

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 26 March 2020 at 9:30 am  
this meeting was held virtually by teleconference**

**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	
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 M Sentamu	Non-executive Director	
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
Ms N Sanderson	Deputy Director of Nursing (deputising for Mrs Woffendin)
Mr C Henry	Incoming Non-executive Director

**Action**

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone. She noted that in line with Government directions, which were included in the UK Coronavirus Act 2020, public meetings of more than two people were deemed unlawful which was why the meeting was being held by teleconference. She added that the Board welcomed questions from the public and that draft minutes would be available on the website within one working week of the public Board meeting. Prof Proctor added that these arrangements would be reviewed in three weeks in light of the development of the crisis and the Government's review of the current arrangements.

Prof Proctor also advised that a letter had been sent from herself and Peter Webster (Lead Governor) to all governors to explain these arrangements and that feedback from the governors had been positive

20/021

**Apologies for absence** (agenda item 1)

Apologies were received from Mrs Woffendin. It was noted that Ms Sanderson, Deputy Director of Nursing, was deputising for Mrs Woffendin at the meeting.

20/022	<p><b>Declaration of interests for directors and any declared conflicts of interest in respect of agenda items</b> (agenda item 2)</p>	CHill
	<p>The Board noted 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.</p>	
20/023	<p><b>Minutes of the previous meeting held on 30 January 2020</b> (agenda item 3)</p>	
	<p>Mrs White noted that there was a small typographical error in minute 20/009, which Mrs Hill agreed to amend before they were uploaded to the website.</p>	
	<p>The minutes of the meeting held on 30 January 2020 were <b>received</b> and <b>agreed</b> as an accurate record which the chair agreed to sign.</p>	
20/024	<p><b>Matters arising</b> (agenda item 4)</p>	
	<p>The Board <b>noted</b> there were no matters arising that were not either on the agenda or on the action log.</p>	
20/025	<p><b>Actions outstanding from the public meetings of the Board of Directors</b> (agenda item 5)</p>	
	<p>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.</p>	
	<p>The Board <b>received</b> a log of the actions. It <b>noted</b> the details, the timescales and progress.</p>	
20/026	<p><b>Chief Executive's report</b> (agenda item 6)</p>	
	<p>Dr Munro presented a verbal Chief Executive's Report. She advised the Board that she would firstly set out the national, regional and local context to the Coronavirus pandemic (COVID-19) and would then invite each of the executive directors to provide and update on their individual work streams, which had been set up to manage various aspects of the impact of the pandemic on the Trust.</p>	
	<p>She advised that the NHS had declared a Level 4 Major Incident and that the Trust was operating under a command and control situation with the Government taking control of most areas of the NHS. She added that guidance was being issued from the centre daily and that the Trust was interpreting and responding to that guidance through its own internal governance arrangements that have been put in place to manage the effects of the pandemic on the Trust and its services.</p>	

She advised that the priorities the city was focussing on were: increasing capacity within Intensive Care Units around ventilation and respiratory care; looking at where further capacity might be established; reducing the number of people in hospital to increase bed capacity; and shielding those people who were extremely vulnerable.

Dr Munro explained the current position around the testing arrangements for COVID-19, noting that this was still being focused on those currently in hospital. With regard to Personal Protection Equipment (PPE) she noted that the NHS was being prioritised in regard to the supply of the equipment.

With regard to the changes to the Mental Health Act, Dr Munro noted that this expected to receive Royal Assent soon. However, she added that although these changes would be incorporated into the Act they could only come into effect by explicit instruction from the Chief Medical Officer.

Dr Munro then outlined the governance arrangements that had been put in place, in particular the national groups that the Trust is linked into. She added that in light of the national Level 4 Major Incident the Trust internal Business Continuity Plans had been enacted. She also outlined the work being undertaken in regard to the new electronic patient records system, CareDirector, noting that a decision had been taken to go live on Monday 30 March. She explained that whilst there was still some work to be done to support a small number of staff with the go-live arrangements, the system would significantly enhance staff's ability to manage the care of service users. Dr Munro then invited each executive lead to provide an update on the priorities for their work stream.

Mrs Forster Adams, who leads the Operational work stream, reported that the Trust had stepped up the Emergency Preparedness Resilience and Response arrangements and that these were being operated within the framework of the national control and command arrangements. She added that the main areas of her focus were: ensuring that community care could be provided remotely with each service user being risk assessed so that care could be provided in a way that meets their needs whilst abiding by the national directives on social distancing where possible; prioritising essential services to ensure those who are most vulnerable can be cared for, with staff being redeployed into these areas where appropriate and estate being consolidated; ensuring that services were being provided from appropriate sites and ensuring that arrangements were in place which would allow inpatients who became ill with COVID-19 to be cared for in isolation; and continuing partnership working to ensure that where service users were moved out of a hospital setting, appropriate arrangements within the city were in place to support them.

