NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of the Trust Board meeting held on 29 September 2020
Microsoft Teams Meeting

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Chris Jones (CJ)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director (from 9:30)
	Sam Young (SYo)	Non-Executive Director
	Rob Webster (RW)	Chief Executive
	Tim Breedon (TB)	Director of Nursing and Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance and Resources (absent between 10:15 and 11:00)
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Subha Thiyagesh (SThi)	Medical Director
Apologies:	Members None	
	Attendees None	
In attendance:	Carol Harris (CH)	Director of Operations
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary) (author)
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy
Observers:	Angela Keeney	Nurse Consultant & Clinical Lead Stroke Services (Item 5 only)

TB/20/59 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies were noted as above and the meeting was deemed to be quorate and could proceed. Mike Ford (MF) was welcomed to the meeting as a new Non-Executive Director.

AM outlined the Microsoft Teams meeting protocols and etiquette and identified this was a performance and monitoring meeting. AM reported this meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting.

AM informed attendees that the meeting was being recorded for administration purposes, to support minute taking, and once the minutes had been completed the recording would not be retained. Attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

AM reminded the members of the public that there would be an opportunity at the end of the meeting for questions and comments, received in writing.

With all of us in mind.

TB/20/60 Declarations of interest (agenda item 2)

AM noted that MF was appointed from 1 September 2020 as Non-Executive Director and had no declarations of interest.

It was RESOLVED to CONSIDER the attached summary, particularly in terms of any risk presented to the Trust as a result of a Director's declaration, and, subject to any comment, amendment or other action, to formally NOTE the details in the minutes of this meeting.

TB/20/61 Minutes from previous Trust Board meeting held 28 April 2020 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 28 July 2020 as a true and accurate record.

TB/20/62 Matters arising from previous Trust Board meeting held 28 April 2020 (agenda item 4)

The following items from the action log were reviewed:

TB/20/49 – The action relating to the LeDeR report had been taken to the Clinical Governance and Clinical Safety (CGCS) Committee and could be closed.

TB/20/49 – Risk 1528 had been taken to CGCS Committee and updated and could be closed.

TB/20/50b – The Extended Management Team (EMT) time out session was on today's agenda and was now complete. Close.

TB/20/51b – The independent report on health inequalities by Professor Dame Donna Kinnair would come to Trust Board in October and the action was therefore complete. Close.

TB/20/51c – The business case and governance structure for Lead Forensic Provider Collaborative was on today's agenda and the action was complete. Close.

TB/20/51c – Inform the Members' Council of progress being made with regard to the forensics lead provider collaborative programme of work. This was on the Members' Council agenda and could therefore be closed.

TB/20/52b – During Covid-19 working with homeless people had been challenging in the inpatient setting and a report will be taken to the CGCS Committee on 10 November 2020. The item was confirmed to be on the agenda and the action was agreed to be closed.

TB/20/52b – AGD had provided a more detailed report into the Operational Management Group (OMG) to look at increases in workforce stress and anxiety and therefore the action could be closed.

TB/20/52b – Supervision had been on a downward trend prior to Covid-19. Soft intelligence suggests it is improving but checks need to take place to demonstrate this. A verbal report had been provided at CGCS Committee on 15 September 2020 describing actions underway and trajectories for improvement. The action was agreed to be closed.

TB/20/52b – Child and Adolescent Mental Health services (CAMHS) – Autism Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD) "waiting for assessment" numbers continued to increase despite further commissioned activity work. A

waiting list paper had been taken to CGCS Committee on 15 September 2020 and as such the action was agreed to be closed.

TB/20/53a – The digital strategy is being updated for January board and so it is not totally clear what any constraints on delivery will be at this stage. The action was agreed to be closed.

TB/20/53a – Digital Board Development has been agreed and is now being progressed. Action to be closed.

TB/20/54b – Discussion with the national Leadership Academy had taken place in relation to board development and this was on today's agenda and the action could therefore be closed.

TB/20/32 – Indicators in the Integrated Performance Report (IPR). It was agreed that the IPR metrics have evolved during the period of the pandemic in terms of the Covid-19 response. Any further changes will be monitored through the Finance, Investment and Performance (FIP) Committee. Action agreed to be closed.

TB/20/35a – Update from Trust Board 28 July 2020. Tim Breedon (TB) clarified that the Covid-19 incident reporting table showing patient deaths included deaths that had been registered in error by community teams. These deaths should have been linked to primary care services. This would be amended through incident reporting and would be reflected in the next IPR. TB reported it would take some time to clean the data and that is why there had been a discrepancy. It was agreed that this action could be closed.

TB/20/35a – CGCS Committee had received a more detailed report in September 2020 about the suitability of the digital mode of delivery and the reduction in recovery rates for Improving Access to Psychological Therapy (IAPT). As such the action could be closed.

