

**Minutes of private session of Trust Board meeting held on 31 March 2020  
(public version for website)  
Virtual meeting via Skype for Business**

<b>Present:</b>	Angela Monaghan (AM) Charlotte Dyson (CD) Laurence Campbell (LC) Chris Jones (CJ) Erfana Mahmood (EM) Kate Quail (KQ) Sam Young (SYo) Rob Webster (RW) Tim Breedon (TB) Mark Brooks (MB) Alan Davis (AGD)  Subha Thiyagesh (ST)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Nursing and Quality / Deputy Chief Executive Director of Finance and Resources Director of Human Resources, Organisational Development and Estates Medical Director
<b>Apologies:</b>	<u>Members</u>	
<b>In attendance:</b>	Carol Harris (CH) Sean Rayner (SR) Aimee Willett Salma Yasmeen (SY)	Director of Operations Director of Provider Development Corporate Governance Manager (author) Director of Strategy
<b>Observer:</b>	Andy Lister (AL)	Lead Serious Incident Investigator and Company secretary designate

**PS/20/06 Welcome, introduction and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. AM ran through the logistics of how the meeting will be run. It was noted that the meeting was quorate and could proceed.

It was noted that, in response to Covid-19 (Coronavirus), the Trust Chair has taken the decision to suspend non-urgent and non-essential business in line with national guidance and decisions taken through the Trust emergency planning structures.

All Trust Board and Board Committee meetings will be held remotely using tele / video conferencing technology until further notice. It was noted that the Board will continue to meet, but in private, as it is unable to hold a meeting in public at this time. Members of the public were invited, via the website, to submit questions prior to the meeting. No questions were received in advance of the meeting.

Key performance reports and a public version of the Board meeting minutes will still be published on the Trust website as soon as possible after the meeting.

## PS/20/07 Declarations of interest (agenda item 2)

The following declarations were considered by Trust Board:

Name	Declaration
<b>Chair</b>	
MONAGHAN, Angela Chair	Spouse – Strategic Director at Bradford Metropolitan District Council. Spouse – Non-Executive Director of the National Association for Neighbourhood Management. Spouse – Director of the Bradford Culture Company.
<b>Non-Executive Directors</b>	
CAMPBELL, Laurence Non-Executive Director	No interests declared.
DYSON, Charlotte Deputy Chair / Senior Independent Director	Independent Marketing Consultant, Beyondmc (including consultancy for Royal College of Surgeons of Edinburgh). Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional). Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Bradford Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee. Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE.
JONES, Chris Non-Executive Director	Director, Chris Jones Consultancy Ltd.
MAHMOOD, Erfana Non-Executive Director	No interests declared.
QUAIL, Kate Non-Executive Director	Owner / Director of The Lunniagh Partnership Ltd, Health and Care Consultancy, including carrying out Care and Treatment Reviews (CTRs) <i>(will not be carrying these out for any SWYPFT service users)</i>
YOUNG, Sam Non-Executive Director	Owner / Director, ISAY Consulting Limited. Interim Transformation Director, Irwell Valley Homes
<b>Chief Executive</b>	
WEBSTER, Rob Chief Executive	Chair, Stakeholder Advisory Board for Rapid Service Evaluation Team, Nuffield Trust Visiting Professor, Leeds Beckett University. Honorary Fellow, Queen’s Nursing Institute. Honorary Fellow, Royal College of General Practitioners. Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System). Member of the NHS Assembly Member of the National People Board Son – Mencap Ambassador

Name	Declaration
<b>Executive Directors</b>	
BREEDON, Tim Director of Nursing and Quality / Deputy Chief Executive	Son – works in the Trust’s Occupational Health Service as a Registered Nurse.
BROOKS, Mark Director of Finance and Resources	Trustee for Emmaus (Hull & East Riding) Homelessness Charity
DAVIS, Alan Director Human Resources, Organisational Development and Estates	Spouse - Employed by Blackpool Teaching Hospitals NHS FT as the Managing Director for NHS North West Leadership Academy.
THIYAGESH, Dr Subha Medical Director	Spouse – Trustee, Hollybank Trust. Spouse – Hospital Consultant, CHFT
<b>Other Directors (non-voting)</b>	
HARRIS, Carol Director of Operations	Spouse – Engineering Company has contracts with NHS providers including Mid Yorkshire Hospitals NHS Trust.
RAYNER, Sean Director of Provider Development	No interests declared.
YASMEEN, Salma Director of Strategy	Board member, PRISM charity in Bradford.