Mrs Forster Adams agreed to circulate details of the service plans to all members of the Board.

Mrs Holmes, who leads the work stream on workforce, staff wellbeing and communications, outlined the main areas of focus. She noted that these were: mapping of the skills of the workforce with a view to creating a database to identify skills should redeployment into other areas be required;

**JFA**

and overseeing the arrangements for recruitment to key posts, managing volunteers, retired staff returning to the NHS and the retention of students; working with partners to look at how staff might be moved between Trusts where needed. With regard to staff welfare, Mrs Holmes reported that the main areas of focus were: expanding the occupational health and HR service hours available to staff; ensuring staff know how to access the national helpline which would be led by the Samaritans; and working to identify and support those staff who were within vulnerable groups to ensure they remain safe. Mrs Holmes then updated on the arrangements for communications with staff noting that there was a daily staff update email supplemented by a weekly broadcast call which staff could dial into. Mrs Holmes added that there was also to be a communication sent to service users which would provide them with information and assurances and the various arrangements.

Ms Sanderson then provided an update on how the Trust was supporting the physical health of service users and staff. She outlined the arrangements for training for the application of oxygen and training for palliative care; infection control training for Trust and PFI staff, adding that the Infection Control team was available 24 hours across 7 days. She also updated the Board on the distribution and use of PPE equipment, noting that arrangements were being made for this to be managed centrally in the Trust.

Mrs Hanwell indicated that her work stream was overseeing Information Technology, logistics and estates. She noted that in line with the national Level 4 Major Incident the Government had taken control of critical supplies and that the Category 2 Tower (for Hotel Supplies) which was operated by the North of England Commercial Procurement Collaborative was now working under these controls. With regard to local logistics she outlined the arrangements in place for ensuring staff receive the essential items they require including the central management through the Supplies Team of PPE equipment. With regard to estates she reported that work was ongoing to look at which estates could be rationalised and temporarily closed to relieve pressure on support services; and that the Trust was in daily contact with PFI partners to ensure sufficient arrangements were in place. Mrs Hanwell also outlined some of the arrangements in place for IT hardware and software required to support staff to work remotely, noting that work had been done to prioritise key staff.

Dr Kenwood advised the Board in regard to medical staff and outlined the discussions with Leeds Teaching Hospitals Trust to ensure there was sufficient cover across services. She added that the Trust's medical staff were working flexibly across services to ensure there was sufficient cover. Dr Kenwood noted that there was work ongoing to look at the supply of medication to service users and to ensure there was access to sufficient stocks of medication that might be needed in the coming months. With regard to the governance structure, Dr Kenwood noted that some meetings had been stepped back to allow staff to focus on Business Continuity, but assured the Board that there were arrangements in place to escalate any issues. With regard to the establishment of an Ethical Group, Dr Kenwood outlined the arrangements for this.

Prof Proctor thanked the executive directors for the update. The Board then

discussed the arrangements at length, with each of the Non-executive Directors being given the opportunity to ask questions or comment. Further details on various aspects of the planning and response to COVID-19 were also sought.

With regard to those things that the Trust was de-prioritising, Dr Munro assured the Board that each of the work streams had an 'issues and decisions' log that would identify those areas of work that were being 'hibernated' and that at some point in the future a decision will be taken as to when these could be stepped back up. With regard to clinical services, Mrs Forster Adams assured the Board that where services were being 'hibernated' (or paused) this was only a short-term arrangement and decisions would be reviewed on a regular basis to ensure this remained appropriate.

With regard to mental health support for staff, Mrs Holmes advised on the arrangements within the Trust to ensure that managers had the skills to support staff who may be anxious, ensuring that where appropriate staff feel safe to come to work. She also outlined the arrangements for the staff welfare helpline, noting that the hours this was available had been increased. Mrs Forster Adams spoke about the importance of ensuring staff take time off and that messages to support this were included in the daily briefings.

Mrs Hanwell updated the Board on the building of the new CAMHS unit on the St Mary's Hospital site. She noted that because the Government had not suspended essential construction, Interserve Construction was continuing work on the building. However, she noted that these arrangements continue to be reviewed should the situation change in terms of the supply of labour or materials.

Mrs Forster Adams reported that there had been no specific spike in demand for any service at this point. However, she noted that in the coming weeks this would likely change over time and that modelling work was being undertaken in order to identify any area likely to need additional capacity.

With regard to learning, the Board was assured of the arrangements in place through the COVID-19 governance structure to identify points of learning and ensure where appropriate arrangements in the Trust could be enhanced at the end of the emergency.

