

**Minutes of Trust Board meeting held on 28 April 2020
Virtual meeting**

Present:	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)	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
Apologies:	<u>Members</u>	
In attendance:	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
Observers:	Andy Lister Bill Barkworth Bob Clayden Dylan Degman Csilla Fabian Tom Sheard Debs Teale Tony Wright	Lead Serious Incident Investigator and Company Secretary designate Publicly elected governor, Barnsley Publicly elected governor, Wakefield Publicly elected governor designate, Wakefield SystemOne Optimisation / Corporate Governance Publicly elected governor designate, Barnsley Staff elected governor, nursing support Staff Side

TB/20/15 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 would run. 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.

This was the first virtual public session and AM welcomed those who had joined the session, reminding them that any questions from the public should be submitted by email for consideration at the end of the meeting. AM asked that all microphones were muted, except for a member of the Board presenting an item or asking a question. It was noted that the meeting was quorate and could proceed.

AM acknowledged the one minute's silence that would be observed across the country to remember health and care staff who have lost their lives during the pandemic. AM noted that

the minute's silence was due to take place during a planned break in the Board meeting, and that anyone who wishes to observe it may do so.

AM outlined the items to be covered in the private session of the Board meeting, including:

- Addressing any private risks that are commercial in confidence
- Updates on business developments in South Yorkshire & Bassetlaw and West Yorkshire & Harrogate which are commercially confidential
- Verbal update on serious incident investigations taking place
- Verbal update on contracting, which has been suspended during the Covid-19 pandemic and is commercially confidential.

TB/20/16 Declarations of interest (agenda item 2)

The following declarations were considered by Trust Board for Erfana Mahmood (EM), Non-Executive Director and Carol Harris (CH), Director of Operations:

Name	Declaration
Non-Executive Director	
MAHMOOD, Erfana	Non-Executive Director for Chorley & District Building Society Non-Executive Director for Omega/Plexus part of Mears Group Sister is employed by Mind in Bradford
Non-voting director	
HARRIS, Carol	Son has signed up with the Trust Bank.

Kate Quail (KQ) also requested an amendment to the wording of her declaration to clarify the basis on which she undertakes Community Treatment Reviews. KQ to submit amended wording to Aimee Willett.

Action: Kate Quail / Aimee Willett

There were no other comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest made above.**

TB/20/17 Minutes of and matters arising from the previous Trust Board meeting held 31 March 2020 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the session of Trust Board held 31 March 2020 as a true and accurate record.

The following matters arising were discussed:

- Items shown in blue in the action log are complete.
- PS/20/11b – CH provided an update on the issue with social distancing at Urban House that was raised at the last Board meeting. CH advised that this has stabilised and that an update will be provided at the next Clinical Governance & Clinical Safety (CG&CS) Committee.

Action: Carol Harris

- PS/20/17 – Board work plans have been updated, and will continue to be reviewed throughout the pandemic.
- PS/20/13d – Salma Yasmeen (SYa) updated regarding the timescale for the Involving People Strategy and advised that this will be June 2020.

Action: Salma Yasmeen

- TB/20/06b – Mark Brooks (MB) noted that a copy of the report regarding cyber security that was discussed at the Audit Committee (AC) has been provided as an appendix to the action log.

- MB noted that NHS planning has been suspended and interim financial arrangements are in place for four months. A framework is in place to monitor the response to Covid-19 and our integrated performance report (IPR) has been amended to provide Trust Board with information on managing the response and impact on core services.

TB/20/18 Staff stories (agenda item 4)

Rob Webster (RW) introduced the item, advising that the public Board usually received a service user story, however it felt pertinent to share some of the staff stories that have been sent through during the pandemic. RW noted that there are daily communications sent out to all staff and that a lot of responses have been received. RW shared the following:

- There is a lot of colour across the organisation, rainbows and murals are visible across the Trust. These serve multiple purposes as a visible symbol of hope, and as wards do not have visitors and no leave for service users, as one of the ways in which we provide meaningful activity to inpatients.
- Staff have embraced the digital way of working across the Trust. Microsoft Teams has been rolled out across the organisation and, as well as being used for the Board meeting, it is used in clinical settings for multi-disciplinary team meetings and virtual huddles. Other IT platforms are also used and RW expressed thanks to the IT team for providing support to make sure technology is available.
- Clinical staff in learning disability services are completing digital passports for service users, so that if they are admitted to hospital, they have up to date information regarding how they are care for and communicated with. Positive feedback from partners has been received in relation to this work.
- Recruitment continues across the Trust thanks to virtual interviewing involving a broad range of staff.
- Staff visiting service users out in the community are required to wear personal protective equipment (PPE) and a lot of the time this means that their faces are covered. Staff call ahead to inform service users of their visit and when they arrive, some staff are asking service users to wave through their window so they can see the faces of staff before they put on their PPE, which has helped to reduce anxiety for service users.
- Lots of donations of gifts have been received to support staff, which have been distributed across the Trust.

