

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 30 April 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
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
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**Action**

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone. She noted that the Board would continue to carrying on holding meetings 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 by teleconference.

She added that whilst the meeting was not open to members of the public, the Board had specifically invited questions from the Council of Governors, which would be addressed as part of the meeting.

Prof Proctor advised the Board that since it had last met a number of staff and service users had been affected by the Coronavirus noting that there had been three service users and one member of staff who had sadly passed away. She noted the support that had been put in place to for all those who had been affected by these deaths, noting that it was a difficult time for everyone. Prof Proctor then spoke about the death of Khulisani Nkala, a mental health nurse at the Trust, and outlined some of the tributes that had been paid to him.

The Board extended its condolences to the family, friends and all those who had been touched by these sad deaths.

**20/044** | **Apologies for absence** (agenda item 1)

There were no apologies received.

**20/045** | **Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 2)

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.

**20/046** | **Questions from the Council of Governors**

Prof Proctor noted that there had been a number of questions submitted by members of the Council of Governors which had been shared with the executive directors prior to the meeting. She then asked that these questions be addressed.

With regard to Personal Protective Equipment (PPE), Mrs Hanwell advised the Board that the Trust was in a strong position regarding the necessary equipment and that it had sufficient stock to meet the needs of staff. She added that stock was being managed centrally and that working with the Matrons on wards it was being distributed in a co-ordinated way. With regard to the reported theft of PPE, Mrs Hanwell noted that this issue had been identified by Leeds City Council and had not been something that had specifically affected this Trust; however, she noted that in light of such reports the security arrangements at the central store had been increased as a precaution. Mrs Hanwell then assured the Board of the mutual aid arrangements which would ensure that partner organisations were able to assist others in the locality should there be a lack of PPE equipment in those organisations.

With regard to the impact Covid19 was having on the Trust's Crisis Service, Mrs Forster Adams noted that this had been discussed in some detail at the Finance and Performance Committee. She reported that since the last Board meeting there had been a reduction in referrals to the Crisis Service, adding that this was not expected to continue. Mrs Forster Adams noted that the Crisis Service and Intensive Home Treatment Service were categorised as priority services and that care was being currently being provided in a different way either by face-to-face contact whilst maintaining social distancing and infection control measures, by telephone or by video. Mrs Forster Adams noted that staffing levels remain robust in these services, which was due to them being identified as areas of priority and due to there being a comprehensive programme of redeployment.

Dr Kenwood reported that the Improvement Team had held a number of focus groups with staff and service users to look at the efficacy of the new ways of providing care to service users in community settings. Dr Kenwood added that whilst there was still further analysis to be carried out, early indications were that service users very much valued these new ways of delivering services. She noted that this feedback would help to inform staff and shape how services were provided in the future.

Mrs Holmes updated the Board in regard to workforce including the level of sickness absence and staff redeployment arrangements. She reported that absence levels were steady at around 5 – 6%. With regard to absence due to self-isolation, Mrs Holmes noted that this was being recorded separately with around 120 staff in this category. She also noted there whilst this figure had remained steady overall there were pockets of escalating sickness absence in some units where there were Covid19 positive cases.

With regard to challenges around the redeployment of staff, Mrs Holmes advised that these had been experienced in the first few days of the system being implemented, adding that as a result of structured discussions taking place with both substantive and bank staff, this had allowed managers to fully explore individual circumstances of staff and better understand their anxieties. She added that this had led to a reduction in staff's reluctance to work in some areas. Mrs Forster Adams added that there had been an overwhelmingly positive response from staff in relation to redeployment and that only in a few circumstances had it been necessary to undertake more detailed supportive discussions to understand individuals' personal circumstances and anxieties.

In respect of safe staffing levels, Mrs Holmes assured the Board that the daily SitRep meetings discuss the levels of staff and that she was able to report that levels were safe. Mrs Woffendin assured the Board on the processes in place to ensure that wards were safely staffed taking account of capacity and complexity on individual wards. She also assured the Board that there had been no breaches in safe levels and no member of staff had reported that they felt any ward to be unsafe. With regard to training, Mrs Woffendin outlined the work undertaken to ensure that staff on wards had the right skills to carry out their role, particularly where they had been redeployed.

