiting but that this had only had limited success in Specialist areas. The team recognised this and noted that the Trust is now running targeted recruitment events for priority wards. Mrs Tyler assured the Board that bank staff are still employed by the Trust, and therefore the level of care they provide can be quality controlled. She also explained that there is no distinction between nurses and health support workers in respect of their compulsory training requirements. She acknowledged there was still significant work to be done but assured the Board there was a comprehensive plan in place which included national recruitment campaigns combined with research into overseas recruitment and apprenticeship schemes.

Mrs Tankard urged the Board to be proactive in encouraging people to take up apprenticeships with the Trust. Mr Griffiths suggested taking a West Yorkshire-wide approach to help promote the message more widely and Mrs White suggested working with care homes to offer career progression to their staff. Mrs Tyler referred to the Leeds Centre of Excellence and the collaborative work taking place across the city to support apprenticeships. She then reminded the Board of the clinical infrastructure that is required to support apprenticeships that the scheme currently needs more investment, and noted that development work with Care Services is on-going in preparation for June go-live date.

Prof Baker discussed how a high number of vacancies pose the biggest risk to the CMHTs where, unlike wards, staff are not replaced with bank and agency and he referred to the detrimental impact a disruption in care co-ordinator can have for service users. Mr Wrigley-Howe supported Prof Baker's comment on access to data for non-inpatient settings and also asked for there to be consideration as to how this report could be revised to incorporate this.

The Board **received** the safer staffing report, **noted** the exceptions and reasons for these occurring and was **assured** of the plans in place.

17/012

Complaints Summary Report (agenda item 11)

Mr Deery introduced the report and noted that it provided activity and performance information about complaints, PALS, compliments and claims received during December 2016. Mr Deery explained that the focus of this work continues to be on embedding training throughout the organisation, with an emphasis on good customer care, and felt the effective process for managing complaints continues to be a 'good news story'.

The Board **received** the complaints summary report and **noted** the progress being made.

17/013 **Sharing Stories Update Report** (agenda item 12)

Mrs Parkinson introduced the report and explained that the purpose of this paper is to demonstrate how issues raised at the sharing stories sessions are being addressed as part of the wider development work within the Trust, and also to acknowledge the potential for developing the Sharing Stories sessions further. Mrs Parkinson felt this exercise had revealed an opportunity for better triangulation with other reports received by the Board.

The Board felt it was clear that further work needs to be done to ensure the board receives regular service user stores. Dr Taylor noted that the commitment for this to take place at every Board had slipped. Mrs Tankard suggested the attendees list of the sharing stories session is expanded to enable senior staff within Care Services to attend as they may find the process equally valuable.

The Board agreed that this was work in progress.

The Board **received** and **considered** the information provided in the report and **agreed** that further development work needs to take place in order to optimise the opportunity that sharing stories provides.

17/014 **2016/17 Operational Plan implementation report – quarter 3** (agenda item 13)

Mrs Parkinson presented the summary report which highlighted challenges, areas of achievement, strategic risks and overall progress against the Trust's agreed annual priorities.

The Board briefly discussed the content of the report in particular focusing on those areas that had been rated as amber.

The Board **noted** the progress made against the Operational Plan priorities at the end of quarter three 2016/17; and confirmed that it was **assured** of the progress being made.

17/015 **Verbal report from the Chair of the Audit Committee for the meeting held 12 January 2017** (agenda item 14)

Mrs Tankard provided a verbal report from the Audit Committee meeting held on 12 January. In particular she advised the Board that the committee had looked at:

- A benchmarking exercise in regard to risk management training, with a view to establishing whether the Trust could develop non-face-to-face training packages. Mrs Tankard noted that the findings were varied and the committee agreed this could be an opportunity to look at what the options are for the Trust
- Findings from the internal audit exercise looking at how the key controls within the organisation match against the Trust's audit plan. She noted that overall there was good coverage within the scope of the audits with the exception of delayed transfers of care which had been added to the plan
- The external auditors presented their plan for year end, with no issues expected.
- Internal audit presented their work to date, and were in the process of finalising their reports. She noted that all finalised reports and had given significant assurance but there were some areas looked at which needed some more work doing
- The committee also looked at the Trust's recent fraud case and the subsequent learning. She noted that progress with the related action plan would be tracked through the Audit Committee.
- It had been reported that there were no new fraud investigations and that one had recently been closed regarding secondary employment.

The Board **received** the verbal report from the Chair of the Audit Committee for the meeting held 12 January 2017.

17/016 Minutes of the meeting of the Audit Committee held 26 October 2016
(agenda item 14.1)

The Board **received** and **noted** the minutes of the meeting of the Audit Committee held 26 October 2016.

17/017 Board approval of the revised Terms of Reference for the Audit Committee (agenda item 14.2)

The Board **received** and **approved** the revised Terms of Reference for the Audit Committee.

17/018 Verbal report from the Chair of the Quality Committee for the meeting held 24 January 2017 (agenda item 15)

Prof Baker noted that the minutes of previous meetings were presented to the Board. He noted that the minutes for the 24 January meeting would come to the next Board meeting.

Mr Griffiths noted that during the course of the Board meeting references had been made to the way in which the Quality Committee need to work in a

different way and how it needs to meet more often. These comments were supported by Prof Baker and the Board.

The Board **noted** that the minutes of the Quality Committee held on 24 January would be coming to the March Board.

17/019 Minutes from the Quality Committee meeting held 11 October 2016 and 15 December 2016 (agenda item 15.1)

The Board **received** and **noted** the minutes from the Quality Committee meeting held 11 October 2016 and 15 December 2016.