There were no other comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that all Non-Executive Directors (NEDs) had signed the declaration of independence and all Directors had made a declaration that they meet the fit and proper person requirement.

**PS/20/08 Minutes of and matters arising from the previous Trust Board meeting held 28 January 2020 (public and private meetings) (agenda item 1)**  
It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held 28 January 2020.

It was **RESOLVED to APPROVE** the minutes of the private session of Trust Board held 28 January 2020.

It was agreed that the action logs for the public and private Board would be reviewed outside of the Board meeting by AM and Rob Webster (RW) to determine if actions are still current, have been superseded, or if they need to be delayed in line with business continuity plans. Directors were invited to raise any urgent comments on the action logs. None were raised.

**Action: Rob Webster / Angela Monaghan**

## **PS/20/09 Chair and Chief Executive's remarks (agenda item 4)**

### Chair's report

AM explained that the paper provides an explanation for only holding a private board session and to provide a record of what has been discussed in private. It was noted that:

- The Trust has made changes to normal Board arrangements for this meeting in response to the national restrictions relating to Covid-19 and to ensure our resources are focussed on addressing the major incident that has been declared. Consequently, the Board meeting is taking place by teleconference in private, and some regular agenda items are being revised, deferred or stopped in line with national guidance and / or decisions taken through our emergency response and resilience (EPRR) control structures.
- Some of these items, whilst not being essential for the response to Covid-19, are being taken because they were already prepared prior to a major incident being declared. This will help reduce the burden of deferred activity when we return to normal business. It is anticipated that they will be received by the Board with minimal discussion to shorten the meeting.
- Whilst we are not able to hold a meeting in public at this time, it is our intention to enable video conferencing for future meetings, if possible.
- A public minute of the full meeting as soon as possible after the meeting, along with any papers that can be shared in public.

### Chief Executive's report

RW provided an update on the local and national context as well as what was happening across the organisation. He highlighted the following:

- National position changes daily and we are into the second week of a more stable set of arrangements regarding changes to daily living which is backed by the Coronavirus Bill. The legislation also includes temporary amends to things such as the Mental Health Act, which means it is possible for a single doctor to invoke detention under the act.
- Only recently started testing staff in hospitals. Concerns regarding sufficient capacity to treat and recover, with focus being on slowing transmission through social distancing. Of those with the virus, 80% will have limited or no symptoms and the other 20% are unwell and a proportion will require hospital treatment. London and West Midlands currently experiencing faster spread of the virus and higher numbers of infected patients. Extra Nightingale hospitals are being developed.
- The impact is being managed through our command and control structures. COBRA in the cabinet which is then facilitated through local government and our Local Resilience Forum. The NHS is managed through emergency preparedness filtered from the Department of Health & Social Care to regions and then into organisations.
- Some issues nationally that have continued to be a problem include availability of personal protective equipment (PPE) for staff, the availability of testing for service users, patients and staff, and the communication and mobilisation of national guidance.
- Areas of most concern for staff:
  - PPE – benefitted from having a significant stockpile in a warehouse in the North West because of Brexit and because of flu pandemic planning, however this wasn't designed for significant and fast deployment, and has been deployed through existing logistics for all NHS trusts. From today, a new supply chain for PPE will be implemented.
  - Testing – two tests, one test to see if someone has the virus, and one to see if they have already had the virus. Testing to see if someone has the virus is currently at 7,000 tests per day nationally. The Government announced it is starting to roll out staff testing, with the aim of testing up to 25,000 people per day. The other test is also important to see if someone has already had the virus and now carry some form of immunity, but this is not yet available. Arrangements to be played out this week.