RW and AM reiterated their thanks to all staff, carers, volunteers and partners.

It was RESOLVED to NOTE the Staff Stories.

TB/20/19 Chair's and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM noted that her remarks were included above.

Chief Executive's report

RW commented that "The Brief" communication to staff was included in the papers and provided an update on the local and national context as well as what was happening across the organisation. He highlighted the following:

- Information is circulated to all staff daily, Non-Executive Directors (NEDs) hold a meeting weekly.
- Statement from the Prime Minister yesterday confirmed that restrictions on daily living will continue for some time, and the NHS will start bringing back some critical services that have been paused. Acute hospitals are running at 51-52% capacity, have discharged a lot of patients and stopped routine appointments and procedures to increase critical care capacity. This has expanded capacity significantly and meant that

the NHS has not been overwhelmed. This is only possible because of community staff, GPs, social care and third sector support for people at home. Awaiting final guidance on resuming services. The impact on the Trust will be mostly in community services.

- PPE for staff in the Trust is sufficient and has been for staff throughout pandemic. Clarity regarding how PPE is applied was provided to staff following guidance.
- Testing has significantly increased and we have been testing staff. 1 in 4 of those who are symptomatic have tested positive for Covid-19 and are receiving care and support, this has been a moderate illness for most.
- Testing for service users admitted to inpatient service is about to start. Working with partners to make sure that continues to be the case.
- A minute's silence will be held to mark the unfortunate loss of health and care workers during the pandemic.
- Statistics show that older people are more vulnerable to Covid-19, and it also suggests that males and people from BAME heritage appear to be more vulnerable. Work is underway to ensure that staff feel safe.

Charlotte Dyson (CD) queried if there is an opportunity for staff to be able to raise issues and when things aren't working effectively. RW noted that staff need to provide this feedback and feel that issues are acted on. The first point of reference is the intranet, there is a lot of intelligence available there, and this addresses clusters of queries particularly in relation to PPE and changes to guidance. Question and answer sessions and walk arounds have also been conducted to address any staff issues, and the role of Freedom to Speak Up Guardians has been reinforced.

It was RESOLVED to NOTE the Chair's remarks and Chief Executive's report.

TB/20/20 Interim governance arrangements – update (agenda item 6)

MB noted that the report identifies changes since the last report to Board. MB added that decision logs are produced every week internally and disseminated to NEDs and through planning command levels. All decisions taken are identified with a rationale behind each.

AM asked for each Committee chair to provide a brief update regarding changes to their Committee:

- Clinical Governance & Clinical Safety (CD) – the duration of the meeting has been reduced to two hours and some items have been deferred to allow a focus on Covid-19 and specific issues including staff wellbeing, patient safety and the risk register.
- Audit (Laurence Campbell (LC)) – the majority of agenda items focus on year end, timescales for year end submissions have not been relaxed. The agenda has been amended to address the most urgent issues and internal audit progress. LC noted that risk triangulation has not been collated in the same way, and alternative approaches will be considered under the risk register item.
- Finance, Investment & Performance (Chris Jones (CJ)) – the meeting duration has been reduced to one hour, and the agenda streamlined to focus on Covid-19 related costs and any loss of income. Focus also maintained on agency spend and out of area beds. Financial sustainability will be refocused after the pandemic.
- Workforce & Remuneration (Sam Young (SYo)) – the Committee will only meet to discuss any extraordinary items as key issues that the Committee would discuss such as staff wellbeing, attendance and testing are discussed in detail at Board who meet more frequently. SYo and Alan Davis (AGD) are in regular contact, and work is beginning to monitor staff burnout and resilience.
- Mental Health Act (KQ) – continues to focus on guiding principles, clinical risk and addressing any issues that are Covid-19 related, including changes to the Act. Meeting frequency remains the same, but continues to be under review.

