

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 21 May 2020 at 9:30 am.
This meeting was held virtually by teleconference**

Board Members

Apologies

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| 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 |
| Mr C Henry | Non-executive Director |
| Mrs C Holmes | Director of Organisational Development and Workforce |
| Dr C Kenwood | Medical Director |
| Mr A Marran | Non-executive Director |
| Dr S Munro | Chief Executive |
| Mrs S White | Non-executive Director (Deputy Chair of the Trust) |
| 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

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| Mrs C Hill | Associate Director for Corporate Governance / Trust Board Secretary |
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Action

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone. She noted that the Board was holding its meeting in line with the Government direction included in the UK Coronavirus Act 2020, whereby public meetings of more than two people were deemed unlawful and as such the meeting was being held virtually.

20/058 Apologies for absence (agenda item 1)

There were no apologies received.

20/059 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 2)

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

20/060 Minutes of the previous meeting held on 30 April 2020 (agenda item 3)

Mrs Holmes noted that minute 20/050 had recorded that the Equality and Inclusion Group had been stood back up and that it should have recorded that a COVID specific Equality Group had been established. This was noted

and it was agreed should be amended.

The minutes of the meeting held on 30 April 2020 were **received** and **agreed** as an accurate record, subject to the amended reference.

20/061 Matters arising (agenda item 4)

The Board **noted** there were no matters arising that were not either on the agenda or on the action log.

20/062 Actions outstanding from the public meetings of the Board of Directors (agenda item 5)

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.

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

20/063 Chief Executive's report (agenda item 6)

Dr Munro firstly reported on the national arrangements in relation to the COVID-19 pandemic. She noted that the command and control arrangements remained unchanged with these being led by NHS England. She advised that work was continuing to put plans in place for Phase 2 which related to the stepping back up of activity, predominantly in the acute sector, but also for some services within mental health. She noted that some of the main considerations informing this planning was the supply of Personal Protective Equipment (PPE); arrangements for systems to limit hospital acquired COVID infections; and testing capacity and capability.

With regard to testing for COVID infections, Dr Munro advised that the national testing sites had been opened to all members of the public and that the Trust was looking at the impact this would have on ensuring there was sufficient and timely access to tests for Trust staff. Dr Munro then advised that in relation to the new NHS Test and Trace system and the antigen testing there had been no official communication relating to these as yet. She added that this had caused some element of 'catch up' in establishing the impact for the Trust and keeping staff sufficiently informed of arrangements.

Dr Munro then spoke about the preparations for Phase 3 noting that a group had been established to look forward to preparations for winter; the potential impact of seasonal flu; the continuing management of COVID-19; and the impact of an increasing backlog of treatment and waiting lists.

With regard to the regional meetings, Dr Munro advised that there were weekly Integrated Care Partnership group meetings and Partnership Board meetings which continue to share intelligence predominately regarding the implications and progress of Phase 2.

At a Leeds planning level, Dr Munro advised that the weekly city-wide Gold Command meetings continue and look at matters which impact on the health and social care systems at a local level. She added that these discussions inform the continuing strategy to support the population in Leeds. She also noted that Healthwatch had carried out a piece of work in conjunction with a number of groups to gain feedback from Leeds citizens as to the impact on them of COVID-19.

In relation to the shielded population in Leeds, Dr Munro noted that this had now increased to around 45,000 people, noting that there was some indication that there could be more who should be registered within that group. She added that it was clear that this group would be expected to shield for a period after 30 June and that work was ongoing to identify the services that would need to be available to support this group of people over that extended period.

Mrs White asked whether the Phase 3 work would include an assessment of the potential increase in need for mental health services as a result of the impact of COVID-19 on individuals. Dr Munro noted that there was work to assess the level of surge in demand across the country and that this would lead to the development of a framework which could be used to inform local plans. She also noted that demand was already increasing for acute secondary mental health services and that discussions were ongoing to look at how organisations could respond to this increased demand. In addition Dr Munro recognised that the response to supporting the population of Leeds in terms of mental health and social wellbeing was multifaceted and that people would need various levels of support across the city. She added this was being picked up through the meetings at a Leeds level.