- Communication and guidance has been limited on mental health, learning disability and community services. Directors of Nursing have weekly meetings, Keith Willetts provides regular updates and there are regular briefings with Claire Murdoch.
- Integrated Care Systems (ICSs) are not part of the formal command structure, however it is helpful to have a partnership response to requirements of the command structure.
- The West Yorkshire ICS has four key jobs to do:
  - Respond to needs of critical care and increase capacity.
  - Ensure all people discharged are supported and cared for in the community and at home, and that anyone who would be in hospital for an operation is cared for in the community.
  - Ensure vulnerable and shielded people have a team around them that can deliver what they need, including care and support, food and medication.
  - Maintain business continuity.
- In terms of increased capacity, collectively the ICS can do this. A Nightingale hospital in Harrogate will be in operation from this weekend with the aim of up to 501 beds within two weeks. It was noted that some patients will require step down support and discharge arrangements across multiple places.
- For our Trust: Board members are copied in to daily briefing for all staff. Daily updates from silver command and weekly meeting of NEDs. Executive directors are fully involved in arrangements.
- The full command structure:
  - A daily meeting of bronze group for all operational and corporate services supported by Trust wide communications. Key issues discussed include staff, service continuity and cascade of decisions.
  - A daily silver command meeting at 4pm which looks at tactical issues that day and any issues that need decision or escalation to gold command.
  - Gold command meetings three times per week, on Mondays, Wednesdays and Fridays, which have a strategic focus. All business continuity is managed through plans and Operational Pressures Escalation Levels (OPEL), which is an accepted way of measuring degree of escalation. The Trust is currently at OPEL level 2 (second level of four). This allows the Trust to deliver care in ways which invoke business continuity and meets prioritisation. This is managed in a stable way at the moment.
- The Trust is in the vanguard of trusts that have embraced remote working, and it was noted that staff have been commended for this. The Trust has managed to build and deploy over 200 laptops over and above those already in use to enable a substantial number of people to operate remotely. The number of VPN connections in a day has been approximately fifteen times higher than usual due to staff working from home; this includes corporate and clinical staff. There has been a digital revolution in the trust and this is testimony to all the previous hard work and investment in developing the IT infrastructure.
- The Trust is currently operating with a 10% reduction in staffing and is maintaining services. A focus is maintained on community services in Barnsley, with a view to step up things such as testing in services. Staff and teams in Barnsley deserve significant additional praise.

Tim Breedon (TB) noted that PPE is currently a focus both in terms of supply and guidance, an update is being prepared for the Clinical Governance & Clinical Safety Committee (CGCS) next week.

Chris Jones (CJ) queried if the Trust has leadership capacity to manage the significant workload in Barnsley and if local working arrangements are sufficiently collaborative. Carol Harris (CH) responded to say that there is sufficient leadership with the 1.5 whole time equivalent deputy director in Barnsley, and that local collaboration is good with a number of

staff transferred into the community from the Hospital and the GP federation to work with Trust services to meet the community demand.

Charlotte Dyson (CD) queried if the Trust is likely to reach OPEL level 3 and what the implications of that might mean. RW responded to say that it is likely the Trust will reach level 3, but noted that in some services this is a reality during winter pressures already. The implications would mean prioritising the work that we do and the people we support at a greater level. As an example, in mental health services we would expect that some staff in core team may be required to support the enhanced team, and some staff in the enhanced team may be required to support the intensive home based treatment team (IHBTT) who may be required to work on inpatient wards. It was noted that some community services could be supplemented with staff from the third sector. CH added that there are operational arrangements in each district with good contacts throughout.

### **PS/20/10 Interim governance arrangements (agenda item 5)**

AM noted that, in line with national guidance, the Trust needs to adopt interim arrangements to allow business to continue during and after the Covid-19 pandemic.

#### **Key principles for the Board**

For the next 3-6 months, the focus of all Trust activity and governance will be on dealing with Covid-19. During this period, Board and board committee business should be confined to:

- Delivery of the national Covid-19 plan, as outlined by NHS England and NHS Improvement in their joint letter of 17 March 2020 and any subsequent guidance.
- Business continuity.
- Any other business the Trust believes to be essential.

