

AGENDA

ITEM 2020-21

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# Leeds Community Healthcare NHS Trust Trust Board Meeting (held in public)

Boardroom, Stockdale House, Victoria Road, Leeds LS6 1PF

Friday 1 May 2020, 8.30am-9.30am (via Microsoft Teams)

Present:	Neil Franklin Thea Stein Brodie Clark Jane Madeley Richard Gladman Professor Ian Lewis Helen Thomson Bryan Machin Sam Prince Steph Lawrence Dr Ruth Burnett Jenny Allen Laura Smith	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Operations Executive Director of Operations Executive Director of Nursing and Allied Health Professionals Executive Medical Director Director of Workforce, Organisational Development and System Development (JA) Director of Workforce, Organisational Development and System Development (LS)
Apologies:	None	
In attendance:	Diane Allison Kim Adams Anna Green	Company Secretary Programme Director, Local Care Partnerships Development Programme (Item 4) Service Development Lead (Item 4)
Minutes:	Liz Thornton	Board Administrator
Observers:	None	
Members of the public:	None	

ltem	Discussion points	Action
2020-2 (1)	1 Welcome and introductions The Trust Chair welcomed Board members and attendees to the meeting. On behalf of the Board he placed on record his thanks and admiration for the enormous task that was being undertaken by everyone across this Trust in response to the pandemic. He praised the outstanding commitment and determination of staff who were working without ever losing the importance of their unfailing care for the community of Leeds. He said that the Board were justifiably proud of everything the staff were doing and the many extra miles that people were going to in the interest of patient health and wellbeing.	

	Apologies There were no apologies to record.	
	<b>Questions from members of the public</b> There were no members of the public in attendance and no questions had been notified in advance of the meeting.	
2020-21 (2)	<b>Declarations of interest</b> Prior to the Trust Board meeting, the Trust Chair had considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Board members.	
2020-21 (3)	Minutes of the previous meeting held on 27 March 2020 The minutes were reviewed for accuracy and agreed to be a correct record.	
	Items from the actions' log The Board noted that there was one action which was due for completion in August 2020.	
	There were no further actions or matters arising from the minutes.	
2020-21 (4)	<ul> <li>Innovation at a time of crisis- capturing the good from the Covid-19 response</li> <li>The Chief Executive invited Kim Adams, to present the report which updated the Board on the scale and nature of the innovative work which has taken place across the organisation in response to Covid-19. She highlighted the key themes in the report and invited questions and observations from the Board.</li> <li>Board members were impressed with the scale and nature of the work which had taken place across the Trust and welcomed the work which had been undertaken to drawn it together in the report presented to the Board.</li> <li>Non-Executive Director (BC) said that it was important for the Trust to take the opportunity to evaluate the innovative new ways of working that had been collectively brought about in response to Covid-19, including maintaining and building on the strong relationships with partners across the City, flexible and remote working where appropriate; and the introduction of new technology-enabled service delivery such as digital consultations.</li> </ul>	
	Non-Executive Director (JM) welcomed the move towards a model of commissioning for outcomes enabling services to make effective use of resources whilst achieving better outcomes for individual people. The Executive Director of Operations said that whilst there had been significant progress over the last month, innovative and new ways of working continued to emerge. She provided assurance that changes to practice would continue to be tracked and mechanisms introduced to embed the innovations, including a named innovation champion in each Business Unit. She added that all change would be captured to help inform future service models, with a focus on evaluation and measurement of outcomes to ensure sustained changes delivered improvements. The Chief Executive reported that to harness and embrace the many new, innovative and exciting ways services to patients and communities had been provided over the last few months the Trust intended to appoint a Programme Head – Reset and Recovery, she said that the programme would have many	