Mr Wright asked what lessons were being learnt from other countries in terms of the impact of COVID-19 on mental health. Dr Munro advised that a number of papers had been published world-wide but that these predominantly focused on the immediate treatment of mental health rather than the aftermath of the pandemic in those countries. She added that with the lack of evidenced learning there was a need to be responsive and agile in the approach to dealing with the longer-term impact on mental health and that there were no recent historical events which could inform learning from this pandemic.

Dr Munro then invited the executive directors to provide an update on the work streams they lead on.

Mrs Forster Adams advised that the Trust's Emergency Preparedness Resilience and Response (EPRR) arrangements were operating across seven days and that these were being kept under review to ensure they were still appropriate to manage the impact of the pandemic on the Trust.

With regard to clinical services she noted that the response from staff across

all professions had allowed the vast majority of these to continue to operate. She noted that the Trust was experiencing a more settled period of operation and that staff had adapted to the new ways of managing services, both from an MDT perspective and in relation to the new technology needed to meet the needs of service users. Mrs Forster Adams then outlined those services that had been significantly reduced detailing the support that was in place for service users and also outlining the plans to restart some of those services.

With regard to capacity and demand, Mrs Forster Adams noted that overall, capacity was meeting demand but that where cohorting space had been created to care for COVID-19 positive service users this had reduced capacity in adult services which had led to the need for reliance on out of area placements. With regard to referrals, Mrs Forster Adams noted that these were now increasing and nearing normal levels which she added was encouraging.

Mrs Forster Adams noted the things to be proud of were the response from staff in adapting to new ways of providing services; the positive response from those staff who had been asked to work differently both in their current teams and where they had moved to new teams through the redeployment system; staff adapting and responding to new demands in terms of new technology and new skills; and the way in which all disciplines and departments had come together to quickly and effectively mobilise new environments in which to treat and care for service users including those who were COVID-19 positive.

Mrs Holmes then provided an update on the workforce and communications work stream. She added to the comments on the system for the redeployment of staff noting that there was now a forum set for this group of staff to share their experiences and learning noting that this would meet on a regular basis.

With regard to COVID-19 related absence, Mrs Holmes noted that this was currently at a level of 2.8% but that if self-isolating and shielding staff are added into this, the rate rises to around 15%. However, she noted that within these latter groups some staff were able to work from home.

Mrs Holmes then updated on the work of the COVID-19 specific Equality Task Group, noting that this continued to meet and was looking at matters related to the risk assessment process that will be used for staff. She added that this would be rolled out shortly, with those staff in high risk categories being assessed in the first wave.

With regard to staff testing for COVID-19 infections, Mrs Holmes advised of the different types of testing being undertaken. She explained the arrangements that were in place for symptomatic staff noting that a system of testing had been set up in-house and that this was in response to the national test sites now being open to anyone. With regard to asymptomatic testing for staff she advised that this would be started within the coming week. Mrs Holmes then explained that the antibody testing was expected to start at the end of May and explained that this should reduce the demand for asymptomatic testing and therefore relieve pressure in the system.

Mrs Holmes then updated the Board on the work to look at the arrangements needed to bring back staff safely to work. She noted that the message of working from home was still being widely promoted to staff, but that there were a number of staff who would need to work in Trust premises in order to fulfil their role. She added that where this was the case people would be brought back in a managed and phased way and into premises that met the requirements of the COVID-19 secure premises guidance. She explained that this was a large piece of work that would look at the environment in which staff needed to work and the systems and processes needed to support their physical working practices. She added that in bringing staff back safely there was a link into the work on the staff risk assessment.

