

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 25 June 2020 at 9:30 am.
This meeting was held virtually by teleconference facilities**

Board Members

Apologies

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

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Dr C Hosker	Consultant Psychiatrist (observing as the incoming Medical Director)
Seven members of the public (five of whom were members of the Council of Governors)	

Action

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone. She noted that the meeting was being observed by Dr Chris Hosker who was the incoming Medical Director, and also by Joanne White from the Care Quality Commission who was observing in relation to agenda item 12, the Infection Control and Prevention Board Assurance Framework.

Prof Proctor also noted that the recording of the public Board meeting would be available on the website.

20/069

Sharing stories (agenda item 1)

Prof Proctor welcomed Carla Rogers who was the sister on Ward 2 at the Mount. Mrs Rogers talked about the experience of working on the ward during the COVID-19 pandemic. She talked specifically about working on the front line and caring for patients with COVID-19; the impact this had on her personally; the sacrifices that staff had made in relation to their home and family life during the COVID-19 period; the changes that had been made in the way care was provided; the difficulties encountered in relation to caring for the patient group specific to managing COVID-19; the challenges related to the use and wearing of Personal Protective Equipment (PPE); and

the way in which the team had worked together and supported one another.

The Board asked about the practicalities of isolating people on the ward and whether the difficulties encountered were due to the specific client group or to the design of the buildings in which care was provided. Mrs Rogers noted that there were some difficulties with the layout of the ward, but this was also impacted by the difficulties with the client group and them understanding the emerging situation and the need to keep people distanced or isolated.

Prof Baker asked what support was needed for staff to recover from their experiences. Mrs Rogers noted that one of the challenges would be in relation to the staff who return to work after a period of shielding and the need to integrate them back into the team and manage their levels of anxiety.

Dr Munro thanked Mrs Rogers for her story and thanked her for the insight this had provided of the recent months of managing COVID-19. She noted the care, compassion and dedication shown by not only Mrs Rogers but also the staff on the ward during this period and the way in which they had come together to manage through a challenging time.

With regard to the staffing issues that had been encountered early on in the pandemic relating to the anxieties experienced by some redeployed and agency staff, Dr Munro outlined the work that had been done to understand and address these and to ensure they had the new skills required to do the job. She added that the dialogue was continuing to ensure that lessons were learnt and feedback was factored into any new ways in which care was needed to be given.

Prof Proctor thanked Mrs Rogers and asked if she would come back to the Board to share her further experiences of the management of COVID-19, particularly following a period of reflection by the team.

CR / Patient
Experience
Team

20/070

Apologies for absence (agenda item 2)

There were no apologies received.

20/071

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

Board members were asked to confirm that the interests shown on the Matrix were correct and reflected the current position. This was confirmed with the exception of Dr Kenwood who noted that the declaration made on behalf of her spouse was not now applicable. Mrs Hill agreed to change this on the record.

CHill

It was also noted that no director at the meeting had advised of any conflict of interest in relation to any agenda item.

20/072

Minutes of the previous meeting held on 21 May 2020 (agenda item 4.1)

The minutes of the meeting held on 21 May 2020 were **received** and **agreed** as an accurate record, subject to the amended reference.

20/073

Minutes of the extraordinary meeting held on 16 June 2020 (agenda item 4.2)

The minutes of the extraordinary meeting held on 16 June 2020 were **received** and **agreed** as an accurate record, subject to the amended reference.

20/074

Matters arising (agenda item 5)

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

20/075

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.

With regard to the action to circulate the document setting out the redeployment process, Mrs Forster Adams agreed to circulate this to all members of the Board.

With regard to the NHS Audit Yorkshire checklist it was agreed that the executive team would confirm to the Board that this had been reviewed and advise if there had been any specific issues identified.

JFA

Executive Team

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

20/076

Chief Executive's report (agenda item 7)

Dr Munro provided a verbal update in relation to the national position, noting that this remained at a Level 4 major incident and the NHS continued to operate in a command and control structure without local CCG contracts currently being enacted. She also added that the financial and capital regime was being set by NHS Improvement / England in collaboration with the Department for Health and Social Care.