Mrs Woffendin then outlined the corporate support services in place to assist with the safe delivery of clinical services including the stepping up of access to the Infection Control Team which was now working both on the wards and was available across the entire week.

Mrs Holmes reported that the Trust was not undertaking a system of tracing of those who might have come into contact with people who had tested positive for Covid19 because the Trust was treating all service users as being potentially Covid19 positive. She also advised that staff were required to wear the correct level of PPE during all service user interactions. She added that should guidance change then the Trust would reevaluate its position around tracing.

**20/047 Minutes of the previous meeting held on 26 March 2020 (agenda item 3)**

The minutes of the meeting held on 26 March 2020 were **received** and **agreed** as an accurate record which the chair agreed to sign.

**20/048 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.

20/049

**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.

20/050

**Chief Executive's report** (agenda item 6)

Dr Munro provided an update on the national, regional and local arrangements. She noted that the national position remains one of Level 4 Major Incident with national direction being issued from NHS Improvement / England and Public Health England. She noted that the past few weeks had been challenging in that guidance had been received daily and had to be interpreted and implemented within very short timescales. She paid tribute to the way in which staff had responded to this.

Dr Munro noted that from a mental health perspective, Claire Murdoch (National Mental Health Director at NHS England) was attending the Health and Social Care Select Committee to discuss the mental health sector. She noted that there was caution in talking about mental health services being 'stepped back up' indicating that whilst there may have been a decrease in referrals, core mental health services had never been stepped down.

Dr Munro reported that in relation to the next stages in national planning three areas had been identified those being: a potential surge in demand from current service users; an increase in the number of people needing mental health services due to the psychological effects of Covid19 and any related economic downturn; and the future psychological support that would be needed for health and social care staff. She noted that the national team was looking at the resources required to support the mental health sector in dealing with these specific areas.

Dr Munro then advised on the regional situation, noting that sector leads in the West Yorkshire and Harrogate Integrated Care System continued to maintain contact to look at areas where collaboration could be undertaken in order to respond to the Covid19 pandemic.

With regard to the local arrangements, Dr Munro detailed the Gold, Silver and Bronze command and control arrangements in Leeds noting that the Trust along with partner NHS, Local Authority, and third sector organisation were linked into this structure.

Dr Munro then invited the executive directors to provide an update on each of the work streams that reported through the Trust's Gold, Silver and Bronze command structure, noting that these arrangements were in place seven days a week.

Mrs Forster Adams provided a comprehensive update on the matters being managed within the operational work stream. She agreed to share with the Board the updated status report on individual services which provided more detailed information. With regard to the headline issues, Mrs Forster Adams noted that whilst most core mental health inpatient, community and specialist services continued to be delivered there were some services which had been scaled back including the Gender Identity Service and the Chronic Fatigue Service. She added that this position remained under review and that services would be scaled back up should it be necessary. She then outlined the areas that had required a specific level of focus including services at the Mount noting that this had been necessary due to a number of Covid19 positive cases; and also those services where there had been deaths of service users and a member of staff. With regard to the services that had seen a reduction in referrals, Mrs Forster Adams advised that there was a comprehensive campaign to encourage people to engage with these services.

**JFA**

Mrs Holmes then provided an update on workforce, engagement and communication matters. She drew attention in particular to both redeployment and the initiatives in place to attract people into the NHS wither on a 'retire and return' basis or as a volunteer noting the importance of these initiatives in supporting the effective delivery of services.

With regard to welfare and occupational health, Mrs Holmes outlined the arrangements in place to support staff both locally regionally and also the national arrangements that were being established. She indicated that these were important in supporting the wellbeing of staff.

Mrs Holmes noted that the Trust had looked at how it could support staff from BAME backgrounds in light of the recent media reports on the high number of staff from BAME who were being affected by Covid19. She added that a COVID specific Equality and Inclusion Group had been formed to take on some of the this work and also noted that the Trust was engaging with staff through its internal networks to listen to any concerns they may have.

Mrs Hanwell then provided an update on supplies, logistics, estates, facilities, information technology and finance. She noted that she had reported earlier on the supply of PPE adding that this was being looked at across a number of specialist areas in order to interpret and implement national guidance and ensure the right type of PPE was available to staff in different settings.