Mrs Holmes then drew attention to the revised process for Clinical Excellence Awards for 2020/21. She noted that it had been agreed nationally that there would be a process of equal distribution amongst the consultants which would allow for equity of access to the awards including those consultant who were self-isolating or shielding. She added that it would also include those consultants who were carrying out COVID-19 specific duties who may not have the capacity to devote time to making an application. Mrs Holmes advised that any money from previous rounds which had not been concluded would be included in this year's allocation process. She added that further detailed information was awaited and that a firm proposal would be brought back to the Board in due course.

Mrs Hanwell provided an update on the financial, estates, logistics and IT technology work stream. She noted that the Trust was currently receiving supplies of Personal Protective Equipment but that discussions were ongoing to develop a plan to build resilience at a West Yorkshire level and that the Trust was linked into these discussions. She also noted that the Trust had recently received a number of gowns which had been redistributed from the Harrogate Nightingale Hospital.

With regard to the financial impact she reported that very recently there had been an announcement about the change in the rules regarding COVID-19 revenue spend and that the Trust was working through the reporting arrangements for this. Mrs Hanwell assured the Board that the Trust's spend was not out-with that expected. With regard to COVID-19 related capital expenditure, Mrs Hanwell noted that there had been a change to the approval system for such expenditure noting that now all schemes must be pre-approved rather than retrospectively approved. Again Mrs Hanwell assured the Board that this would not present an issue for the Trust.

Mrs Hanwell then updated the Board on CareDirector noting that this was now in a service change and improvement phase post implementation and that any issues identified were being dealt with as they arise.

Dr Kenwood provided the Board with an update on medical staffing; the clinical COVID-19 response; and the quality, safety and ethics aspect of the delivery of services.

Dr Kenwood assured the Board on the arrangements for the Assertive

Outreach Service, noting that this service had continued to be provided throughout the major incident and had been able to pick up some of the gaps in the local system where third sector and other organisations had not been in a position to fully operate.

With regard to evaluation, Dr Kenwood noted that work had commenced in relation to evaluating the changed arrangements for the delivery of community services and that initial indications were that service users had welcomed the opportunity to interact with services in a different way. However, Dr Kenwood noted from the perspective of the clinicians, feedback indicated that specific to some services the clinician interacting virtually and not being in the same room as the service user doesn't allow the same level of observation to take place. She noted that this feedback would be further analysed and used to inform the thinking around how services might be provided in the future.

Dr Kenwood noted that matters of quality, safety and ethics were reported through the Trustwide Clinical Governance Group and the Ethics Committee with assurances being provided to the Quality Committee. Dr Kenwood noted that the structure being used during the pandemic had shortened the ward to Board route and that the learning from operating this type of structure would be beneficial in the 'new normal' structures.

With regard to medial staff, Dr Kenwood reported that sickness within this group was consistent with that across the Trust and that effective arrangements had been put in place to ensure there was continuity of provision of services.

Mrs Woffendin updated the Board on the physical health and infection prevention and control work stream. She reported on COVID-19 swabbing for service users; outlined the number carried out and noted that currently there were 25 service users in the organisation who were COVID-19 positive, of which 16 were post 14 days and making full recovery and 9 had only mild symptoms. She noted that this small number was evidence of the robust infection control arrangements in place and of staff compliance with these arrangements.

With regard to student nurses, Mrs Woffendin advised that 47 aspirant nurses were working on the ward and noted that they would qualify in June and be able to practice. She added that the Trust was working closely with these individuals to look at securing positions within our services.

Mrs Woffendin advised that the Physical Health Group meets on a weekly basis and that one matter which was being picked up through this group was the NHS England Board Assurance Framework relating to infection prevention. She noted that this would be brought to the Board in June

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Mrs Woffendin reported that confirmation had been received that the Care Quality Commission Mental Health Act visits would be taking place in May and that to maintain social distancing interviews would be undertaken using virtual technology with documentation being inspected following the interviews. She added that the outcome of these inspections would be brought to the Mental Health Legislation Committee for assurance.

Mrs White asked about the 47 aspirant nurses and whether any were learning disability nurses. Mrs Woffendin noted that she didn't have that level of detail to hand and would advise members of the Board outside of the meeting.