	<ul> <li>different aspects to it and the initial focus of the work would be on reviewing this last period of change and innovation to work out what to retain as well as to scope more comprehensively the inter-dependencies with partners.</li> <li>The Chief Executive reported on the work which had already commenced on resetting and recovering services, an initial focus on mental health, cancer support and hospital discharge support. She said that this work would need to be managed alongside the increased demand for COVID-19 aftercare for patients requiring ongoing health support in the community including care homes and the ability to respond quickly to a 'surge' of infection if necessary.</li> </ul>	
	The Trust Chair thanked those involved for producing and presenting the report which he said was an excellent initial step in capturing the learning from COVID-19 to inform future delivery models.	
	<ul> <li>Outcome: The Board:</li> <li>noted the breadth of innovation that had taken place across the Trust in response to Covid-19</li> <li>noted the approach to capturing learning to inform future delivery models.</li> </ul>	
2020-21 (5a)	<b>Covid-19</b> <b>Overview</b> The Chief Executive introduced this item. She explained that the reports presented to the Board at this meeting were not intended to provide a comprehensive account of the decisions and actions taken by the Trust in response to Covid-19 but should be read in conjunction with the briefing notes shared and noted at Item 12 in these minutes.	
2020-21 (5b)	<b>Operations report</b> The Executive Director of Operations presented the report which covered the Trust's preparations for and response to managing Covid-19, the services which had continued, been amended or stopped in line with national guidance, redeployment of staff, business and logistics, hospital discharge guidance, stress testing and system plan and resetting and recovering.	
	The Executive Director of Operations reported that approximately 450 clinical and 250 non-clinical staff had been identified for re-deployment. All redeployed staff had participated in core skills training and as appropriate had benefited from shadow shifts and 'getting to know you' exercises with their new teams. She was pleased to report that overall this had been very positive.	
	One exercise to stress test the system plan to manage the impact of Covid-19 on community services (in the widest sense) had taken place on 28 April 2020. This session had looked at early modelling work to gather information and potential requests for mutual aid in the event of a community surge. Participants had included system partners from primary care, Leeds Teaching Hospitals NHS Trust (LTHT), Public Health, hospices, care homes, and Leeds and York Partnership NHS Foundation Trust (LYPFT). A second session was planned for 4 May 2020 when a scenario of surge to stress test the plan would be run.	
	A Non-Executive Director (HT) asked about the impact of the implementation of the Hospital Discharge Guidance published by NHS England and NHS Improvement and whether this had raised any significant issues particularly in terms of safeguarding. The Executive Director of Operations reported that the City Council had established 'stepdown beds' to allow an assessment of what support patients needed to recover to take place. No issues relating to	

safeguarding concerns had been escalated as far as she was aware.

The Executive Director of Nursing and Allied Health Professionals provided assurance that the Trust's Safeguarding Team were fully operational and had not reported a significant increase in demand for their services. She added that Safeguarding issues were highlighted regularly as part of the daily Covid-19 briefing for staff.

The Executive Medical Director provided assurance that patients were only being discharged when it was clinically safe to do so but there was evidence that some patients, for example those with coronary heart disease were being discharged earlier than normal. She added that currently no clinical risks had been identified around this.

A Non-Executive Director (JM) observed that it would be difficult to manage the potential second surge in demand against the rehabilitation needs of post Covid-19 patients in the community and she asked what plans the Trust had made to manage this. The Executive Director of Operations advised that a cross-city group was undertaking a piece of work to model the impact in terms of the increased requirement for rehabilitation and possibly end of life care.

## 2020-21 Clinical issues

(5ci)

(5cii)

The Executive Director of Nursing and Allied Health Professionals presented the report which covered training and clinical preparation for staff redeployment, care homes, Nightingale Hospital and implementation of new pathways and guidance.

She reported that a number of teams were providing significant support to care homes across the city to provide patient specific advice but also to support care staff. The Trust Infection Prevention Control Team (IPC) was also supporting care homes with advice around IPC practice and the use of Personal Protective Equipment (PPE). The Team had also undertaken FIT testing for staff and swabbing for residents with suspected Covid-19.

# 2020-21 PPE report

The Board received a joint report from the Executive Director of Finance and Resources and the Executive Director of Nursing and Allied Health Professionals which covered the logistics and the clinical usage of PPE.

The Executive Director of Finance and Resources advised that since the report had been written the Trust was no longer involved in the direct order of a shipment of PPE from China with health and social care partners across Leeds and Bradford.

The Executive Director of Nursing and Allied Health Professionals said that although the Trust was initially unable to assess how much of the range of PPE was needed in each service she was pleased to report that excellent progress had been made to develop systems and processes locally to mitigate the risks as far as possible in terms of the availability of PPE.

In response to a question from Non-Executive Director (JM) about the discrepancies in PPE advice, the Executive Director of Nursing and Allied Health Professionals confirmed that the Trust used the guidance published by Public Health England which was evidence based and was regarded as setting out the highest standards for the use of PPE. She provided assurance that regular information was available to staff about the latest PPE guidance as part of the daily staff bulletin and she was confident that staff were receiving consistent and safe advice about the use of PPE.

