

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 28 June 2018 at 9:30 am
in Meeting Room 1&2, Trust Headquarters, 2150 Century Way, Thorpe Park, Leeds
LS15 8ZB**

Board Members

		Apologies	Voting Members
Prof 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		✓
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive		✓
Mrs L Jensen	Interim Director of Workforce Development		✓
Dr C Kenwood	Medical Director		✓
Dr S Munro	Chief Executive		✓
Mrs M Sentamu	Non-executive Director		✓
Mrs S White	Non-executive Director (Deputy Chair of the Trust)		✓
Mrs C Woffendin	Director of Nursing and Professions		✓
Mr M Wright	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director (Senior Independent Director)		✓

In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Mr A Weir	Deputy Chief Operating Officer (in attendance on behalf of the Chief Operating Officer)

Four members of the public (one of whom was a member of the Council of Governors)

Action

18/124

The Chair opened the public meeting at 9.30 am. She welcomed members of the Board and those observing the meeting.

Sharing Stories (agenda item 1)

The Sharing Stories session was led by Pamela Hayward-Sampson, Serious incident Investigator and Sam Marshall, Serious Incidents, Complaints, Claims and Inquest Manager. They came to provide the Board with an overview of processes in place and their roles in supporting bereaved families and in investigating any death which occurs involving people who were either service users at the time or who were connected with our services in some way prior to their death.

They talked about the different roles they play in those processes; the compassionate way in which the families of service users are supported and also the dispassionate way in which they investigate incidents in order to identify any lessons to be learnt.

The Board asked about the links the Trust had to the third sector when offering support to bereaved relatives. Mrs Marshall indicated that the team provide as much support as they can to relatives but that there were also a number of links the Trust had with other organisations in the city which could also provide additional support to bereaved families should this be required. She then outlined how members of the team themselves were supported, noting that some cases were distressing to deal with.

With regard to those deaths which, under the Mazar's classification were classified as 'not our death', Mrs Hayward-Sampson indicated that these deaths would be in relation to someone who was not currently in our care; and she outlined how the Trust works with other organisations not only to support the investigation of the death, but to share learning across all organisations.

The Board **thanked** Mrs Hayward-Sampson and Mrs Marshall for sharing their story with the Board and **noted** that this had provided a valuable insight into this important area of work and the way in which deaths were handled in the Trust.

18/125

Mortality Review – Learning from Deaths – Including quarter 4 (January – March 2018) and an annual summary April 2017 – March 2018

Dr Kenwood presented the Learning from Deaths report. In particular she drew attention to the Structured Judgement Reviews noting that the Learning from Deaths Steering Group had agreed that a Structured Judgement review would be completed for each death to ensure that any learning is shared widely in the future.

Prof Proctor asked what learning was shared across the Leeds system. Dr Kenwood assured the Board of work being undertaken in partnership with other mental health and learning disability organisations across West Yorkshire. Mr Weir also spoke about the way in which deaths were investigated in partnership with providers from the acute and community sectors and how learning is shared.

Dr Munro suggested that there may be a role for joint learning through the Clinical Senate. Dr Kenwood agreed to speak to Dr Ian Cameron (Director for Public Health) about the remit of public health in terms of how the learning from serious incidents and deaths can be shared more widely with partners across the city. She also noted that discussions about this had already taken place with senior medical staff in Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare and that this would be an extension of those discussions.

CK

Prof Baker asked about the data in the report, noting that information for example about deviation from normal practice would be helpful to include. Dr Kenwood agreed to speak to Prof Baker outside of the meeting so there can be further consideration of how trends and statistical variations are identified, reported and acted on.

CK

The Board was **assured** that the Trust knows about all service user / relevant deaths and undertakes reviews in line with Mazars' recommendations and in conjunction with other mental health trusts in the region.

18/126 Apologies for absence (agenda item 2)

Apologies were received from Mrs Forster Adams, Chief Operating Officer.

18/127 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 3)

Prof Proctor advised the Board that she had been appointed as the Independent Chair of the Safeguarding Adults Board for North Yorkshire and that her Declaration of Interest form had been up updated accordingly. The Board noted this change in declaration.

The Board also noted that there were no other changes to directors' declarations of interest, and that no director at the meeting had advised of any conflict of interest in relation to any agenda item.

18/128 Minutes of the previous meeting held on 24 May 2018 (agenda item 4)

The minutes of the meeting held on 24 May 2018 were **accepted** as a true record and were signed by the Chair of the Trust.