Miss Grantham asked about the staff risk assessment and what the expected timeframe was for reaching out to every member of staff. Mrs Holmes acknowledged that whilst this appeared to be an intensive demand on line managers, the risk assessment was a framework that would sit alongside the wellbeing and supportive discussions that were already ongoing with staff and provide some consistency in those discussions.

Miss Grantham also asked if there was anything that the executives were worrying about which was not yet being dealt with. Dr Kenwood highlighted the issue of leadership and the need for leaders to be able to manage centrally and deliver diversely. She suggested that future structures and culture would need to be considered in the light of this. Mrs Woffendin noted the potential for a second wave of infections to occur later in the year as restrictions were lifted, coupled with the winter flu and the impact this would have on the expectation that normal duties will resume. Mrs Forster Adams noted that working in new ways would be complex and presented a huge amount of work, adding that this would be impacted by constraints such as different ways of using the estate.

Mr Henry noted the important messages about the new ways for using technology for the delivery of care and the need to apply its use in a managed and bespoke way rather than applying one solution across all services.

Mr Henry then asked what considerations there had been in relation to long-term working from home arrangements for either shielded staff or those who could carry out their role from home. Mrs Holmes advised that this was the remit of the group looking at bringing back staff to work safely and that this group would merge the pre-COVID-19 work started by the Agile Working Task and Finish Group. Mrs Hanwell added that there were clear guidelines on a COVID-secure working environment which needed to be worked through and that this would be used to inform how many staff could be accommodated within on-site offices and how many would need to work from home.

Mr Henry then asked about the Equality Group and the work relating to risk assessment and whether there had been any changes made for individuals up to this point. Mrs Holmes assured the Board of the way in which the outcome of the risk assessments would be used to inform the adaptations needed and that these would be tailored to the needs of individuals rather than presenting blanket changes.

Mr Marran asked what the Board's duty was to prepare for a second wave of infections in terms of advising staff on the risks their own behaviours both within a work and home environment could create. Mrs Holmes advised that this had been picked up by the Equality Task Group and the need to offer advice and knowledge to staff to ensure they stay as safe as possible and

therefore protect service users.

Prof Baker asked about the use of the COVID-19 central funding in relation to the development of the estate and whether adequate changing and washing facilities for staff had been factored into the plans. Mrs Hanwell noted that where COVID-19 cohorting space had been created this had been factored in and had taken account of the advice from the infection control team.

The Board **received** and **noted** the report from the Chief Executive and the Executive Directors in relation to the arrangements for the management of impact of COVID-19 on the Trust.

20/064

Report from the Chair of the Quality Committee for the meetings held 12 May 2020 (agenda item 7)

Prof Baker noted that the Quality Committee had met on 12 May and had considered the matters of quality, safety and ethics. He noted that the committee was currently working in a reactive way and that there was a need to move to a proactive way of working as the situation relating to COVID-19 moves into a more settled phase.

The Board **received** the report the Chair of the Quality Committee and **noted** the matters raised.

20/065

Report from the Chair of the Mental Health Legislation Committee (agenda item 8)

Mr Marran provided a report on the matters that had been discussed by members of the Mental Health Legislation Committee when they had met on 8 May. He noted these items were in respect of:

- Remote working and the way in which Mental Health Act Manager hearings were being carried out remotely, noting that this was proving to have positive aspects but was not without some drawbacks. He noted that further work was being undertaken to look at the efficacy of this method of holding hearings.
- Compliance with the Coronavirus Act 2020 and the changes to the Mental Health Act, noting that the committee had received and update on this
- Isolation due to COVID-19; how this was being interpreted in relation to the seclusion policy noting that detailed guidance had been issued to staff
- The suspension of CTO reviews by the Tribunal Service and the concern the committee had in relation to this.

Mrs White added that the committee had asked about Mental Health Act training and had been assured that training refresher periods had been extended to reduce the burden on staff whilst at the same time ensuring

people were up to date with their training. She added that assurance had also been provided about the arrangements for redeployed staff and aspirant nurses noting that this was being provided online.