The current work plan (2019/20 and 2020/21) will be suspended for the next six months. Any items deferred will be noted on the work plan and scheduled at a future Board meeting.

Mark Brooks (MB) noted that there could be further amendments to the arrangements in the future dependent upon the Covid-19 situation and any further guidance that is issued. MB will draft an additional paper regarding interim governance arrangements across the Trust, such as increasing the number of staff that can approve requisitions. This paper will be shared with board colleagues for comment and agreement. The paper will also cover increased delegated authority for committees and the executive team which will need ratifying. Short term arrangements would be logged each week and circulated, highlighting any risks and the mitigations put in place.

**Action: Mark Brooks**

MB added that governance has already been relaxed with regards to implementing new systems quickly, for example Airmid to support clinicians with video consultation. This was implemented after a number of hours testing in comparison to the usual weeks of testing. MB outlined the possible increase of information governance risks. He also added that an existing internal group, Improving Clinical Information & Information Governance, will be partly re-purposed to consider the risks and mitigations of these deployments made at pace.

Sam Young (SYo) queried if the Audit and / or Finance, Investment & Performance (FIP) committees have a role in the regular review of such arrangements.

MB noted that NED review would be part of the process, and that it is most important to support the front line to allow them access to what they need when they need it. SYo agreed and confirmed her query was in relation to giving the process a 'home', and a log with risk mitigations.

Laurence Campbell (LC) agreed to a more agile approach to address issues rather than waiting for a formal committee meeting.

AM noted that additional governance guidance was circulated by NHS England / NHS Improvement on the evening of 28 March highlighting a number of specific issues and queried if the Trust is compliant with these. MB outlined that a process of review has commenced and felt that 70-80% of the arrangements are already in place. MB has been through the document with a note to executive colleagues to review sections. NEDs will also consider as part of their weekly teleconference.

**It was RESOLVED to APPROVE the interim governance arrangements and Board principles outlined above and as supplemented by comments made within the meeting.**

#### **PS/20/11 Performance reports (agenda item 6)**

##### **PS/20/11a Arrangements in place for the management of Covid-19 (agenda item 6.1)**

Alan Davis (AGD) updated the Board following the comments from RW under item 4. At the time of writing the paper, there was a dynamic approach across all areas. The arrangements in each place and linking to them have been firmed up. Silver command established early on, normal emergency planning arrangements in place. AGD commended Mike Doyle, Deputy Director of Nursing & Quality's chairing skills. Operating effectively, infection, prevention and control (IPC) has provided good support to managers.

RW added that partnership arrangements are clearer since the report was written. The executive team feed into resilience groups in each of our places. Sean Rayner (SR) covers West Yorkshire and Salma Yasmeen (SY) covers Barnsley.

CJ queried how Board communications work in the command structure, and how we maintain strong incident reporting and follow up, and asked if any shortages such as PPE are logged as incidents.

AGD confirmed that the daily cycle of meetings, with feed in from bronze command meetings and national guidance, makes decisions regarding operational management. Board members receive all information at the same time. AM queried if we are able to hear the voice of and concerns from staff within the command and control system. AGD confirmed that concerns are initially raised with line managers and escalated to bronze command meetings if required.

TB confirmed that any issues, such as PPE, are logged in the command meetings and CH confirmed that the risk panel continues to meet to review incidents. Subha Thiyagesh (SThi) added that there are a number of other meetings and communications going out with other clinicians. There is understandable anxiety and we are being clear about what we are doing within the Trust is within the guidance. TB, CH and SThi review the situation on a regular basis and respond quickly.

CD asked about support for staff, and making sure that staff feel listened to. AGD confirmed that occupational health support is available for staff and a Covid-19 phone line and email account are being set up for HR support for staff and managers. This will be operational from 1 April. The workforce support hub has a dedicated helpline seven days a week and email address to provide support. Psychology support phone line for staff also set up. Employment services are up and running, including fast tracked employment.