18/129 Matters arising (agenda item 5)

There were no matters arising that were not included on the agenda.

18/130 Actions outstanding from the public meetings of the Board of Directors (agenda item 6)

Prof 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.

In relation to the new service model for the Gender Identity service, Mr Weir advised the Board that the service specification would be available at the end of July with the procurement process commencing from the end of August. He assured the Board that the service was in good position to tender for this service.

With regard to the action to confirm that the principles applied to safer staffing within inpatient and acute care setting were also mirrored in the work stream for the community redesign, Mr Weir reported that work was underway to look at how initial staffing levels had been reached and that the final model would have detailed planning assumptions included in relation to staffing numbers.

The Board **received** a log of the actions and **noted** the timescales and progress.

18/131

Chief Executive's report (agenda item 7)

Dr Munro presented the Chief Executive's report. She drew attention to the main points outlined in the report. She noted that the Memorandum of Understanding for the West Yorkshire and Harrogate Integrated Care System would be presented to the September Board meeting for approval. She also noted that a paper setting out the arrangements for a Committees in Common for the Leeds system would be presented to the July Board meeting with the draft Memorandum of Understanding.

SM

SM

With regard to the NHS70 celebrations, Dr Munro outlined some of the events that would be taking place during July. She also paid tribute to the recent 'look back and look forward' event which had taken at the Leeds City Museum in relation to Learning Disabilities, noting the significant amount of work that had been undertaken to highlight the way in which people with learning disabilities had been treated in the past and the way in which people were now empowered and supported to live fulfilling lives.

Dr Munro concluded her report by paying tribute to all those involved in the immediate and subsequent management of the recent fire on Ward 5 at the Becklin Centre and the ongoing way in which the service was being provided.

Mr Wrigley-Howe asked about the milestones for the West Yorkshire Mental Health Collaborative. Dr Munro indicated that not all work streams had clear milestones and that these were currently being identified along with looking at the impact on individual elements of the work.

Mrs White asked about the Integrated Care System (ICS). She noted that there was pressure in the system in relation to a lack of funding for social care and asked whether NHS partners would be looking to use funding in the West Yorkshire and Harrogate system in a way that supports social care systems and ultimately benefit service users. Dr Munro indicated that discussion had not taken place in relation to this, but noted that there was an open approach to discussions around priorities which the Local Authority was party to. She also noted that there were still further discussions to be undertaken on the principles of how the transformation money was invested.

With regard to the 'Big Summer Conversations', Miss Grantham noted that these need to be inclusive of all staff. Dr Munro agreed to look at the mechanisms that need to be put in place to ensure that all staff are encouraged and have the opportunity to come along to the 'Big Summer Conversations' including any staff who predominantly work nightshifts.

SM / LJ

Prof Baker noted that the next round of bidding for the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) was currently being negotiated and asked how the Trust was influencing the priorities. Dr

CK

Kenwood agreed to speak to Alison Thompson and Dr Wendy Neil as to whether enough was being done in relation to this.

In relation to the equality and diversity agenda as set out at the NHS Confederation, Mrs Jensen agreed to bring a report back to the Board in relation to the themes to come out of the workshop.

LJ

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

18/132

Combined Quality and Performance Report (CQPR) (agenda item 8)

Mr Weir presented the Combined Quality and Performance Report. He explained to the Board some of the exceptions and the work being undertaken to address these.

With regard to the Friends and Family Test, Mrs Woffendin noted that the level of engagement in this was still low and advised the Board that the Patient Experience Team was looking at creative ways in which patients' views can be captured and disseminated.

In relation to the workforce data in the report, Mrs Jensen noted that there had been a decrease in the number of appraisals being reported. By way of explaining this Mrs Jensen noted that there this was a point in the year when appraisals would go out of date and therefore need to be repeated, she added that this had contributed to the number dropping.

Mr Wrigley-Howe asked about complaints and noted that only 8% of complaints were responded to within 30 days. Mr Weir outlined the actions taken to address this and noted that.

Mr Wrigley-Howe asked about calls to the Crisis Team, in particular if it was possible to look at those calls that had been aborted and what the impact was in relation to service users being on the line for up to 20 to 30 minutes. Mr Weir advised the Board that work was already being carried out to look at the impact of having to wait for help and advice. In relation to aborted calls Mr Weir agreed to look at whether it was possible to capture information about these.