- Equality & Inclusion (AM) – the agenda is shortened, with most items changed to verbal updates and some specific items to be deferred. Next meeting is early June and the time will be used to hear from staff networks, staff experiences and conducting Equality Impact Assessments for decisions made in the current circumstances.
- Charitable Funds (Erfana Mahmood (EM)) – frequency of meetings remain but with a shortened agenda reflecting projects affected by Covid-19 and maintaining a focus on communication within the community.
- West Yorkshire Mental Health, Learning Disability & Autism Committee-in-Common (AM) – continues to meet with a brief update on each workstream, plus changes in responses due to Covid-19. Performance dashboard has been suspended.

RW highlighted that as we move from the Covid-19 pandemic, there are lessons to be learnt regarding governance and some of the principles put in place could be adopted as good practice for use in normal arrangements, this will be considered at the May strategic session.

AM added that, in line with the above, a Clinical Ethics Advisory Group (CEAG) is under consideration and would be discussed under agenda item 10.6. In addition, the Members' Council will meet virtually on 1 May for the first time.

It was RESOLVED to NOTE the interim governance arrangements.

TB/20/21 Performance reports (agenda item 7)

TB/20/21a Update on arrangements in place for the management of Covid-19 (agenda item 7.1)

AGD noted that emergency planning continues and the Trust is represented in external arrangements. Issues with PPE covered in other items above.

It was RESOLVED to NOTE the update on arrangements in place for the management of Covid-19.

TB/20/21b Integrated performance report (IPR) month 11 2019/20 (agenda item 7.2)

TB opened this item by noting:

- March IPR is to a good standard given the reduced time and focus due to Covid-19. Pages 10 – 13 of the IPR include the headings identified in the letter from Simon Stevens and Amanda Pritchard (NHS England and NHS Improvement) and talk through the Trust response to Covid-19.
 - Inpatient and critical care – CH updated regarding key actions and new updates since production of the IPR. The Trust has a refined service offer across general service planning in Barnsley. The Trust is supporting acute Trusts to discharge more patients and to reduce exposure for vulnerable patients. Staff have transferred from the GP Federation to make sure services can be provided in the community. Cohorting procedures are underway, ensuring that service users in inpatient services with a positive diagnosis of Covid-19 are separated from those with a negative result. There are standard, robust operating procedures for acute and older people services which are dynamic and reviewed regularly. Covid-19 outbreak on wards has been managed. 24/7 crisis support has been strengthened and publicised on the website. Lessons learnt from the pandemic will be used to shape the future of urgent care. Forensic services are still taking admissions and working with partners on the best use of capacity.
 - Respiratory support – TB advised that the Covid-19 clinical pathway has been finalised and work done regarding screening. Additional training and support has been provided to staff for the use of oxygen therapy. Updated guidance on the use of

PPE provided. The Trust has a strong enhanced physical health package prepared for different eventualities.

- Workforce support hub – AGD noted that health and wellbeing services are in place to support staff and managers. A talent pool has been developed to allow the movement of staff to support where required in the organisation, alongside ongoing recruitment processes. Further areas being considered are staff resilience and the impact of Covid-19 on Black, Asian and Minority Ethnic (BAME) staff.
Action: Alan Davis
- Wider population – Sean Rayner (SR) noted the Trust is working with partners and responding proactively through bronze, silver and gold command structures. Work underway regarding the medium to long term position for carers supporting the wider population methods. SYa added that the Trust is part of joint responses to supporting vulnerable groups and the shielded population.
- Stress testing – CH advised that all business continuity plans and trigger points have been reviewed to ensure they are fit for purpose. Staffing redeployment and Operational Pressures Escalation Levels (OPEL) reviewed regularly. Bronze command groups are responding to concerns relating to PPE, and additional security measures in relation to storage of PPE. Work with pharmacy partners is ongoing to ensure that the Trust has the medication required. Medical waste provisions are being considered in relation to what changes would be required if wards are changed to Covid-19 only wards.
- Removal of routine burden – MB noted that this is recognised and appreciated, and that there continue to be other pressures in the system.

TB added that enhanced risk scanning has been introduced which compares year on year risk reporting. There is also an additional element to the weekly clinical risk scanning which highlights any risks where Covid-19 is mentioned and are reviewed to highlight any themes and trends.