Kate Quail (KQ) queried if some staff are staying off work due to anxiety. AGD explained that there is a need for staff to be in work, but we also need to recognise anxiety, this is why the various support networks have been set up.

RW added that the focus is on prevention and treatment. RW outlined that communication across the organisation and flexible working are good. When the situation has improved in relation to PPE and testing, this will reduce anxiety and the Trust will be in a better place with staff feeling more confident and safe.

AGD added that there is a detailed plan regarding essential services and that all business continuity plans are continually revisited. The Trust is being responsive and learning as we go. CH added that business continuity plans may need revising, dependent on level of demand and capacity. Critical services would be in inpatient wards and IHBTT teams.

NEDs noted the phenomenal response to the emergency from across the Trust and thanked the executive team and all staff for what they are doing.

**It was RESOLVED to NOTE the content of the report for the management of Covid-19 including additional comments at Board.**

PS/20/11b Integrated performance report (IPR) month 10 2019/20 (agenda item 6.2)

TB opened this item by noting:

- No under 18 admissions in February.
- Out of area beds continue to be challenging, some progress in recent times.
- Safer staffing subject to revised arrangements in relation to Covid-19. Highlights some pressures in-situ pre-Covid-19, including forensic. Overtime established as an option across services.
- Supervision, risk assessment and medical omissions – working through revised arrangements. Formulation Informed Risk Management (FIRM) risk assessment roll out delayed until September 2020, with the possibility of a revised light assessment.
- Friends and Family Test positive results
- Complaints have revised arrangements with a triage approach.
- Covid-19 IPC team in place.

LC queried if the out of area placements were as a result of Covid-19, or if they would have happened anyway. TB noted that this was early on in the pandemic so would likely have occurred anyway. The issue remains around acute and psychological intensive care unit (PICU) beds, though some improvements have been seen. Focus remains on out of area beds, and previous work shows where this has been an issue and where improvements have been made. CH added that there has been a spike in out of area placements in adult and PICU services but that this is starting to turn again and there are currently no adults in acute services in out of area beds, although a number remain in PICU. Acuity is high on adult wards and this does have an impact on how we can manage on inpatient wards.

AM and SYo queried if it was anticipated that Covid-19 would have an impact on out of area beds or on the agreed trajectory with NHS England. MB noted that the trajectory would be



considered nationally at some point. CH added that the Trust is not currently seeing an impact but that this is something that could be considered as a possibility in the future.

Erfana Mahmood (EM) queried if there is additional pressure in producing the IPR and could a lighter version be considered. MB confirmed that this would need to happen in terms of resource and reporting, and the focus will remain on Covid-19 and areas requiring particular focus. Priority programmes will be monitored in terms of how they support the response to Covid-19. MB added that we will continue to report what is required nationally and that there may be further areas of required reporting in relation to Covid-19 response

CJ and CH confirmed that the FIP committee would continue monitoring out of area placements as previously.

#### National metrics (MB)

- Most metrics performing well prior to outbreak, and everything but out of area beds remains green.

#### Locality (CH)

LC raised the child and adolescent mental health services (CAMHS) referral to waiting times, and asked for any comments. CH outlined that improvement work in Barnsley and Wakefield has taken place and there have been improvements in specific areas of the pathway, including referral to treatment. However this has impacted waiting times for high intensity work, so further review of the pathway is required.

An update on page 13 of IPR was submitted prior to the Board meeting. This was to provide the most up-to-date information on staff absence and was noted.

CH noted that issues with social distancing at Urban House had been reported in the Independent (noted that this was not by the Trust) and a briefing will be circulated to Board highlighting the issues and steps we are taking to resolve this.

**Action: Carol Harris**

AM advised that she is working directly with the governors and the Members' Council to keep them updated.

#### Priority programmes (SY)

- Working to revise priority programmes focused on the Trust response to Covid-19 – in the process of looking at where capacity is needed and what we can defer / delay.