AW

Mr Wrigley-Howe also asked about calls in relation to safeguarding. Mrs Woffendin noted that the report showed the number of referrals and calls which was a commissioner required target. She added that the safeguarding element of the report still needed some further work and agreed to meet with Mr Wrigley-Howe to discuss what information could be added to this section of the report.

CW

Mrs White noted that whilst people were on the waiting list for the Gender Identity service they receive some level of intervention and asked if this would also be part of the new model. Mr Weir confirmed that this would be the case and explained what support people had access to.

Mrs White also asked about an increase in the number of falls recorded in

May. Mrs Woffendin noted that this rise was as a result of there being two particular service users with mobility issues during their time as inpatients.

In relation to the Friends and Family Test, Mr Wright noted that there had only been two responses recorded in May. Prof Proctor also noted that the Trust had a contract in place with Quality Health and questioned whether this offered value for money. Mrs Woffendin noted that the Combined Quality and Performance Report records only the responses received through the Quality Health electronic system and indicated that there were other ways of capturing feedback in the Trust, but that there needed to be further work to look at how this was centralised and reported on. She added that the external review would collate information about service user feedback overall and that the outcome of the review would be presented at the October Board meeting.

The Board **received** and **discussed** the Combined Quality and Performance Report and noted performance against metrics.

18/133 National CQUIN 1b Update Report (agenda items 8.1)

Mrs Hanwell presented a report which detailed the CQUIN which requires the Trust to improve the quality of food and drink on offer on NHS premises and ensure this provides a health option.

The Board **received** the report and was **assured** on progress in relation to this target.

18/134 Medical Directors' quarterly report (agenda item 9)

Dr Kenwood presented the Medical Directors' quarterly report. She noted that since her report had been circulated the independent review into the deaths at the Gosport War Memorial Hospital had been released and she provided the Board with an overview of the key points and recommendations in the report and outlined how the learning from this was being applied to the work of the Trust.

Dr Kenwood noted that in considering the Gosport report she and the team had reflected on what the Trust currently does and whether there was more that could be done in relation to the recommendations. She highlighted the following considerations, in particular:

- The use of syringe drivers, noting that currently there was an occasional use of syringe drivers for patients at the Mount, but that this was only where there was palliative care in-reach for a service user who was receiving end-of-life care
- The Trust was again looking at its response at the time to an alert that was sent out in 2010 for the recall and change of syringe drivers and that this work was being carried out in conjunction with the procurement team

- The Trust's Responsible Officer for Controlled drugs was in the process of reviewing the systems in place for controlled drugs, noting that these systems were considered to be robust.
- A review of any loss of controlled drugs was carried out quickly and investigated by senior staff. Dr Kenwood added that there was to be a review of the process to see whether there was any more that should be done in relation to these reviews
- Following on from the recommendations to strengthen Board-level governance in relation to clinical governance, there was to be a review of the clinical governance arrangements through the rest of the organisation, including the processes by which there was the ability to escalate any issues from Ward to Board. She added that the intention was for there to be an audit of the structures later in the year
- The need to ensure that work around hearing complaints, understanding patients' experience and learning from deaths continues and that the cultural work around creating psychological safe spaces, as set out in the Quality Plan, continues and was embedded
- A look at isolated units to ensure they have appropriate support
- Looking at difficult to fill placements, for example in relation to locum doctors and whether there was assurance around how a quality service was provided in all service areas
- The use of opiates and powerful drugs to be reviewed as part of the medicines optimisation and safety work.

Dr Munro noted that the important part of all these considerations was the cultural work to ensure that when someone sees something they feel able to raise a concern and that these concerns are then taken seriously.

Prof Proctor asked about the Trust's staff who work permanent night shifts and how they are engaged with the Freedom to Speak up Guardian. Mr Weir assured the Board that there were no contractually permanent night staff but that there were staff who predominately work nightshifts and that they were asked to work some shifts during the day so they can be connected to the rest of their team.

Miss Grantham noted the need to encourage staff to be curious and agreed to send information to Dr Kenwood in relation to the work carried out by Birmingham University.

HG

CK

Dr Kenwood agreed to keep the Quality Committee sighted on the considerations that were being undertaken in relation to the Gosport Report and any actions to come out of this.

In relation to the substantive Medical Director's report, Mrs White asked about engagement with medical staff and what would good look like. Dr Kenwood noted that the Trust was working with Professor Graeme Martin, Professor and Chair of Management at Dundee University Business School to look at how engagement might be carried out and that further updates on this work would be provided in due course.