In relation to the implementation of CareDirector she paid tribute to all staff involved in overseeing this going live and also the way in which staff had engaged with the system. With regard to the wider IT matters she outlined the details of the implementation of systems to support agile and remote working, noting that this had brought some challenge in terms of the

provision of hardware and communication platforms. She noted that this had overall been very successful and that staff had embraced this new way of operating.

Mrs Hanwell then outlined the arrangements in place to reimburse any small capital projects that were needed to address Covid19 related estates changes. She then detailed the changes that had been made to the estate under these arrangements. With regard to financial arrangements, Mrs Hanwell outlined the processes that had been put in place to ensure robust and defensible financial decisions were taken in regard to expenditure related to Covid19, adding that this had been discussed with members of the Finance and Performance Committee.

Dr Kenwood noted that most of the clinical improvement projects being undertaken required an integrated approach. She added that there was a need for strong clinical leadership and that this had been reviewed and strengthened where required. With regard to medical staff Dr Kenwood advised that there had been a lot of work done to ensure there was the right level of medical support within the Trust. She also reported that the Trustwide Clinical Governance Group was now meeting weekly and that this provided a safe space to discuss patient safety, clinical effectiveness and learning. She added that the matter discussed here would report through to the Quality Committee in order to provide a further level of assurance to the Board. Dr Kenwood updated the Board on the establishment of the Ethics Committee noting that this would also report to the Quality Committee to provide assurance on the clinical issues that it had considered.

Mrs Woffendin provided an update on physical health and infection prevention and control. She outlined the governance arrangements around this work noting that the main areas of focus were in respect of infection control, training to ensure staff have the skills to carry out their role, and the assessment of the requirements for PPE equipment in the various areas of service delivery. Mrs Woffendin advised that in relation to a particularly distressing event involving the death of a service user from Covid19, there had been a joint protocol established between the Trust and Leeds Teaching Hospitals NHS Trust which would ensure that in future vulnerable service users being admitted into the acute hospital with Covid19 could be accompanied by a member of staff where this was required and appropriate.

With regard to swabbing Mrs Woffendin outlined the arrangements in place to ensure staff and service users could be swabbed where required. Mrs Woffendin also noted that the Trust had been part of the NHS England Point Prevalence Pilot and outlined the initial outcome of those tests noting that further guidance was awaited in regard to the next steps.

Dr Munro then updated the Board on the position of the Nightingale Hospital which had been opened in Harrogate, noting that staff for this unit were currently on stand-by until needed. She added that Trust staff had played a significant part in establishing protocols and training relating to the mental health needs of the patients who would be admitted to that hospital.

Prof Proctor then invited questions from members of the Board.

Prof Baker asked about the implementation of the smoke-free policy on inpatient units. Mrs Woffendin updated on the arrangements, noting that the use of e-cigarettes was permitted across all sites adding that service users were being asked to use these in an open environment whilst maintaining social distancing. However, she noted that there had been an agreement with the landlord for e-cigarettes to be used within the buildings where this was appropriate and was supported by an individual's risk assessment.

Prof Baker also asked how the Trust was capturing learning should this be required for a second wave of infections. Dr Munro noted that the national position was that the country was in a chronic pandemic situation. She then outlined the approach the Trust was taking to establish a stabilisation period in line with national guidance. She noted that this would seek to maintain the incident response arrangements, whilst at the same time ensuring service users continued to be treated within services along with protecting them and staff from contracting the virus. She added that this would be the new way of approaching service delivery for the foreseeable future and was intended to avoid a second wave of infections.

Mr Henry asked about the arrangements that would be put in place should the Trust be impacted by a 50% to 75% reduction in staff as outlined in the model discussed in the workforce update. Mrs Woffendin explained the work being undertaken on a ward by ward basis to establish the baseline level of staff required and overlaying this with the modelling of worst-case scenarios, noting that this work included how any shortfall might be addressed. She added that staffing levels were monitored on a daily basis and that plans could be put in place to address any shortfall should it be needed. Mrs Holmes then advised of the arrangements in place to address any significant level of absences including redeployment and sharing staff with NHS partner organisations in West Yorkshire.