She added that there was now an increase in focus as to how the Trust resumes the activity that was disrupted by COVID-19. She noted the tremendous pressure that staff had been working under during the past

months and that there would need to be consideration as to how they could be supported as the Trust moved to the next phase. She also noted that the Trust was starting to see an increase in demand and that there would need to be more understanding of what the wider and longer-term impact would be of the pandemic on the need to mental health services.

Dr Munro noted that COVID-19 was still prevalent within the population and that the arrangements would need to remain in place for some time yet. She added that this would bring a significant change to the way services were provided, and that nationally there was further consideration as to the role of the Integrated Care system (ICS) regime and the Clinical Commissioning Groups (CCG) within the structures of governance.

With regard to the work of the ICS, Dr Munro advised that the focus was on learning in each area relating to outbreak management, noting that this was being done in conjunction with the Director for Public Health and the Health Protection Agency and that they would be issuing guidance for different health and social care settings.

Dr Munro then spoke about the work within the city. She reported that whilst Leeds was still operating in major incident mode the number of governance meetings had been reduced with the focus moving to what would be needed over the next six to twelve months.

Dr Munro then invited the executive directors to update on their work streams, noting that the Trust was operating in chronic major incident mode and that this was expected to continue for some time yet. She paid tribute to the staff who had worked tirelessly to manage the impact of COVID-19 noting that work was being undertaken to evaluate and learn from the past months in order to inform how we provide services going forward. She added that the evaluation would come from specific targeted work taking in to account views of service users and leaders and also from the Your Voice Counts platform.

Mrs Forster Adams updated the Board on the operational work stream, noting that the majority of services had continued to operate during the pandemic, but had done so in very different ways. She added that the next stage was to focus on embedding the changes and building on what had been learnt. However, she reported that with regard to specialist services, access remained limited but work was underway to look at how the level of service could be increased whilst ensuring a balance between an increase in referral against capacity.

With regard to the staff who had been redeployed, she reported that some services continue to be reliant on these for ensuring the ability to provide these services and outlined the reasons for this.

Mrs Holmes reported that in addition to the normal sickness levels within the Trust, 3% of the workforce was shielding and 1% of staff were absent with COVID-19 related symptoms. However, she noted that this was a reduction on the previous months' figures. She also outlined the work to put arrangements in place to bring staff safely back to the workplace. She noted that overall the message to staff was that they should continue to work from

home where possible and only return to the workplace where this was necessary and then only after the site had been assessed and made safe. She added that staff returning to the workplace would be assessed using the Wellbeing Framework, and that this would be used in particular for those BAME staff and those who were currently shielding and who need to return to the workplace.

With regard to the Test and Trace system, Mrs Holmes reported that the Trust was not yet seeing any significant impact on the number of staff who needed to isolate, but that this was being kept under review. In relation to the antibody testing, Mrs Holmes reported that nearly 1000 staff had been tested with around 870 results received back. She added that around 12% were showing positive for antibodies.

Mrs Holmes then reported on the equality and diversity work being undertaken noting that a number of meetings had been held to allow BAME staff to talk about their concerns and to share information on the work taking place. She added that whilst there had been some concerns raised there had been positive feedback in relation to the progress being made by the Trust relating to the needs of BAME staff.

Mrs Hanwell updated the Board on the work relating to the physical assessment of the buildings, noting that some limitations had been identified and work was being undertaken to look at how these could be addressed. She also reported that the directive that all staff should now wear masks when on Trust premises had not compromised stocks of PPE and that arrangements had been put in place at all sites for staff to be able to use these as needed.

With regard to the digital agenda, Mrs Hanwell noted that the Informatics Team was looking at capacity and how they need to configure their work in order to support staff working remotely and using technology in different ways.

Dr Kenwood provided an update on medical leadership and spoke out the work to ensure there was continuity of cover across services. She noted that positive feedback had been received from the Deanery on the work of the Medical Education Team. She also advised that the continuing recruitment of consultants was ongoing, working in conjunction with the Human Resources Team. Finally Dr Kenwood spoke about the continuing evaluation work which was developmental and sought to build on the lessons learnt during the management of the pandemic.