LC commented that business continuity plans have kicked in and been effective. The pandemic will not be over any time soon, but that risks and pressures may reduce. The Trust needs to consider the ongoing resilience of staff and how we can ensure this will be maintained. RW highlighted that the Board and Executive Team have shown leadership and the right approach, and that there is ongoing health and wellbeing support available to staff. The Board will discuss stabilisation and recovery at the strategic session on 21 May.

Action: Salma Yasmeen

CJ queried how we are assuring the quality of video and phone contact with service users, and if there is a long term plan for colleagues who are shielded. CJ also noted the new data included on page five, and queried if this had been analysed yet, particularly in relation to BAME populations and males.

CH noted that the quality of interventions is reviewed regularly by teams. An equality impact assessment has been completed for changes in ways of working for each service user group. It has been challenging to ensure that all service users are seen, and those who require face to face visits are still receiving them. TB added that trends highlighted through the risk scan inform practice. Subha Thiyagesh (SThi) added that qualitative data is also provided via feedback from clinicians and medical staff at all levels.

AGD updated that the Trust continues to support shielded colleagues and is in regular contact with them to provide welfare support and encourage access to the health and wellbeing offer. There are a number of members of staff required to shield who are successfully working from home. The Trust's approach is based on government advice and risk assessments, and the priority remains to keep staff safe and well. MB noted that new

data is being collected by individual managers which should allow us to monitor ethnicity and gender in relation to Covid-19.

SYo queried the 3.8% sickness rate for March, and suggested that this was not reflective of the information provided with the remainder of the report. AGD noted that absence rates have been dropping, however Covid-19 related absence is recorded separately in line with central guidance.

SYo queried if there are any clusters of cases of Covid-19, and any correlation between staff and patients on wards having Covid-19. SThi noted that there is a taskforce to review this, and research and development are looking into the literature and data from outside the Trust to try and create a complete picture and note emerging situations.

The Board discussed out of area beds and if any young people have had to be placed into adults beds, and if this was Covid-19 related or not. CH confirmed that at the end of March and throughout April, out of area bed placements have reduced significantly and bed capacity has increased, there has been a reduction in the number of adult acute admissions. The Trust has beds available but there are three out of area placements for service users in psychiatric intensive care (PICU).

MB highlighted that in April, there was an information governance incident that required reporting to the Information Commissioner Office. This was noted by the Board.

TB noted that there would be a review of safeguarding in May as there are national concerns regarding the reduction in referrals to safeguarding children. Any current issues will be picked up with the safeguarding boards.

MB noted that the year end targets were achieved and the Trust received an additional £940k of unexpected national mental health funding. The Trust's financial risk rating has improved to 1 and the surplus has increased to £1m with this funding. MB added that this is a positive out turn and congratulated staff on this. This, couple with the West Yorkshire & Harrogate integrated care system financial performance, meant that the Trust qualified for its full allocation of £1.8m of Provider Sustainability Funding (PSF).

AGD noted that the next version of the IPR will include a more detailed workforce dashboard which is currently in development, with a focus on Covid-19 and reporting against new and aligned national priorities.

Action: Alan Davis

It was RESOLVED to NOTE the Integrated Performance Report.

The Board observed a minute's silence to remember the health and care staff who have lost their lives during the Covid-19 pandemic.

TB/20/21c Safer staffing report (agenda item 7.3)

TB noted that the report has been through and discussed at the CG&CS Committee. Some items have been added in relation to Covid-19, including staffing and business continuity plans. CD stated that she had no further comments as Chair of CG&CS.

AM noted that the report relates to inpatient services and not community services, TB confirmed this and added that this will be made clearer in future reports.

Action: Tim Breedon

It was RESOLVED to NOTE the safer staffing report.

TB/20/21d Guardian of safe working hours report (agenda item 7.4)

SThi noted that the report is the annual and Q4 report. Key points included that this is a positive report though some key challenges remain such as junior doctor vacancies. 20 shifts had recently not had the availability of junior doctors. Covid-19 has also presented a challenge however junior doctors have supported to fill gaps where possible which is working well.

LC queried the gaps in Calderdale and whether there were any other factors contributing to this. The pre-Covid-19 plan was working on an on call rota and sustainable recruitment. Further medical training initiative also being considered to help the situation in Calderdale.

It was RESOLVED to NOTE the guardian of safe working hours report.