Mrs White paid tribute to the Mental Health Legislation staff who were uploading data into CareDirector as well as carrying out their normal duties.

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

20/066

Report from the Chair of the Finance and Performance Committee (agenda item 9)

Mrs White reported that members of the Finance and Performance Committee had spoken with the Chief Financial Officer and the Chief Operating Officer by teleconference, noting that the normal cycle of meetings had been suspended due to staff being deployed in the management of COVID-19.

She advised that notes from the meeting with Mrs Hanwell in relation to financial matters had been circulated to the Board for information, supplemented by the financial briefing provided by the finance department.

In regard to the discussions with Mrs Forster Adams in relation to service delivery and performance, Mrs White noted that a briefing on the matters discussed had also been circulated to the Board.

Mrs White noted that assurance had been provided to members of the committee on the matters discussed. Mrs White noted that committee members had been provided with a document setting out the redeployment process. It was agreed that whilst this was an operational document this would be shared with members of the Trust.

JFA

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

20/067

Report from the Chair of the Workforce Committee (agenda item 10)

Miss Grantham noted that there hadn't been a meeting of the Workforce Committee since the last Board meeting. She noted that a call had been arranged for 18 June and that the focus of the discussion would be redeployment of staff, agile working, and matters relating to equality and inclusion.

The Board **received** the report from the Chair of the Workforce Committee.

Any other business (agenda item 11)**Agenda item 11.1 – the focus of the discussion for the June Board meeting**

Prof Proctor proposed that for the 25 June Board meeting the focus should be a consideration of what the future might hold, including a more detailed discussion of what will be required over the next 3 to 6 months. She added that this would also touch on the work started by the Board to look at the strategic plans and understand the strategic risks related to these. To inform this discussion Prof Proctor asked the sub-committees and the executive team to undertake a SWOT analysis of the previous and coming three months.

**NEDs /
EDs**

In addition to this Prof Proctor asked for the Board to be advised on the activity and financial performance at the end of quarter one and for a report to come to the June Board.

The Board supported this approach and also asked that it considers the Hibernation Plan to look at how some of this work might be re-started.

Agenda item 11.2 – Changes to the procedure for the use of the Trust seal

Mrs Hill reminded the Board of the signatories for the application of the Trust's seal. She noted that currently this was able to be applied by the Chair (or in their absence the Deputy Chair) and the Trust Board Secretary (or in their absence the Deputy Trust Board Secretary), but that due to the changes in staff working arrangements and a move to be in the office on a less regular basis there was a need to ensure that the seal could be applied in an expedient way when needed.

Mrs Hill therefore asked the Board to consider and agree a change to the officers who could apply the seal and sign as witnesses to its application noting that this was proposed to be:

- The Chair (and in their absence the Deputy Chair) and the Chief Executive (and in their absence the Deputy Chief Executive)
- Should there be an urgent requirement for the seal to be applied for which neither the Chair nor Deputy Chair was available then this could be applied and signed for by the Chief Executive and the Deputy Chief Executive together with a report being made to the Chair that this application had taken place.

The Board considered and agreed this interim arrangement and also agreed that it should be reviewed in September 2020 to consider whether this was still an appropriate arrangement.

Agenda item 11.3 – Positive difference made by the non-executive directors

Prof Proctor advised that an action to come out of the governors' recent question and answer session was for the Senior Independent Director to provide a report on what the non-executive directors had been involved in during the COVID-19 crisis.

She also noted that in support of this the governors had asked for examples of how the non-executive directors were making a positive difference. Prof Proctor suggested that it might be helpful for not only the non-executive directors but also the executive directors to provide examples to Mr Wright so he could collate these for reporting back to the governors.

**NEDs /
EDs**

The Chair of the Trust closed the meeting at 11:55 and thanked everyone for attending.

Signed (Chair of the Trust)

Date