Dr Munro then outlined the way in which the Trust was working with the third sector to support service users who had been discharged into or who were already living within the community, noting that this was also helping to inform the way in which services could be provided in the city in the future.

Prof Proctor then spoke about the way in which the Board and sub-committees need to operate during the period of the emergency. With regard to the future arrangements for Board sub-committee meetings she asked for each of the Non-executive Directors (NEDs) who chair a sub-committee, along with the relevant executive lead to consider what the priorities were for their meetings over the next three to four months and for the NEDs to advise her of these arrangements. She added that these

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arrangements would then be reviewed in four months and if needed six months' time. It was also agreed that the April Board Strategic Discussion Session would be used as a formal meeting in order to keep the Board sighted on current matters.

With regard to the governors, Prof Proctor advised that the May Council of Governors' meeting was to be cancelled and that the July meeting would be kept under review. She also noted that the arrangements for the Annual Members' Meeting were being reviewed and would be confirmed once guidance from the centre was received about the timing of the presentation of the Annual Report and Accounts to the Council of Governors.

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.

**20/027** **Report from the Chair of the Quality Committee for the meetings held 11 February and 10 March 2020** (agenda item 7)

The Board took the report from the Chair of the Quality Committee as read and there were no questions.

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

**20/028** **Report from the Chair of the Finance and Performance Committee for the meeting held on 24 March 2020** (agenda item 8)

Mrs White presented a report from the Finance and Performance Committee held on 24 March 2020 noting in particular that the committee had considered the Operational Plan and the direction from the centre that this was not now required. It was agreed that this would be discussed in more detail in the private meeting. She added that the committee had reviewed the Business Continuity and financial governance arrangements, noting that assurance had been received in respect of the arrangements in place to ensure the payment of salaries and wages.

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

20/029

**Report from the Chair of the Mental Health Legislation Committee for the meeting held on 4 February 2020** (agenda item 9)

Mrs White provided a verbal report on behalf of the Chair of the Mental Health Legislation Committee for the meeting held on 4 February 2020. She advised of the discussions that had taken place in respect of:

- A suggestion that there was an update to the Board on changes to the Mental Health Act, Liberty Protection Safeguards and the use of force
- The contract extensions and recruitment of current and new Mental Health Act Managers
- Use of the Section 136 Suite, noting that the 12 hour deadline for providing an inpatient bed could not always be met. She reported that assurance had been received on the actions in place to address this
- The use of teleconference facilities for holding Mental Health Act hearings
- Assurances on the arrangements for the Trust to provide Mental Health Act administration processes for Leeds Community Healthcare, which was being provided under a Service Level Agreement.

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

20/030

**Report from the Chair of the Workforce Committee for the meeting held on 20 February 2020** (agenda item 10)

The Board took the report from the Chair of the Workforce Committee as read and there were no questions.

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

20/031

**Combined Quality and Performance Report (CQPR)** (agenda item 11)

Mrs Forster Adams introduced the CQPR and outlined the main points of focus as detailed in the report. She drew attention to the improvement in the CRISS activity, noting that the Quality Committee had received a detailed update on the new ways they were working.

With regard to the Out of Area Placements she noted that there had been a spike in activity over the past months. She noted that that whilst there was a slight reduction in bed capacity within the Trust a decision had been taken not to transfer the 13 service users who were currently out of area into the Trust services but to continue to support them out of area through the Out of Area Coordinator. She added that this was considered to be the best course

of action under the present circumstances.

Miss Grantham asked if it would be possible to understand where targets may have to change. Mrs Forster Adams noted that there would be changes to reporting over the coming weeks and information about this was being released by the regulators. She added that a dialogue would continue with commissioners to look at these changes in requirements and ensure they were satisfied with any temporary arrangements.

Mr Wright noted that there was a misstatement of the date range on a number of charts in the report. Mrs Forster Adams agreed to ensure these were corrected.

JFA

The Board **received** the CQPR. It **noted** the progress made and the areas currently under review.

20/032

### **Report from the Director of Nursing (agenda item 12)**

Ms Sanderson presented the Director of Nursing report drawing specific attention to the number of student nurses due to qualify in June, noting that there would be a discussion with each of them to look at their preferences and ensure the Trust did all it could to retain as many newly qualified nurses as possible.

With regard to safeguarding, Mrs White asked about a potential for an increase in domestic violence during a period of 'lock-down'. Ms Sanderson assured the Board that the safeguarding team had the capacity to provide a telephone service 7 days a week to deal with referrals and advice. She also noted that there was video training available for staff to help to manage any situations which may occur.