TB/20/22 Risk and assurance (agenda item 8)

TB/20/22a Board Assurance Framework (BAF) (agenda item 8.1)

MB introduced the updated Board Assurance Framework (BAF) for quarter 4. MB reminded the Board that as part of the ongoing cyclical review a full review had taken place at the Executive Management Team (EMT) meeting and updates have been made accordingly.

MB outlined that at the April Board meeting, the Board would usually have discussed and agreed 2020/21 process, however this had been delayed by the Covid-19 pandemic. The 2019/20 BAF process is complete, and the 2020/21 process will be discussed at the May strategic Board session. It was also noted that some of the actions from 2019/20 have been deferred into 2020/21 due to Covid-19.

Action: Mark Brooks

It was RESOLVED to NOTE the updated Board Assurance Framework.

TB/20/22b Corporate / organisational risk register (ORR) (agenda item 8.2)

MB introduced the organisational risk register by explaining that over the course of the last quarter the risk register has been reviewed at EMT and Board committees have reviewed risks allocated to them.

MB advised that EMT had discussed and developed risks related to Covid-19 and also considered the impact on pre-existing risks. The risk register has been updated to reflect this.

LC noted the dynamic nature of the risk register, particularly in relation to the Covid-19 risks and queried the risk scoring and risk appetite. MB advised that there had been limited time to have a full reflection on the risks and that further reflection has taken place since the report was written, and will continue to do so on a weekly basis at EMT.

LC added that some of the Covid-19 risks had been allocated to Committees to review, however others had been allocated to Board, and queried if this is how the risks should be managed. MB highlighted that some of the risks had initially been allocated to Board to review due to the dynamic nature of the risks and the frequent changes and updates, the Board meets more frequently than Committees and it was felt that this would be of interest to Board members. Options to allocate to Committees will be considered as part of the ongoing review.

Action: Mark Brooks

RW noted that he was happy with the approach to the management of the risks so far, reminded Board members of the risk impact descriptions in the risk strategy, and queried if the Board felt there was anything missing. AGD suggested a further risk may be required in relation to the impact of Covid-19 on the BAME community. The Board discussed that this was currently reflected in risk ID 1531, however noted that an additional risk could be appropriate in the future with further intelligence relating to this.

Action: Alan Davis

CD queried the timing, actions and controls for issues relating to information governance, and questioned if there was a risk relating to staff using their own equipment. MB outlined that staff are not using their own equipment and those who are working from home have been provided with the appropriate equipment such as laptops and smartphones. MB added that any issues relating to Covid-19 are captured within risk ID 1080.

CD queried why the risk register did not reflect how issues would be managed in the future and stabilisation. MB noted that this was not discussed at the time of the report, and that a piece of work led by SYa will look at the stabilisation, recovery and restoration phase. This will consider learning from across the organisation and will be discussed at the May Board strategic session, and for inclusion on the risk register in the future at appropriate.

Action: Mark Brooks / Salma Yasmeen

RW added that there is a clear distinction between the stabilisation and recovery stages. The current position is relatively stable and the Trust has to consider the recovery to a 'new normal' with the different way of working.

CD suggested that a risk relating to legal claims that may come through to the NHS in the future following the pandemic should be considered for inclusion on the risk register. MB noted that this was not included at the time of the report, and advised that further consideration would be given once there was a better understanding of what the exposure is and where the Trust sees its level of risk.

Action: Mark Brooks

RW noted that there is a lot of work around BAME staff, service users and members of the public and the Trust is writing to staff to keep them informed. An equality and human rights assessment on decision making has been considered by gold command. The Board agreed that a paper should be considered by the Equality & Inclusion Committee and the Board to outline the Trust approach and the impact. It was also noted that the Communications team are working on involving governors and public in decision making.

Action: Alan Davis

AM queried if the risk appetite needs to be altered. MB advised that the risk appetite needs to be considered at board and changes to governance needs to be reflected on the risk register. TB noted that some of this is identified in risk ID 1523.

Action: Mark Brooks

KQ commented that some good work had been completed to compile the list of Covid-19 related risks quickly. KQ suggested that further work is required on the controls for risk ID 1522 to identify what is happening to keep staff, patients and service users safe.

Action: Tim Breedon

The Board discussed the scoring of risk ID 1526 and if the consequence should be higher than moderate. RW noted that the risk strategy is clear on descriptions of impact and that is what EMT has used when developing these risks.