Mrs Woffendin updated on the number of COVID-19 cases within the Trust reporting that there were currently 16 cases all of which were post 14 days. She also reported that over the last three weeks no new positive cases had been identified. Mrs Woffendin then updated on the position relating to staff noting that there were 30 staff who were symptomatic and currently isolating.

With regard to the Infection Prevention Team and Physical Health Team, Mrs Woffendin reported that they were working 7 days a week and that this would be the case for the foreseeable future. She also noted that the

Infection Prevention Team was involved in the Track and Trace programme. With regard to the PPE, Mrs Woffendin advised that the teams had been working closely with the Facilities Team and that all clinical sites now had signage in relation to use of equipment with stations set up so PPE could put on, taken off and disposed of safely.

Prof Baker was concerned about the increase in acuity against a lack of capacity to admit to inpatient beds. He also noted that there would be a surge in the need for mental health services as the COVID-19 pandemic progresses and asked what plans were being put in place to address this. Dr Munro advised that the Trust was planning for this in a number of ways, including the use of cohorting capacity to maximise the number of beds which could be admitted to. She also noted that discussions were ongoing to look at how more out of area placements could be secured and that this was being done collaboratively with partners in the ICS. Mrs Forster Adams noted that some of the beds set aside for COVID-19 had now been released and were available for mental health admissions.

Prof Proctor noted that COVID-19 would have an impact on the population's mental health and asked about planning for the increase in demand within the Leeds system. Dr Munro reported that nationally there was no consensus as to what the societal and economic impact would be and the effect this would have on demand for services across the health, social care and local authority sectors. She noted that this had led to a complex and unclear picture for modelling what the response should be. However, she advised that within Leeds there was a mental health planning meeting which brought together experts from all sectors. In addition to this Dr Kenwood reported that the Trust's evaluation work was linked into the ICS and the Leeds programme of work to help understand what factors would impact on demand for services. Dr Kenwood noted that the evaluation work also linked with the Trust's partners in the third sector, and recognised that there would be other organisations which need to be linked into this work.

Prof Proctor also asked about staff wearing masks and the impact on the therapeutic dialogue with service users and on their experience. Mrs Woffendin reported that having heard from Mrs Rogers there was probably more work to do in the older adults service where masks can affect their ability to understand what is being said to them. She also noted that there was work to look at the use of visors rather than masks in the deaf CAMHS and learning disability service to facilitate better understanding between clinicians and service users.

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.

20/077

Report from the Chair of the Quality Committee for the meeting held 9 June 2020 (agenda item 8)

Prof Baker presented the report from the Quality Committee for the meeting held on 9 June 2020. Firstly he advised that the report should have said

there were no **new** COVID-19 positive inpatients and asked the Board to note this correction. He then reported on the matters that the committee had received and discussed including: updates from the Trustwide Clinical Governance Group and the Ethics Committee; a report on the physical health work[and noted that the committee had received updates on a number of data sets that it had asked to receive.

Prof Baker also noted that Mrs Woffendin had brought greater governance around safeguarding and that the committee was assured on the arrangements in place.

The Board then discussed the Ethics Committee and noted the important role it played. It recognised that there needed to be further evaluation as to areas this committee would consider so it could move from being reactive to taking a more proactive role in considering and evaluating ethical matters.

Mrs White asked if service user experience was being taken account of in the evaluation work. Dr Kenwood confirmed that it was being taken account of and that this was being done in a number of different ways and through a number of different routes within the Trust. Dr Munro then clarified that the evaluation work would not necessarily result in one outcome report with a number of recommendations to be disseminated through the organisation, but was more about supporting and empowering devolved leadership and informing the culture and different ways of working going forward. She added that it was about learning from the management of the pandemic and informing the changes that need to be made to allow staff to work in a more flexible way in the future.