Mr Wright noted that non-executive directors had had the opportunity to discuss some of the issues raised in more detail through teleconferences with executive directors and that strong assurance had been provided on these matters.

Mr Wright then asked about the unmet need of those service users who were not engaging with services and what was being done to address this issue. Miss Grantham also asked whether the 'missing' service users were those who normally engage with services or if these were people new to services. She also asked whether it was possible to determine if the impact of Covid19 and isolation had led to an increase in suicide. Dr Munro explained how the Trust was communicating frequently with service users and partners in the city to ensure there were clear messages about the services available and how to access these. She added that teams were reviewing the frequency of their contact with current service users to ensure they engage with people who may need targeted support and prevent people moving into crisis. With regard to there being a potential increase in suicide, Dr Kenwood referred to the National Confidential Inquiry into Suicide and Homicide noting that it would produce a national suicide prevention plan that would address some of these issues. She added that there was planned work to share this with services for their consideration.

Mr Marran noted the potential for there to be a likely increase in suicide and asked if there was more that could be done locally to plan for any potential increase. Dr Kenwood noted that there was still more work to do both internally and across the region to look at what more can be done to address the issue.

Mr Wright noted that he had spoken with the Freedom to Speak up Guardian and that he had been assured that there were no significant matters being raised as concerns by staff relating to Covid19. However, he asked if there was anything that the executive team was aware of which had not been anticipated.

Miss Grantham asked about the arrangements for carer support. Mrs Woffendin noted that the Patient Experience Team had developed a carers' leaflet which signposted to where additional help and support could be obtained. She added that there was also the facility for carers to ring the team and that if needed carers would be signposted to additional help and support. Mrs Woffendin reported that there was a regular dial in session for service users who normally attend SUN and SUNRAY networks to ensure they remain connected to the Trust.

Mr Marran asked about the arrangements for launching and promoting the new regional initiatives such as the bereavement helpline and the Dad App (perinatal services) and asked whether these should be promoted on a larger scale. Dr Munro noted that this would be picked up at a West Yorkshire level and fed into the planning process.

Mrs White asked about partnership working and how the Trust was linking with the Local Authority and third sector to ensure there was sufficient planning going forward. Dr Munro outlined the statutory responsibility the Local Authority had in leading responding to a Major Incident at a city level and indicated that the Trust was feeding into those arrangements as required.

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.

20/051

**Report from the Chair of the Quality Committee for the meetings held 14 April 2020 (agenda item 7)**

Prof Baker noted that the Quality Committee had met on 14 April and had considered its work plan for the next few months given that its area of focus would be assurance on the management of the Covid19 pandemic in relation to the quality of services.

Mrs White sought assurance that matters discussed by the Ethics Committee would be reported to the Quality Committee which Dr Kenwood confirmed adding that issues were also considered within the Incident Response governance structure at an appropriate level, mainly by Gold Command



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

20/052

**Report from the Chair of the Audit Committee for the meeting held on 21 April 2020** (agenda item 8)

Mr Wright provided an update on the main areas considered by the Audit Committee. He outlined the main points discussed.

- Due to an extension of the national timetable for the submission of the annual accounts there would need to be an Audit Committee and extraordinary Board meeting in June and that dates were being sought.
- The Board Assurance Framework had been considered and that it was accepted that the dates for the completion of the gaps and actions would need to be extended due to staff being deployed in the management of Covid19
- The draft Head of Internal Audit opinion had been received which had indicated that an opinion of 'significant assurance' would likely be issued
- There were a number of reports issued in draft and that it was unlikely these would be finalised before the end of the year due to staff being deployed in the management of Covid19. However, he noted that there had been an undertaking from the Chief Financial officer to finalise the reports on the Management of the Capital Programme and on the Health and Safety Action Plan so these could be correctly reflected in the year-end opinion.
- There were six reports finalised since the last meeting noting that these had all provided 'significant assurance'.

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

20/053

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

Mrs White noted 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 Covid19.