CJ queried if the risk of service users not coming forward for help, or being referred for help, is adequately covered. CH noted that this relates to risk ID 1523 and EMT discussed the

possibility of missing something in core services. There are increased contacts because people were feeling more anxious, and now teams need to look at how we scope this and ensure service users are not missed. It was also noted that there are currently no actions for risk ID 1523.

Action: Carol Harris

RW outlined that the composite impact of all risk in the Trust should be reflected in OPEL levels and what level the Trust should be at. RW added that the risks give a clear indication that OPEL 2 is relevant at this time. This is reviewed regularly in EMT.

LC queried if there would be any difficulty absorbing so many new risks. MB added that the next Board meeting is three weeks away, and there will be few Committee meetings in that time, so it is important to consider what is proportionate to do between now and then. RW added that there are daily updates for all Board members regarding what is happening in the organisation, the NEDs have a weekly call and EMT meets fortnightly. The NED meeting also receives the governance decision log, which records decisions made in the command structure which are outside normal governance arrangements.

It was RESOLVED to NOTE the updated Organisational Risk Register, supporting current risk levels.

TB/20/23 Business developments & collaborative partnership working (agenda item 9)

TB/20/23a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)

AGD updated that work has been refocused for the Health Executives Group and board level arrangements focus on Covid-19. A workshop that starts 29 April will focus around the Covid-19 response, and how organisations can work together on this. SYa added that conversations are beginning to take place relating to restoration and recovery, and how we move to that phase. Routine business meetings postponed.

It was RESOLVED to NOTE the updates on South Yorkshire and the South Yorkshire & Bassetlaw Integrated Care System.

TB/20/23b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.2)

SYa noted that the presentation included as a paper sets out how the partnership is responding to Covid-19.

Four priorities have become six as we enter the next phase of the pandemic, emphasising the focus on workforce, and the wider work of the partnership, particularly around BAME staff and communities and the establishment of a BAME network.

Recovery and restoration work is considering what does this mean and what the 'new normal' may look like. Key considerations will be part of conversations at May Board strategic session. There is a partnership campaign nationally and regionally relating to targeted communication advising people to use key core services as and when needed. Our communication will be focused around those areas where there may be a drop off in use of services.

RW added that the Nightingale hospital opening in Harrogate reflects the extra critical care required, and there is mental health expertise required in relation to this, and discharge of patients to the community will also have an impact. The PPE concern with acute sector and

care homes remains regarding the availability of PPE, with some sourcing alternative supplies from overseas. This is less of an issue for the Trust as we have sufficient supplies. Local businesses have been getting involved in developing PPE and there is a West Yorkshire and Harrogate procurement hub which brings together national sources of PPE, which should allow us to have a much better understanding of what is available and what we can do ourselves. RW updated that local hospitals are providing tests and that we have drive through testing facilities too. The lead Chief Executive is Martin Barkley from Mid Yorkshire Hospitals Trust, who is drawing together the different resources, which is working well in difficult circumstances due to the partnership arrangements.

It was RESOLVED to NOTE the updates on West Yorkshire and the West Yorkshire & Harrogate Health & Care Partnership.

TB/20/23c Receipt of Partnership Board minutes (agenda item 9.3)

It was RESOLVED to RECEIVE the minutes from partnership boards.

TB/20/24 Governance matters (agenda item 10)

TB/20/24a Draft Annual Governance statement (agenda item 10.1), Going concern report for annual accounts (agenda item 10.2) and Compliance with NHS provider licence conditions and code of governance self-certifications (agenda item 10.4)

MB covered the three agenda items (10.1, 10.2 and 10.4) together as they are all requirements as part of the year end process. Discussions have taken place through the Audit Committee regarding year end reporting, and it was agreed that the Trust would stick to the previously agreed timescales whilst staff capacity remained in place.

The draft Annual Governance Statement has been considered by the Audit Committee. EM queried if the impact of streamlining governance on the 2019/20 processes due to Covid-19 needed to be included in the report. MB noted that this would only apply to the last 10 days of the time period covered in the report, and the report reflects compliance across the whole of the year. Some reference has been made to this in the draft and MB will review with RW if any further narrative is required. AM noted that the report needs to reference the Workforce Disability Equality Standard (WDES) as well as the Workforce Race Equality Standard (WRES). It was also suggested that the implementation of SystemOne should be considered as one of the key risks from 2019/20.