2020-21 (5d)	Quality report The Executive Medical Director presented the report which included information on the continued focus on the review of incident, complaints and deaths, clinical outcomes programmes and the review of the medicines management pathways to support new ways of working.	
	<ul> <li>She highlighted the following points:</li> <li>The clinical outcomes program had been adjusted in order to focus on the key workstreams on Covid-related changes to practice; alternative methods of wound care, video conferencing contact with patients and mortality and health inequalities. The Trust had linked in with Regional and national work to look at clinical outcome measures and with Covid-19 research.</li> </ul>	
	<ul> <li>Medicine management pathways to support new ways of working were being closely monitored, logged appropriately on the risk register and reviewed in conjunction with the incident data for the associated services. Recently published Covid-19 NICE guidance would be reviewed with the relevant services as applicable.</li> </ul>	
	A Non-Executive Director (HT) asked whether the Trust would engage in drug trails for Covid-19. The Executive Medical Director reported that work would begin shortly to facilitate drug trials in primary care and the community.	
	The Executive Medical Director agreed to circulate a number of other papers to support her report following the meeting.	Executive Medical Director
2020-21 (5e)	<b>Workforce report</b> The Director of Workforce, Organisational Development and System Development (JA) introduced the report which provided an update on the key workforce themes and actions undertaken to date as part of the Covid-19 response including; absence recording and reporting, health and wellbeing for staff, resourcing, working with trade unions and staff engagement and morale.	
	The Director of Workforce, Organisational Development and System Development (JA) highlighted the work on staff engagements and morale and said that she was relatively confident that the morale of staff remained good and that the Trust was doing all that it could to support staff who were understandable anxious about their own health and that of their families, particularly those who worked on the front line with Covid-19 patients.	
	The Board discussed the emerging UK and international data which suggests that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by Covid-19.	
	The Director of Workforce, Organisational Development and System Development (JA) outlined some of the work being undertaken in the Trust with the BAME network and as part of implementing the guidance published by NHS England asking all line managers to have a conversation with their BAME staff to give them the opportunity to raise any concerns and agree solutions together to ensure they feel supported and safe whilst continuing to work. She added that in addition if BAME staff felt they would like to be supported when they had these discussions or wished to raise concerns to someone independent, they would be able to contact the Trust's Freedom To Speak Up Guardian John Walsh.	
	In response to a question from Non-Executive Director (BC), the Director of Workforce, Organisational Development and System Development (JA) explained that it was difficult to quantify the number of staff who had sought	

	health and wellbeing support but she highlighted the results from the recent staff health and well-being survey; with over 170 respondents and extremely positive feedback.	
2020-21 (f)	<b>Estates and facilities report</b> The Executive Director of Finance and Resources introduced the report which summarised the actions taken in relation to information technology and estates and facilities in response to Covid-19. He placed on record his thanks to the IT Team who had worked hard to roll out new technology solutions to support new ways of working and in particular he paid tribute to the significant contribution made by the Head of Information Technology.	
	In response to a question from a Non-Executive Director (RG), the Executive Director of Finance and Resources said that the Trust would continue to use Microsoft Teams as the virtual meeting software post the pandemic.	
	Outcome: The Board received and noted the Covid-19 updates.	
2020-21	Governance	
(6a)	Proposal for holding Board meetings in public (interim solution)	
	The Company Secretary explained that the paper set out a proposed approach for the Trust to comply with its statutory duties and maintain good governance whilst faced with Covid-19 to allow members of the public to access Board meetings.	
	<b>Outcome:</b> In order to ensure transparency during the current circumstances and beyond, the Board approved the proposed approach for involving the public in Board meetings.	
2020-21 (7)	<b>Clinical waste contract</b> The Executive Director of Finance and Resources provided a verbal report on a contract confirmation for the Board to note as the contract had already been approved in accordance with the Trust's standing orders. He explained that this was an approval to novate the contract away from Leeds Teaching Hospitals NHS Trust holding a single contract to each Trust having its own clinical waste contract. In future the Trust would only pay for the service that was needed making disposal of clinical waste more efficient.	
	<ul><li>Outcome: The Board:</li><li>noted the novation of the clinical waste contract.</li></ul>	
2020-21 (8)	<b>Performance brief and domain reports</b> The Executive Director of Finance and Resources presented the report for March 2020 noting that this was an abridged version. He said that a number of Key Performance Indicators (KPIs) had been impacted by the Trust's planning response to Covid-19 and the national 'lockdown' during the second half of March 2020.	
	Safe The Board discussed the rise in serious incidents reported via STEIS with seven in February and 18 reported in March. The Executive Director for Nursing and Allied Health Professionals advised that the March incidents had yet to undergo full review and therefore it was possible some of these could be de-logged as serious incidents. She added that there was a piece of work being undertaken to analyse this further and look at any emerging themes and trends which would include looking at whether there are any clusters in certain teams.	

Further details would be provided to the Quality Committee and Board in future reports when this was available.

A Non-Executive Director (HT) reported that she had spoken to the Executive Director of Nursing and Allied Health Professionals and received assurance about the data and she was confident that appropriate action was being taken and that the processes in place were robust.