#### Finance / contracts (MB)

- Small surplus in month 11 with some pressure due to out of area beds and underachievement of cost improvement programmes (CIPs). There have been fluctuations in performance the last few months, however no significant risk to year end position and a good cash balance. It is unlikely the Trust will achieve the capital plan. A lot of the estates work planned for March cannot be completed due to Covid-19 impact on resource and access to our sites. Planning papers have been deferred from the agenda and the planning process has been suspended. Interim finance arrangements are in place between April and July. MB will circulate a paper for all Board members.

LC queried non-pay costs and provisions. MB noted that there has been substantial expenditure on IT equipment to support the Windows 10 implementation, including work to deliver the programme and necessary kit. It was noted that there could be further expenditure on equipment related to Covid-19 and that this would be reported from March we expect to be able to claim central funding.

#### Workforce (AGD)

- It has been agreed to suspend the appraisal window and plan to restart in September. Mandatory training has also been reviewed, with an extension for refresher periods to reduce pressure, and focus on new staff and support. Target levels will be pushed back, need to consider how we will report this.

CD queried how new staff will get up to speed safely. AGD outlined that the team is looking at how we provide training and deliver in safe ways, including e-learning options, looking at MAV training and breakaway techniques. Recruitment focus is around those who have possibly retired, who were qualified and not part of national scheme. The team is balancing risk with the need to support service users.

KQ queried if refresher / upskilling on physical healthcare such as health monitoring and blood testing is being carried out. TB confirmed that additional training is being done, often using Barnsley community staff.

AM recognised the fantastic response from our staff and the support we are providing for staff. RW added that the Trust is providing free meals for staff doing long shifts.

Workforce indicators for the IPR are under review to reflect how many staff have come back from retirement and how many from different industries. SYo and AGD to continue to review through the Workforce & Remuneration Committee.

EM noted that there is a unique position regarding inpatient and forensic services and the spread of Covid-19, and if it would be possible to include more information in the IPR regarding testing of patients and staff. MB confirmed that if it is recorded, it can be reported. Currently there is a daily report to silver command.

CH noted that there are three service users in the Dales and three in Beechdale who have tested positive for Covid-19. They are being nursed in isolation and this has been classed as an outbreak. There are no further admissions; however service users continue to be discharged where appropriate. IPC team are supporting staff to maintain care and technology is available to help service users keep in touch with family. Staff under a lot of pressure, CH checks on staff and service users regularly.

AM, on behalf of the Board, again recognised the work staff are doing and thanked them and the Executive team.

**It was RESOLVED to NOTE the Integrated Performance Report, NOTE reframe for future meetings DECISIONS about deferring appraisal and some mandatory training and the additional work to do.**

#### PS/20/11c Serious incident report quarter 3 2019/20 (agenda item 6.3)

The Board noted the serious incident report and that it had been considered in detail by the Clinical Governance & Clinical Safety Committee.

TB noted that in addition to the information in the report, a new risk scan is reported and the patient safety team receive an alert where 'Covid-19' and 'Coronavirus' is included in any Datix report, and the team are considering if an additional field on Datix is required.

LC queried the arrangements for review of policies. TB outlined that national guidance regarding policies is being considered by team. It was noted that lighter touch arrangements for serious incident investigations have been proposed. It was acknowledged that there had

been questions from staff regarding if policies apply and TB confirmed that yes the policies apply and if required, will be amended in light of the situation.

TB and AGD provided an update regarding establishing an interim ethics committee. A meeting will take place today to consider a draft terms of reference which pull together the numerous sets of guidance across the system.

**It was RESOLVED to NOTE the serious incident report for quarter 3 2019/20 and the intention to establish an interim ethics committee.**

## **PS/20/12 Business developments (agenda item 7)**

### PS/20/12a South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) update (agenda item 7.1)

AGD updated that the most recent Health Executives Group (HEG) was at the start of the Covid-19 pandemic and a lot of issues discussed there are likely to now be deferred. Arrangements in place regarding working together.