17/020 Verbal report from the Chair of the Finance and Business Committee for the meeting held 23 January 2017 (agenda item 16)

Dr Taylor provided a verbal report from the Finance and Business Committee meeting held on 23 January. In particular she advised the Board that the committee had looked at:

- Two business cases that had subsequently been to Board
- Quarter 3 finances, noting that this had been looked at by the Board in some detail and also noted that the committee had received assurance that the control total would be met.
- A discussion about the governance arrangements for the CPC forming an LLP for the purpose of a tender.

The Board noted that with Dr Taylor coming to the end of her term of office that Mrs Wrigley-Howe would be the next chair of the Finance and Business Committee.

The Board **received** the verbal report from the Chair of the Finance and Business Committee for the meeting held 23 January 2017.

17/021 Minutes of the meeting of the Finance and Business Committee held 26 October 2016 (agenda item 16.1)

The Board **received** and **noted** the minutes of the meeting of the Finance and Business Committee held 26 October 2016.

17/022 Board approval of the revised Terms of Reference for the Finance and Business Committee (agenda item 16.2)

The Board **received** and **approved** the revised Terms of Reference for the Finance and Business Committee.

17/023 Verbal report from the Chair of the Mental Health Legislation Committee for the meeting held 7 November 2016 (agenda item 17)

Mr Wrigley-Howe provided a verbal report from the Mental Health Legislation meeting held on 7 November. In particular he advised the Board that the committee had looked at:

- Expanding the core role of the so that it was responsible for looking at legislation, compliance and systems to that it would also be developing the service user aspect so the committee can take better account of service user experience
- The Mental Health Act managers' training has been increased from one to two days, recognising the demand for a more detailed course.

Prof Baker noted that in April there would be changes to the Mental Health Act and suggested that the committee would need to be cognisant of these.

The Board **received** the verbal report from the Chair of the Mental Health Legislation Committee for the meeting held 7 November 2016.

17/024 Minutes of the Mental Health Legislation Committee meeting held 7 November 2016 (agenda item 17.1)

The Board **received** and **noted** the minutes of the Mental Health Legislation Committee held on 7 November 2016.

17/025 Board approval for the new Senior Independent Director (agenda item 18)

Mr Griffiths noted the Board's role in agreeing the Senior Independent Director and noted that with Dr Taylor coming to the end of her term of office that the Board was asked to consider and confirm the appointment of Steven Wrigely-Howe.

The Board **approved** the appointment of Mr Steven Wrigley-Howe as the Independent Senior Director.

17/026 Chair's Report (agenda item 19)

Mr Griffiths noted that at this point he had not significant matters to report to the Board.

17/027	<p>LYPFT future Mutually Agreed Resignation Scheme (MARS) (agenda item 20)</p>
	<p>The Board received the report and noted the implementation of a MAR Scheme from March to May 2017.</p>
17/028	<p>Leeds Safeguarding Children’s Board Annual Report (agenda item 21)</p>
	<p>The Board received and noted the Safeguarding Children’s Board Annual Report.</p>
17/029	<p>Love Arts Evaluation (agenda item 22)</p>
	<p>The Board received and noted the Love Arts Evaluation document.</p>
17/030	<p>Use of the Trust’s seal (agenda item 23)</p> <p>Mr Griffiths noted that the Trust seal had been used on two occasions since the last meeting:</p> <ul style="list-style-type: none"> • Log 95 (20.12.16) – Deed of Covenant for the land to the North West of Tongue Lane Leeds • Log 96 (13.1.17) – Verification form to certify the authenticity of the medical credentials which had been signed by Dr Wendy Neil prior to submission to the regulatory body.
	<p>The Board noted that the seal had been used twice since the last meeting.</p>
17/031	<p>Any other business (agenda item 24)</p> <p>Mr Griffiths noted that this was the last meeting for Dr Taylor who would finish her last term of office on the 5 February. Mr Griffiths expressed his appreciation for the high quality contribution Dr Taylor had made during her time as a Non-executive Director and as Senior Independent Director and thanked her for the support she provided to her fellow Board members and to the Council of Governors.</p>
17/032	<p>Further Questions or Comments from the Public (agenda item 25)</p> <p>There were no further questions from members of the public.</p>

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 16:49 and thanked members of the Board and members of the public for attending.

**BOARD OF DIRECTORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held Thursday 26 January 2017**

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

MINUTE	ACTION SUMMARY (PUBLIC MEETING – PART A)	LEAD DIRECTOR
17/008	<p>Integrated Quality and Performance (IQP) Report and quarter 3 monitoring return (agenda item 8)</p> <p>Mr Deery noted that Mrs Parkinson and himself had looked into the discrepancy with the drugs and that having had conversations with the Chief Pharmacist and the Local Security Management Specialist, assured the Board that these discrepancies were still subject to investigation, but that there was an early indication that the most likely cause was inconsistencies in the recording of drugs, such as when they are borrowed by other wards. Mr Griffiths asked for this to be documented in accordance with the serious incidents procedure and for a report to go to Quality Committee to provide further assurance on this matter.</p> <p>Dr Munro then explained that the Trust's regulatory body requires plans for capital spending to be sustainable long-term, demonstrated in a robust business case and could be subject to full scrutiny, resulting in what can appear to be cautious spending. Mr Griffiths suggested that the Trust publically provides some narrative assurance regarding its intent to use the surplus to enhance the quality of its services, and Mrs Hanwell agreed. Dr Munro then cited the work Mrs Hanwell and her team were doing to manage the PFI arrangements, and assured the Board that a clearer timescale regarding short and long term cash spending will be brought back in the near future.</p>	<p style="text-align: center;">AD</p> <p style="text-align: center;">DH</p>