Prof Baker noted that the Trust had taken a decision to go smoke-free for safety reasons and asked if this had created any problems within inpatient settings. Ms Sanderson noted that the decision had been taken due to the impact COVID-19 can have on people's physical health. She added that there had been discussion with PFI partners and the West Yorkshire Fire and Rescue Service about the use of e-cigarettes within premises, noting that permission had been granted for these to be used in doors. Ms Sanderson noted that there was support from staff for this change as it would assist with supporting service users to stop smoking.

The Board **received** the safe staffing report and **noted** the content.

20/033

### **Safe Staffing Report (agenda item 13)**

The Board took the report as read and there were no questions.



The Board **received** the safe staffing report and **noted** the contents.

20/034

**Report from the Medical Director – Pharmacy Services** (agenda item 14)

Dr Kenwood presented the Medical Directors' Report noting that this focused on Pharmacy Services. Prof Baker asked about capacity for blood monitoring for service users being prescribed Clozapine. Dr Kenwood advised of the arrangements including re-deploying staff with phlebotomy skills. In regard to the delivery of supplies of Clozapine to service users, she noted that again plans were in place to utilise re-deployed staff who would be able to deliver this medication to individuals.

Miss Grantham asked if there were any implications in the closure of community pharmacies. Dr Kenwood noted that the pharmacy team were drawing on the plans previously made to address the potential for a 'no deal' EU Exit and that the Chief Pharmacist was linked into various networks which were looking at the arrangements needed to mitigate any risk to the supply of medication to service users.

The Board **received** the Medical Director's report and **noted** the content.

20/035

**Guardian of Safe-working Quarterly Report** (agenda item 15)

The Board took the report as read. Dr Kenwood noted that the Guardian of Safe-working was linked into the COVID-19 response arrangements. Miss Grantham asked whether there were any issues with the pay queries for higher trainees. Dr Kenwood noted that this was being picked up through the workforce work stream and that further updates would be provided.

The Board **received** the report from the Guardian of Safe-working and **noted** the content.

20/036

**Reciprocal mentoring programme** (agenda item 16)

Mrs Holmes noted that since the paper had been written there had been a change in the timescales that the mentoring programme would take place and that they were still looking for Board members to take part. Prof Proctor asked those NEDs interested in taking part to contact Mrs Holmes.

**NEDs**

The Board **received** the paper and **noted** the content.

**20/037 Health Education England – Provider Placement Self-Assessment Return** (agenda item 17)

Mrs Holmes presented the paper which the Board noted and it supported the submission to Health Education England.

The Board **approved** the submission to Health Education England.

**20/038 Report from the Chief Financial Officer** (agenda item 18)

Mrs Hanwell noted that there had been an adaptation of the year-end timetable and the submission of the annual accounts. With regard to the year-end forecast she noted that income had been received from the Clinical Commissioning Groups which would enhance the year-end outturn position.

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

**20/039 West Yorkshire Mental Health, Learning Disability and Autism report from the Committees in Common** (agenda item 19)

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

**20/040 Board Assurance Framework** (agenda item 20)

Dr Munro presented the Board Assurance Framework noting that the risk scores had been amended to take account of the potential impact of COVID-19 on the risks to the achievement of the strategic objectives. Mrs Hill also noted that at the recent Finance and Performance Committee there had been a discussion around the target dates for the actions and an acknowledgement that these need to be revised to ensure they are realistic in light of the focus on managing the effects of the pandemic.

Mrs White suggested that there may need to be a new strategic risk around COVID-19. This was acknowledged by the Board.

The Board **received** and **noted** the content of the Board Assurance Framework.

**20/041 Use of seal** (agenda item 21)

Prof Proctor noted that the seal had been used on one occasion since the last Board meeting:

- Log number 121 – Lease of the sub-station at St Mary’s Hospital.

The Board **noted** the occasion on which the Seal had been applied.

**20/042 Any other business** (agenda item 22)

Prof Proctor reported that this was Mrs Sentamu’s last Board meeting due her stepping down as a Non-executive Director after 6 years in post. She thanked Mrs Sentamu for all her hard work and dedication to the work of the Trust, the Board and the sub-committees she had served on. She added that in carrying out her role Mrs Sentamu had brought compassion and empathy for the service users and has been a champion for equality and diversity. Prof Proctor thanked Mrs Sentamu and wished her all the very best for the future.

Mrs Sentamu responded and outlined some of the highlights of being on the Board and the work it had overseen, in particular the way in which the Board has developed over the last three years. She thanked everyone for the support she had received in her role and wished the Trust every success in the future.

**20/043 Glossary** (agenda item 23)

The Board received the glossary.

The Chair of the Trust closed the meeting at 11.55 and thanked everyone for attending.

Signed (Chair of the Trust) .....

Date .....