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

20/078

Report from the Chair of the Finance and Performance Committee 23 June 2020 (agenda item 9)

Mrs White gave a verbal report on the discussions that had taken place between members of the Finance and Performance Committee on 23 June 2020. She noted in particular that they had spoken about:

- The financial position and the £1.9m which had been reimbursed by the NHS Improvement / England relating to the costs incurred for the management of the COVID-19 pandemic, noting that this was made up of added expenditure and a loss of income from contracted services.
- Capital expenditure, noting that the amount incurred relating to the management of the COVID-19 pandemic had now been repaid. She added that going forward there would need to be prior approval for expenditure on capital relating to COVID-19 and that this would be done on an Integrated Care System (ICS) basis. Mrs White reported that all ICSs were being asked to look at their capital plans and reduce these to 85% of the original plan. She noted that the Trust would be in a position to comply with this in relation to its plan and

that this would not have a detrimental effect on the planned programme of work.

- Performance, in particular noting that referrals were returning to normal levels and waiting lists were being reviewed for each service. With regard to the number of Out of Area Placements, Mrs White noted that these had increased for the Psychiatric Intensive Care Unit (PICU) and that assurances had been received as to the reasons for this.

Prof Baker asked whether costs relating to increased acuity caused by COVID-19 could be reclaimed from NHS Improvement / England. Mrs Hanwell noted that COVID-19 would cause a delayed impact on demand for mental health services and that it would be necessary to monitor this closely and factor any effect into the financial modelling.

Mr Wright noted that there had been a link to a video of the CAMHS construction site that showed current progress which had been circulated to members of the committee. He suggested that this was sent to all members of the Board. Mrs Hanwell agreed to do this.

DH

The Board **received** the report from the Chair of the Finance and Performance Committee and **noted** the content.

20/079

Report from the Chair of the Workforce Committee 18 June 2020 (agenda item 10)

Miss Grantham provided a verbal report on the discussions that had taken place between members of the Finance and Performance Committee on 18 June 2020. She noted in particular that they had spoken about:

- Equality diversity and inclusion and the work that had been undertaken relating to the impact of COVID-19 on BAME staff. She noted that there had been a great deal of work, engagement and communication within the Trust; that the Workforce Race Equality Network (WREN) was having weekly meetings and that the network had been increased and developed. She added that the Freedom to Speak Up Guardian was looking at ways of developing ambassadors to speak up ensuring there was a greater diversity reflected within the ambassadors.
- The need to understand the statistics relating to the diversity of the workforce in particular looking at recruitment and barriers to progression. Miss Grantham noted that the committee would be looking at all these issues in more detail in the coming meetings.
- The risk assessment framework for staff which linked to the national Wellbeing Assessment Framework.
- The approach to bring people safely back to the workplace, noting the complexity of the work being undertaken to ensure that where it was required the workplace was safe for people to return. However, she noted that the message to staff was that they should continue to work from home wherever this was possible.

With regard to the national Wellbeing Assessment Framework, Miss Grantham noted that the Board was required to provide confirmation of progress against the framework to NHS Improvement / England. She asked the Board to agree that oversight of progress against the framework was delegated to the Workforce Committee and that assurances on progress and exception reports would be provided to the Board through the Workforce Committee Chair's report. The Board agreed to delegate responsibility to the Workforce Committee.

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

20/080

Operational performance report (agenda item 11.1)

Mrs Forster Adams presented the Operational Performance Report noting that this was an abridged report due to the transition to CareDirector, and that it showed performance data at Trust rather than service level. However, she assured the Board that managers and clinicians were receiving local live dashboards which enabled them to manage the services, but that work was still progressing in the production and development of the consolidated report.

Miss Grantham asked about CareDirector and how this was assisting services in relation to the information it was providing. Mrs Forster Adams reported that staff were using the system well and that feedback was overall very positive. She noted that when it was implemented a greater level of support and training had been provided to services where this was needed.