Action: Mark Brooks

Going concern report for the annual accounts – MB highlighted that the draft planning process was not finalised due to Covid-19 but that for the first four months of 2020/21, costs are covered by interim finance arrangements. MB confirmed that, based on our financial performance, draft plan, the interim financial arrangements and our current cash position, he had no reason to believe the Trust would not be sustainable for the next 12 months.

Provider licence conditions – MB advised that this used to be a reporting requirement, however as the Trust has not been updated as to whether this is a continued requirement, this has been completed to ensure compliance.

It was RESOLVED to APPROVE the Annual Governance statement, the going concern report for the annual accounts, and the compliance with NHS provider licence conditions and code of governance self-certifications.

TB/20/24b Audit Committee Annual Report 2019/20 including updated terms of reference for Trust Board Committees (agenda item 10.3)

MB noted that this is an annual requirement to ensure the effectiveness of committees. For each Committee, an annual report and review of terms of reference is completed following a self-assessment survey. MB noted that there are no key issues or concerns that have been highlighted from the review, and the reports are submitted for Board recognition and approval.

LC added that the evaluation asks Committees to observe three key points: to comment on the Committee overall, how it has improved in terms of performance and where it has added value. LC noted that there has been a general improvement in Committees meeting their terms of reference and the outcome of the review is positive.

AM noted that there has been a delay in completing the first annual review for the West Yorkshire Committee-in-Common due to Covid-19. AM added that this would follow the same structure as other Committees, and that the review will be considered by the Audit Committee once finalised for completeness.

Action: Angela Monaghan

It was RESOLVED to RECEIVE the Audit Committee Annual Report 2019/20 and to APPROVE the updated terms of reference for each of the Trust Board Committees.

TB/20/24c Assurance from Nominations Committee 14 April 2020 (agenda item 10.5)

It was RESOLVED to RECEIVE the assurance from the Nominations Committee.

TB/20/24d Development of a Clinical Ethics Advisory Group (CEAG) (agenda item 10.6)

SThi introduced the item and thanked Dr Adrian Berry for his work in developing the clear and comprehensive paper for Board on a short timescale. There are two stages to development of the group, there will be an interim arrangement to help to establish a long term group. This will allow for a more consistent approach and to provide assurance on appliance of ethical principles. The group will report in to the CG&CS Committee and into the annual report.

RW added that this is an important development to support difficult clinical choices that could occur, particularly during the pandemic.

It was RESOLVED to APPROVE the establishment of the Interim Clinical Ethics Advisory Group (CEAG), SUPPORT the process for the development of the CEAG and AGREE to the governance arrangements for the groups.

TB/20/25 Assurance and receipt of minutes from Trust Board Committees (agenda item 11)

AM asked the chair of each Committee to provide an update where appropriate:

Audit Committee – LC noted that wrong set of minutes is referred to in the cover paper, and that this should be January 2020.

Clinical Governance and Clinical Safety Committee – CD advised that the Committee will continue to discuss the Care Quality Commission (CQC) action plan as this is important in relation to quality improvements, but noted that reporting requirements have reduced and timelines have been extended.

West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committees in Common – AM noted that the meeting took place on 23 April, after the circulation of Board papers, and the following key points were discussed:

- The programme has reviewed its role and which elements continue, are repurposed or paused during the Covid-19 pandemic.
- Specific West Yorkshire and Harrogate offers are in development, including bereavement, keeping people connected, supporting cohorting arrangements, learning lessons and planning for a post Covid-19 response.
- Dialogue with Tyne, Esk and Wear Valley NHS Foundation Trust continues regarding the possibility of developing a subsidiary organisation to provide care packages for complex individuals with learning disabilities and autism.
- All organisations have well implemented business continuity plans; the role of the collaborative has been in testing these from a footprint perspective and sharing good practice.

It was **RESOLVED** to **NOTE** the assurance from committees and **RECEIVE** the minutes.

TB/20/26 Trust Board work programme (agenda item 12)

The Board noted the changes to the work programme. AM noted that this will be kept under review.

Trust Board RESOLVED to **NOTE** the changes to the work programme.

TB/20/27 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on Tuesday 30 June 2020.

TB/20/28 Questions from the public (agenda item 14)

No questions were received.

Signed:



Date: 30 June 2020