She noted that the main areas of service performance that had been discussed were:

- Service performance noting that whilst not all trend data was available members were assured that there was a robust process of providing live data from Care Director in order to identify 'hot-spots'
- The implementation of Care Director, noting that this had gone well

and assurance that any initial problems had been addressed quickly

- Assurance there had been no new inappropriate out of area placements; however, Mrs Forster Adams noted that since the discussion had taken place there had been two clinically appropriate but may be classed as inappropriate out of area placements made into the Psychiatric Intensive Care service
- Relocated services noting that whilst the physical move had been successful there were some issues with new locations which had been identified and were being addressed
- Emergency Preparedness Resilience and Response (EPRR) risks, noting that these were: equitable access to services; service delivery in the changed context; staff and workforce; and PPE equipment. Mrs White noted that assurance had been received in relation to how these risks were being mitigated.

With regard to finance, Mrs White noted the main areas of assurance were in relation to:

- End of year financial position, noting that the surplus was £1.3 m against a plan of £400k, she noted that assurance had been received on the factors that had contributed to the surplus
- Single oversight framework score of 1 against a plan of 2
- Agency spend noting that this needed to be tracked carefully going forward
- Income from non-operating sources such as mHabitat and the North of England Commercial Procurement Collaborative, noting that there had been a net contribution to the Trust's income, but that overall this had been down on plan
- The amended financial arrangements and procedures that had been put in place as a result of Covid19
- Progress with the CAMHS new build on the St Mary's site noting that this was taking place with social distancing arrangements in place
- Discussions on the need for vigilance regarding cyber security, including the guidance issued to staff who were working remotely.

Mrs Hanwell agreed to circulate to the Board the briefing that was provided to members of the committee.

DH

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

20/054

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

Miss Grantham provided an update on the matters that had been discussed with the Director of OD and Workforce and the assurances received. She noted that these had included:

- The governance and work streams that had been set up to address current workforce matters, in particular the work undertaken in relation to equality and inclusion

- Assurance on the way the Trade Unions were linked into the various aspects of work
- The level of data analysis around daily sickness absence rates and the way this was being analysed across a number of different factors to allow effective decision making
- The Bank Forum and the use of virtual technology to engage with this group of staff, noting that this had made the Forum more accessible to a greater number of staff.

With regard to Staffside, Prof Proctor noted that she had met with the Chair of Staffside to provide an additional point of contact and would continue these meetings on a six-weekly basis. She noted that there had been no issues raised by Staffside.

Dr Munro was then invited to outline what arrangements needed to be in place to allow social distancing in parts of the estate which have a high footfall or areas where PPE was not required. She indicated that firstly, staff had been given a directive to work from home unless it was absolutely necessary for their role to attend any Trust premises. This she noted decreased the number of staff on any one site. With regard to clinical environments, Dr Munro indicated that strict infection prevention and control procedures were in place to minimise the risk of cross infection and that additional cleaning arrangements were in place at all sites being used by staff and service users.

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

20/055

**Governance update** (agenda item 11)

Dr Munro updated the Board on the areas of work that had been hibernated, noting that this had been done in order to free up capacity to allow staff to manage the impact of Covid19. She noted that the plan provided an audit trail of the work being paused and it was supporting the decisions being taken by Gold Command. She added that this was provided to the Board for information.

Prof Proctor agreed to discuss this plan with Dr Munro and inform any future work which might need to be stepped back up.

**SP / SM**

Prof Baker noted that this plan was internally focused and asked about the partnership working. Dr Munro noted that there was a document which related to the work of the West Yorkshire Mental Health, Learning Disability and Autism Collaborative which could be shared with the Board.

**SM**

Mrs Hill confirmed the arrangements for the Board sub-committee annual reports noting that these would be presented at the June extraordinary Board meeting.

The Board received an update on governance arrangements.

**20/056 Board Assurance Framework (BAF) (agenda item 12)**

Dr Munro updated the Board on the approach of Gold Command in relation to the Covid19 risk log. She noted that the risk was fast moving and was being managed on a day-to-day basis. She added that the risk log would sit as a separate document to the BAF and that there would be further consideration as to how this log was reported through to the Board.

The Board received an update on the Board Assurance Framework

**20/057 Any other business (agenda item 13)**

There were no items of other business.

The Chair of the Trust closed the meeting at 12:05 and thanked everyone for attending.

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

Date .....