TB/20/35d – The Equality Impact Assessment (EIA) was reviewed and updated regularly and updates were provided to the Equality and Inclusion (EIC) committee. The action could therefore be closed.

TB/20/35d – The EIA also now included protected characteristics and this action could also now be closed.

TB/20/35d – The Business Intelligence Team will support the development of the Integrated Performance Report (IPR) to reflect equality impact measures. The IPR needed to be used as the main tool to seek assurance that the organisation was being managed. It was agreed this was the lens that the IPR needed to be viewed through. It was also agreed that this action was superseded by the eight actions required to tackle inequality as outlined in the phase 3 response letter sent to all NHS Trusts by Simon Stevens and Amanda Pritchard and as such this action could be closed. A new action should be created to make sure the Trust delivered against the eight actions required by NHSE/I.

Action: Salma Yasmeen

TB/20/36c – Learning from changes as a result of Covid-19 had been shared with Committee leads and this action was now complete. Close.

TB/20/09a – An evaluation of the estates strategy was coming to the Trust Board in November and therefore the action was now complete. Close

TB/19/97a – In relation to the Board Assurance Framework (BAF), a process was in place following the Strategic Board meeting in September 2020. A bespoke meeting has been arranged to discuss the BAF prior to the Audit Committee meeting on 13 October 2020, with

a view to the updated BAF risks being brought to board in October. Both actions relating to this reference number could therefore be closed.

TB/20/63 Service User / Staff Member Story (agenda item 5)

AM introduced Angela Keeney (AK), a nurse consultant in the Trust's stroke service. Angela Keeney would be providing today's story and AM asked Carol Harris (CH) to introduce the item.

CH reported she had invited AK to provide a board story following an executive trio visit to the service by herself, Tim Breedon (TB) and Subha Thiyagesh. The purpose of today's story was to understand the work that the service had carried out in establishing a new and enhanced service offering during the pandemic.

AK thanked the Board for the opportunity to tell her story today and started by saying how "exceptionally proud she was of what had been achieved". She reported "as a clinician it was important to say that something had been done well, as clinicians were often very reticent to showcase their achievements.

The team is called the Barnsley Integrated Stroke Team and the reason for this is that the team offer inpatient rehabilitation beds, an early supported discharge service and a community therapy team all working together as one. This provides excellent care for service users and a great working environment for staff.

By having this model, 80% of staff were recruited into the new service at first advert because clinicians know which specialist area, they want to work in."

AK reported that the new team was due to commence operationally on 6th April 2020, exactly one week after the national lockdown commenced. At the outset the team did not have a current caseload in the community, which was helpful, because they didn't have to stop providing any element of the service, given that elements of the service were brand new.

The team worked with their Infection Prevention and Control (IPC) colleagues, the South Yorkshire and Bassetlaw Stroke network and the national Getting It Right First Time (GIRFT) team. It soon became apparent that the team would be able to provide excellent care to their patients.

The service user group are people who have often just come out of hospital after a life changing event. Sometimes therefore a phone call isn't enough and face to face contact is required.

A triaging process was established with national and regional teams so that all patients were triaged for Covid-19. Patients were asked if they wanted staff to come into their home and staff responded to the patient's wishes.

Face to face visits were conducted using Personal Protective Equipment (PPE). AK reported that there "had been no shortage of PPE" and thanked the Trust Board for this. The team had also used "tele health" (video enabled healthcare) where appropriate.

AK reported that the team had "achieved fabulous outcomes for patients. The team had received gifts of flowers and cakes".

"People were leading better lives because lots of work had been done in the previous two to three years over the acute and hyper acute end of stroke. This had emphasised how the first

three days were vital, and this was how we save lives. The reality of this was that patients were living well for years after suffering a stroke.

The team has managed to reduce the bed base in the inpatient service, in line with work that had been carried out with the Clinical Commissioning Group (CCG). The number of days required in a hospital bed at Barnsley acute hospital has also been reduced. The team has benefited the local community and health community in addition to enabling the Trust to provide more holistic care. Speech therapists had also been employed into the service which went against national trends."

AK thanked Mark Brooks (MB) and the finance team for their support in liaising with the CCG to get the service that was needed with the correct staffing requirements.

AM thanked AK for her story and reported her own experience of the positivity of the team when she had been to visit them.

TB commented this was a great example of how multi-disciplinary teams could work together to provide great care.

AK reported that inter-disciplinary working was a key component of the team and utilising the different skills within the team to provide great care.

ST reported she had also experienced the positivity of the team first-hand when she had been to visit and acknowledged the importance of not only multi-disciplinary teams but also inter-disciplinary working.

CH reported she had personal experience of stroke and this team has helped to provide a way for service users and families to get back to living their lives, in their way, and this was clear when you spoke to the team.