AM queried if we were confident the Trust is being included appropriately in ICS level discussions and arrangements and is recognised for the role we are playing. AGD confirmed that we are recognised now, but there was a meeting previously where we weren't included. RW suggested that it feels like the SYBICS wants to play more of a role in the formal EPPR arrangements than is the case in West Yorkshire. AGD will provide an update after the next meeting, and will discuss PPE and impact across other local organisations at the Strategic Health Group meeting later today.

KQ raised the point that Sheffield has one of the highest number of Covid-19 cases in the country, and queried if it is likely a Nightingale hospital is opened there. RW confirmed that the Harrogate hospital would also cover South Yorkshire.

### Barnsley update

SY updated that command structures of silver and gold are established. Workforce and resilience across the system with redeployment plans if needed. A group is looking to ensure a co-ordinated approach. Silver command has daily response and is managing discharge from hospital and the involvement of the third sector as required. Community services are supporting people for early discharge to free up capacity. Looking to increase intensive care unit (ICU) capacity to 50 then to 100 by clearing a whole floor at the acute hospital.

AM asked if local working arrangements are sufficiently collaborative and working. SY noted that naturally in a crisis situation everyone becomes inward looking as key priority. Internal arrangements up to last week but since then, partnership conversations regarding the impact of discharges and system wide impact, including care homes, have taken place.

RW noted that the CAMHS tender process has been paused and the Trust has been asked to extend the existing contract further. AM asked if a formal board decision is required for this. MB confirmed that there is nothing in the standing financial instructions requiring this. It was noted that the Board is fully supportive of extending the contract.

The Board discussed press and social media coverage of an increase in mental health issues in young people relating to Covid-19 and that the Trust could expect increased pressure in coming weeks / months. CH confirmed that the teams are looking at how to respond using technology to support young people and community outreach. It was discussed that this will need a multi-agency response on emotional wellbeing of children, and that there is also potential for upswing of domestic violence.

**It was RESOLVED to note the update regarding the South Yorkshire & Bassetlaw update and provide full SUPPORT for the extension of the CAMHS extension in Barnsley.**

PS/20/12b West Yorkshire update including West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) update (agenda item 7.2)

SY advised that the approach had been covered in the paper and supplemented by RW's update. RW asked to draw particular attention to letter attached to report as a good update regarding what is going on in WYHHCP.

Sean Rayner (SR) provided an update on developments in each of the places:

Wakefield – SR represents the Trust on silver command and Jo Webster, the Accountable Officer from Wakefield CCG, is on gold command. It was noted that Mid Yorkshire NHS Trust has done a good job on repurposing their estate and on referrals in response to the Covid-19 pandemic. The seven primary care networks (PCNs) are active in terms of dealing with the development of community hubs, subject to PPE equipment. Specific focussed work on children and young people. Communications agreed jointly across all agencies with weekly calls lined up.

Calderdale & Kirklees – primary Covid-19 site is Calderdale Royal Infirmary with Huddersfield Royal Infirmary as secondary. Executive directors will be active and responding similarly to Wakefield, although it was noted that progress is slightly further behind. PCNs are also aligned.

Mental health and learning disability programme – sponsored discussions regarding mutual aid and supporting as Trusts. Mental health A&Es are to be considered in the future and will continue to be reviewed, learning from Leeds and elsewhere.

AGD noted that the Trust have signed off a staff portability agreement with Bradford District Care and Leeds & York Partnership NHS Foundation Trusts.

AM updated that Sara Munro is the lead for mental health and learning disability, and AM is continuing to chair the Committee-in-Common for now. Cathy Elliot (Bradford District Care Trust chair) will take over in the future, however this and operating arrangements is still to be discussed later this week.

RW added that strategic health coordination is chaired by Antony Keeley in NHS England, who is also a member of the local resilience forum, chaired by Robin Tuddenham. Views and actions from partners in West Yorkshire are shared.

KQ queried if there is involvement from independent sectors. RW advised that there has been a request from the government to have a lead in ICSs to coordinate work between independent and acute sectors.

It was noted that Harrogate will be aligned to a different ICS and that WYHHCP has signed a memorandum of understanding to manage the transition. RW suggested changes could be positive, and that financial support previously provided for Harrogate would no longer be required.