Prof Baker asked how much the use of technology was being driven by service users rather than clinicians. Mrs Forster Adams advised that as part of the initial evaluation work, service users in the community had been asked for their views. She added that feedback had been positive although she noted there was some variation within different age groups. Mrs Forster Adams indicated that there needed to be further work carried out to evaluate how technology could be used; how effective it was to ensure care through technology was tailored to individual needs; and to ensure that people were not excluded due to the technology. Dr Kenwood also reported that there needed to be more work done to understand the safety and quality aspects of using technology to provide clinical care.

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

20/081

Report from the Chief Financial Officer (agenda item 11.2)

Mrs Hanwell presented the Chief Financial Officer's report. In particular she highlighted the need to continue modelling the financial position in the months 5 to 12 having regard to the ongoing impact of the management of COVID-19.

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

20/082

Infection Prevention Control Board Assurance Framework (agenda item 12)

Mrs Woffendin presented the Infection Prevention Control Board Assurance Framework.

Mrs Woffendin advised that the framework had been produced in May 2020 by NHS England as a guide for organisations to assist them in demonstrating how they were meeting the standards and challenges in relation to COVID-19. She added that the framework was not mandatory, but that it was felt to be of help to benchmark the work carried out in the Trust relating to the management of COVID-19.

She then highlighted some areas detailed in the framework including anxiety within the workforce. She noted that some of this anxiety related to mental health staff needing to undertake physical health and end of life care and also the anxiety of BAME staff who were at greater risk of suffering longer-term consequences of COVID-19. She noted that the Infection Prevention Team had been enhanced and a Physical Health Team had been established to assist staff in this area of work.

Mrs White asked about the testing of service users for COVID-19 and how quickly the results were being received. Mrs Woffendin advised that these were received within 24-48 hours and that whilst the results were awaited service users would need to be isolated.

Prof Baker noted that there had been some confusion relating to the first period of isolation due to COVID-19 and this being considered as a restrictive practice. He noted that this had been discussed by the Quality Committee.

Prof Proctor suggested that there could be further clarification in the document on the extent of the work being undertaken with BAME staff and also in relation to service users who were not in a position to consent to testing. With regard to the ongoing governance arrangements it was noted that this would be monitored by the Infection Prevention and Control Committee with assurance reports being made to the Quality Committee.

The Board **received** the Infection Prevention Control Board Assurance Framework and was **assured** on the actions being taken.

20/083

Minutes from the West Yorkshire Mental Health Learning Disabilities and Autism Collaborative Committees in Common (agenda item 13)

Mrs White asked about the investment in suicide prevention and suggested that the Board received an update on this work. In addition she asked for

assurance that the support for carers when a service user is discharged is happening in practice.

Dr Munro reported that the investment in suicide prevention was focused on early intervention and targeting vulnerable groups and that the bulk of the investment would be into the voluntary and community sector to help support their work. She added that the money would be distributed through a place-based bidding process.

With regard to the support for carers, Dr Munro advised that this had been promoted through a number of sources including via the services and through social media. Although she noted that there was more work to do in this area including working with Trust staff who have caring responsibilities.

Miss Grantham asked how the Board received information on performance, quality and cost in relation to the initiatives and how it received assurance that they were supporting better outcomes. Dr Munro advised that this information would be reported into the West Yorkshire System and Assurance Group. She added that the Trust had not commissioned these initiatives but that through the Collaborative it had put forward a recommendation as to areas required to support the wider needs of the population in the region, adding that these were not specifically specialist mental health initiatives.

The Board **received** the minutes from the West Yorkshire Mental Health Learning Disabilities and Autism Collaborative Committees in Common and **noted** the content.

20/084

Any other business (agenda item 14)

Prof Proctor noted that this was the last Board meeting for Dr Kenwood. However, she noted that Dr Kenwood would not be leaving the Trust, but would be moving to a new role as Director of Improvement. She thanked Dr Kenwood for her huge contribution to the work of the Board and in leading the agenda on quality and safety. Dr Munro then paid tribute to Dr Kenwood for her work as part of the executive team in relation to medical leadership, clinical improvement and collaborative working. She also thanked her for all the support she had given to her both personally and professionally.

The Chair of the Trust closed the meeting at 12:10 and thanked everyone for attending.

Signed (Chair of the Trust)

Date