Mrs White also asked about the lawful recall of patients on Community

Treatment Orders and concerns about there not being a bed for them. Mr Weir noted that this had been discussed at the Mental Health Legislation Committee which had looked at the detail of individual recalls and that a further report would go back to the committee in relation to this.

The Board **received** and **noted** the quarterly Medical Directors' report.

18/135

Director of Nursing quarterly report (agenda item 11)

Miss Grantham asked about the voice of the child in adult safeguarding, noting that the report stated that a recent review of safeguarding by the CQC indicated that this was inconsistent and sought clarification on this. Mrs Woffendin explained that this related to silo working within Community Mental Health Teams (CMHTs). She added this was not something that was unique to this Trust and that it required staff to think about the voice of the child when dealing with cases involving adults. She also confirmed that the action plan in relation to the Community Mental Health Team inspected had been shared with all CMHTs and senior managers so there was learning across the organisation.

Mrs Sentamu asked about the Prevent agenda and welcomed the improvement in relation to training. She commented that Prevent appears to target particular religious groups and suggested that the whole agenda needs to be viewed and promoted holistically as a way of safeguarding people. Mrs Woffendin indicated that the Safeguarding Team was doing a lot of work to promote the wider messages of Prevent and look at how we safeguard vulnerable people within our services, including those who may be vulnerable to radicalisation.

Prof Proctor asked about the review of the Nursing and Professions structure; what this was aiming to achieve and if there were any financial consequences. Mrs Woffendin indicated that this was designed to remove duplication, ensure there were clear lines of reporting and that the roles and structures were fit for purpose. She added that there would be a slight cost pressure associated with this, but that there had been discussions with the Chief Financial Officer.

The Board **received** the Nursing Directors' quarterly report and **noted** the content.

18/136

Safer Staffing Report (agenda item 12)

Mrs Woffendin presented the Safer Staffing Report noting that this was now in the new format and welcomed any comments on this.

She indicated that there had not been any breaches in relation to safe staffing levels. However she highlighted one area of concern in relation to Bluebell Ward in York, noting that the under-compliance was due to the high level of acuity as a result of a patient being displaced from the Becklin

Centre awaiting a medium secure bed. Mrs Woffendin added that since the report had been circulated to the Board the individual concerned had been moved to an appropriate bed. She assured the Board that whilst this had placed pressure on the ward, it had been safely staffed throughout.

Mrs Sentamu noted the number of nursing vacancies and the need to rely on Healthcare Support Workers (HSW) to fill these vacant shifts. She asked about the impact this has on quality and what could be done to ensure HSWs have the skills to provide a quality service. Mrs Woffendin indicated that this was part of the NHS Improvement Retention Plan and that there was work to do to look at recruitment, retention and training. She also noted the need to ensure that contracts were sufficiently flexible.

Prof Baker referred to the information in the report and asked if it was showing that Bluebell Ward was under-compliant or unsafe, noting that the narrative indicated that the ward had asked for more staff to manage a particular patient and that this could not be provided, thereby implying it was unsafe. Mrs Woffendin assured the Board that the ward was not unsafe but that staff had indicated it would have been advantageous to have a third registered nurse on the ward to help with the care of this individual and the other service users on the ward. She noted that as this had not been possible additional HSWs had been brought onto the ward to provide the level of care needed across the ward.

Prof Proctor noted that there needed to be a definition of compliant and non-compliant added to the report.

CW

Prof Proctor noted that there were 34 students who were coming to work as preceptees. She also noted that the report gave assurance that there were arrangements in place to ensure there were sufficient preceptors and asked if there were any particular wards or clinical areas where there was concern about the strength and depth of numbers to support newly qualified staff. Mrs Woffendin assured the Board that there were no areas of concern as work has been undertaken on a ward-by-ward basis to identify the number of students that could be accommodated and supported in each area.

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

18/137

Workforce and organisational development report (agenda item 13)

Mrs Jensen presented the workforce and organisational development report. She highlighted in particular clinical supervision and the arrangements in place to ensure that reporting on uptake is accurate and also on the actions taken to support the uptake of supervision. She drew attention to the work around stress related absence and what was being done to support staff's health and wellbeing.

Miss Grantham noted that she had taken part in a round-table discussion at the Trust Welcome event which had received a presentation from the Occupational Health Team. She noted how impressed participants had been at the service provided and asked if the Trust was using this

information to best effect as part of the recruitment offer. Both Mrs Woffendin and Mrs Jensen assured the Board that this information and related videos had been used as part of the workforce recruitment process for new recruits.