#### Finance

The Executive Director of Finance and Resources reported that Trust had submitted the draft financial accounts and had met or exceeded all its external financial targets for 2019/20.

#### Well–Led

The Director of Workforce, Organisational Development and System Development (LS) reported that overall levels of absence were lower than those reported nationally and capacity was manageable. She referred to the most recent data on staff absence which had been circulated as part of the Covid-19 workforce report (discussed under Item 5e) which showed the overall sickness absence rate as 6.4%.

The appraisal and statutory and mandatory training figures in the well-led section of the report reflected the relaxation of the requirements in line with the business continuity escalation plan to allow staff to focus on the efforts of the Covid-19 response. Steps were being taken to encourage staff to continue to undertake their training and appraisal where services were continuing with business as usual.

#### Responsive

The Board noted that from the third week in March 2020 services began to implement national guidance on community services prioritisation. Alternative ways of seeing patients where the 18-week national waiting standard applied included the use of video-conferencing. At the end of the first phase, all caseloads were reviewed and discussed with patients about their preferred treatment in the future.

The Executive Director of Operations reminded the Board that the Trust was not currently being performance managed on national 18 week waiting time standard.

A Non-Executive Director (RG) asked whether there would be a positive impact on some of the waiting lists following the introduction of digital technology in many areas during Covid-19 to support triage, clinical consultations, multidisciplinary working, training and meetings.

The Executive Director of Operations said that a piece of work was being progressed to ensure that the benefits were retained wherever possible.

### Outcome: The Board:

• noted the levels of performance for March 2020.

2020-21 (9)	<b>Committees' assurance reports</b> <i>Item 9(a) - Audit Committee 17 April 2020</i> The report was noted.
	There were no questions raised.
	Item 9(b) – Quality Committee 27 April 2020

	<ul> <li>The report was noted.</li> <li>There were no questions raised.</li> <li><i>Item 9(c) – Business Committee 29 April 2020</i></li> <li>The Chair of the Committee, Non-Executive Director (BC) provided a verbal update on the key points raised in the meeting:</li> <li><u>Child and Adolescent Mental Health Service (CAMHS)Tier 4</u></li> <li>The Committee had viewed a video prepared by the architects of the new CAMHS unit and had been informed that the new build was progressing well.</li> </ul>	
	<ul> <li>The Director of Workforce, Organisational Development and System Development (LS) had reported that she was working with the communication team on the resourcing campaign linking in with NHS England and the West Yorkshire and Harrogate Mental Health Collaborative Workforce Directors.</li> <li><u>Update on projects</u> The business team and the major change projects team had merged into a business logistics team. The team was currently focusing on Covid-19 related issues; work was continuing on the digital strategy, service re-design related to Covid-19 situation, and Integrated Children's Additional Needs (ICAN) and CAMHS transformation. The administration review work had been paused for the team to be deployed elsewhere. </li> <li><u>Health and safety</u> The Committee had been advised that a response to the action plan submitted to the Health and Safety Executive (HSE) on 27 January 2020 had been received. Progress was being made against the questions and queries raised by the HSE.</li></ul>	
	The verbal update report was noted.	
	No questions were raised.	
	<ul> <li>Outcome: The Board:</li> <li>noted the assurance reports from the committee chairs and the matters highlighted.</li> </ul>	
2020-21 (10)	Leeds Health and Social Care System Governance The Chief Executive introduced the report which outlined the new proposed structure developed and agreed by all system partners in response to the Covid-19 outbreak.	
	<ul> <li>Outcome: The Board:</li> <li>noted the new proposed structure, establishment of new groups (including membership), frequency and reporting processes.</li> </ul>	
2020-21 (11)	Non-Executive Director Covid-19 communication plan The Covid-19 communication plan had been circulated.	
	<ul> <li>Outcome: The Board:</li> <li>noted the Non-Executive Director Covid-19 communication plan.</li> </ul>	
2020-21 (12)	Non-executive director Covid-19 briefing notes: The Board noted the following briefing notes: a) 2 April 2020 b) 9 April 2020 c) 16 April 2020	

Date and time of next meeting Friday 29 May 2020, 8.30am – 9.30am. Boardroom, Trust Headquarters, Stockdale House, Victoria Road, Leeds LS6 1PF		
	Closed at 9.30am.	
2020-21 (13)	<b>Close of the public section of the Board</b> The Trust Chair thanked everyone for attending and concluded the public section of the Board meeting.	
	<ul> <li>Outcome: The Board:</li> <li>received and noted the noted the briefing notes.</li> </ul>	
	d) 23 April 2020	

Signed by the Trust Chair: Date: 29 May 2020