**It was RESOLVED to NOTE the update regarding the West Yorkshire & Harrogate update.**

PS/20/12c Receipt of Partnership Board minutes (agenda item 7.3)  
It was **RESOLVED** to **NOTE** the minutes from partnership boards.

**PS/20/13 Strategy updates (agenda item 8)**

PS/20/13a Trust Constitution (agenda item 8.1)

It was **RESOLVED** to **NOTE** the update on the review of the Trust Constitution.

PS/20/13b Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies) (agenda item 8.2)

It was **RESOLVED** to **APPROVE** the Policy on Policies.

PS/20/13c Standards of business conduct policy (agenda item 8.3)

It was **RESOLVED** to **APPROVE** the standards of business conduct policy.

PS/20/13d Involving People strategy (agenda item 8.4)

The change of timescale was noted due to Covid-19, and that outstanding pieces of work will now be delayed. A discussion took place at the Equality & Inclusion Committee (EIC) regarding the framing of the strategy and it was agreed to bring back at a later date for further discussion.

The Board discussed whether this should be one or two strategies, and there was some concern regarding loss of focus if the Equality strategy was merged with the others. It was agreed that this would be discussed further at the NED meeting later in the week. CJ, KQ and EM to submit comments. RW asked if further engagement from members and governors is required, including those seldom heard. AM noted that governor concern regarding this had been raised through the Members' Council Co-ordination Group. It was agreed that further engagement overall is required.

**Action: Angela Monaghan and Salma Yasmeen**

It was **RESOLVED** to **NOTE** the update on the Involving People strategy.

**PS/20/14 Governance matters (agenda item 9)**

PS/20/14a Eliminating mixed sex accommodation (EMSA) declaration (agenda item 9.1)

The Board noted the eliminating mixed sex accommodation (EMSA) declaration and that it had been considered in detail by the Clinical Governance & Clinical Safety Committee. It is noted that this is the last time this will come to Board for approval.

It was **RESOLVED** to **APPROVE** the EMSA declaration.

PS/20/14b Data security and protection toolkit (agenda item 9.2)

It was **RESOLVED** to **NOTE** the work undertaken in completing the toolkit and to **SUBMIT** the compliant toolkit.

PS/20/14c Assurance from Nominations Committee (agenda item 9.3)

AM provided an update on NED recruitment, NED reappointments, election of the lead / deputy lead governor, and confirmed the next Members' Council meeting, scheduled for 1 May, had been postponed. The Nominations Committee will still meet virtually in April to consider urgent matters, and urgent decisions regarding appointments would be taken to a virtual meeting of the Members' Council, date to be arranged.

It was **RESOLVED** to **NOTE** the assurance from the Nominations Committee.

**PS/20/15 Assurance and receipt of minutes from Trust Board Committees (agenda item 10)**

AGD noted that there has been a change to the structure of the WRC agenda.

AM noted that each committee chair and director lead are reviewing work plans in light of Covid-19 and clearly identifying any logging any changes / deferred items.

It was **RESOLVED** to **NOTE** the assurance from the Trust Board Committees and to **RECEIVE** the minutes.

**PS/20/16 Use of Trust Seal (agenda item 11)**

It was **RESOLVED** to **NOTE** the use of the Trust Seal since November 2019.

**PS/20/17 Trust Board work programme (agenda item 12)**

AM noted that there could be some further changes to this following today's meeting. AM and RW will review the board work plans for the next 3-6 months in the light of further Covid-19 guidance and today's discussions.

**Action: Angela Monaghan**

It was **RESOLVED** to **APPROVE** the 2020/21 work programme and to **NOTE** the amendments to the work programmes due to Covid-19.

**PS/20/18 Date of next meeting (agenda item 13)**

The next public Trust Board meeting will be held on Tuesday 28 April 2020.

It was noted that Microsoft Teams could be used for future Board meetings which would hopefully allow involvement of the public. AM to review the papers and minutes for inclusion into the public domain.

Signed: 

Date: 28 April 2020