Mr Wright asked about the issues with data around clinical supervision. Mrs Jensen explained the technical issues with recording and tracking staff's iLearn record when they move around the Trust or when information is recorded on the system. She assured the Board that this matter was in hand.

Mrs White asked what more could be done to support staff experiencing work related stress. Mrs Jensen indicated that discussions should take place in appraisals and supervision. She also noted that managers need to be equipped with the skills to carry out these conversations. Mr Wrigley-Howe also asked if there were any hot-spots within wards or teams and what was being done to address this. Mrs Jensen advised that this information can be obtained from the Fristcare (staff sickness management) system and that the Health and Wellbeing Group was looking at any areas that needed addressing.

Mrs White also asked how the shortfall in staff being recruited at Clifton House would affect the ability to deliver the new care model for the forensic service. Mr Weir confirmed that recruiting sufficient staff was not progressing as expected and that the full number needed had not yet been reached. He added that there was a trajectory for the new care model in relation to how the ward will open and the introduction of the new community scheme, and what the minimum numbers required at each stage of the plan were. He indicated that an early indication was that this trajectory was achievable and that NHS England was aware of the phased trajectory approach.

Prof Baker asked about the 34 student nurses that had been recruited, if this was consistent with the number recruited in previous years and whether there was a cap for preceptorship places. Mrs Woffendin noted that this year the Trust over recruited to the number who expressed an interest. She added that next year there was more work to be done to ensure the Trust was proactively talking to students earlier in order to maximise the potential number who could be recruited to the organisation. Mrs Jensen advised that the number reported was in relation to a specific two-day event and that other students had been recruited as part of other initiatives. She agreed to look at the total number recruited, the potential number that could have been recruited and the year-on-year trend for the next report.

LJ

Mrs Sentamu welcomed there being a clinical lead for bank staff. Mrs Woffendin noted that work was ongoing with the lead to look at how clinical bank staff could be better supported and how contracts could be made more flexible to encourage bank staff to look at a permanent contract as being a viable option.

The Board **received** the workforce and organisational development report and **noted** the content.

18/138

Report from the Chief Financial Officer (agenda item 14)

Mrs Hanwell presented the Chief Financial Officer's report relating to the month 2 financial position. She noted that the Trust had received a revised Control Total and that the financial plan would be adjusted to take account of this, with a report going to the Finance and Performance Committee and ultimately coming to Board.

With regard to the agency cap, Mrs Hanwell drew attention to two issues which were impacting on this including the number of consultant psychiatrist vacancies being filled by locums and the need to bring in specialist help for the Commercial Collaborative Partnership work in relation to the category towers. Mrs Hanwell indicated that this added spend would mean that the Trust was likely to breach its agency cap and that she would be advising NHS Improvement of these factors. Miss Grantham asked if there was an opportunity to share staff across partner organisations. Mrs Hanwell and Mrs Jensen agreed to consider potential opportunities to share staff across NHS partner organisations in order to reduce the need to use agency staff.

DH / LJ

With regard to the Lord Carter review of community and mental health services, Mrs Hanwell noted that a piece of work would be undertaken to look at the recommendations in the report and to ensure the Trust is addressing these. She added that there would be an initial report to the Finance and Performance Committee in July, with a more substantive report to that meeting in September, followed by an update to the September Board on progress.

DH

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

18/139

Report from the Deputy Chair of the Quality Committee for the meeting held 12 June 2018 (agenda item 14)

Mr Wrigley-Howe provided a verbal report on the main items that were discussed at the Quality Committee meeting which took place on 12 June 2018.

The Board received and **noted** and **agreed** report from the chair of the Quality Committee.

18/140

Use of the Trust seal

Prof Proctor noted that the seal had been used on eight occasions which were noted by the Board.

- Log 100 – Contract for the sale of Malham House
- Log 101 – Land Registry transfer for Malham House

- Log 102 – Contract for the sale of Springfield Mount
- Log 103 – Land Registry transfer for Springfield Mount
- Log 104 – Contract for the sale of Southfield House
- Log 105 – Land Registry transfer for Southfield House
- Log 106 – Renewal of lease for Don Valley House, Sheffield
- Log 107 – Membership agreement for the Collaborative Procurement Partnership LLP

18/141 Glossary (agenda item 26)

The Board received the glossary.

18/142 Resolution to move to a private meeting of the Board of Directors (agenda item 27)

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 13:50 and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public 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.

Signed (Chair of the Trust)

Date