AK reported that the team provided more than just occupational therapy, they had a psychologist and a Stroke Association support worker which provided a long-term element to the care the team could provide.

Mike Ford (MF) thanked AK for her story and asked if this approach could be used in other services or if it was a template for other areas to consider?

AK stated she felt there were ways in which the methods they had used, could be utilised in other services, using different thinking.

RW felt there were two big lessons from this story, firstly, stick to what was right from the evidence available. Secondly there had been a lot of conversation about stroke services being damaged by changes such as this, but the reality was the services were better. The skill mix, looking at the whole person, utilising physical, psychological and social wellbeing provided some valuable lessons for other services and was in line with the Trusts vision.

It was RESOLVED to NOTE the Staff Member Story.

TB/20/64 Chair remarks (agenda item 6)

<u>Chair's remarks</u>

- AM thanked all staff and volunteers across the Trust for the work they had been doing in recent months and rising to the challenge as the pandemic began to show signs of increasing again.

- The private board session today had a full agenda due to items that had been carried across from the strategic board meeting in early September. This meeting had to be shortened due to national and regional planning meetings.
- Private Board today would include:
    - a verbal update on ongoing serious incident investigations
    - financial planning arrangements
    - priority programmes for the remainder of the year, in light of the planning requirements and performance measures
    - Updates on developments in West Yorkshire and South Yorkshire integrated care systems that might be commercially confidential. This included provider collaboratives for forensic services, where the Trust was to be lead provider, and eating disorders, where the Trust was to be a partner.
- The quality account was on the agenda to be approved prior to publication.

It was RESOLVED to NOTE the Chair's remarks.

TB/20/65 Chief Executive's remarks (agenda item 7)

Chief Executive's report

RW asked to take the report as read but stated there had been some updates since the report had been written:

- Testing. There is now an expectation that all NHS staff are to be tested through the "Pillar 1" process. (This refers to swab testing in Public Health England labs and NHS hospitals for those with a clinical need, and health and care workers).
- Work with the Mid Yorkshire hospital in West Yorkshire and Barnsley hospital in South Yorkshire, showed there was currently sufficient capacity to achieve this.
- There had been a recent increase in staff absence due to Covid-19 – an increase of over 100% in a week. This is now seen to be levelling off and has settled at around 100 plus staff absent. Part of this stabilisation process is likely to be due to better access to testing.
- The Leeds lockdown restrictions have recently been confirmed. Four out of five West Yorkshire local areas are now subject to enhanced local restrictions.
- Colleagues in Wakefield are making sure there are conversations around a consistent set of messages and reviewing whether combined restrictions would be helpful or unhelpful.
- Communication within the organisation and with the public is one of the key things we need to get right and we continue to play our part in that, in the integrated care systems (ICSs) and places that we work.
- We continue to engage fully in the emergency planning arrangements in each of the places
- There was a substantial amount of information in the report about finance and planning, and these items were on today's board agenda. Timescales remain tight. There is a shift in emphasis for the second half of the year on finance and planning which may have a material impact on the organisation. This needed to be discussed thoroughly in the private part of today's board meeting.
- The Trust continued to make improvements in services that were under pressure. CAMHS in both Wakefield and Barnsley had experienced some notable improvements in their services. This was vital given the pressure that we are likely to see on mental health services over the next six to eighteen months and the expected impact on children and young people.
- The Annual Members' Meeting (AMM) was a fantastic testimony to the staff and to the partnerships that we have. It reflected the reason why it is important that we succeed in terms of the impact we make on people, the improvements we have made, and the issues we still have to deliver. The AMM was delivered incredibly well digitally, and RW thanked the staff, governors, partners, directors and corporate teams involved in its presentation.

- RW stated that our organisation was made of people not buildings, devices or medication. AK had demonstrated in her story today that when we are faced with issues we try and deal with them and this was informed by our values.
- RW reported it was with regret that he had to inform the board of a death in service. Wayne French, who worked on the Melton Suite, the Barnsley Psychiatric Intensive Care Unit (PICU) had passed away last week.
- The Trust had sent condolences and provided support to Wayne's family. A number of Wayne's relatives worked in the Trust and the Melton team were feeling his loss heavily. RW reported Wayne was a big character on the ward and was very focused on speaking out to keep the ward safe. He would be very much missed.
- AM echoed RW's condolences to Wayne French's family.

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

TB/20/66 Performance reports (agenda item 8)

TB/20/66a Integrated performance report month 5 2019/20 (agenda item 8.1)

Mark Brooks (MB) highlighted the following from the report:

Finance

- The Finance Investment and Performance (FIP) Committee reviews Trust financial performance in greater detail.
- The financial arrangements for the first half of the year were to allow the Trust to break even, and it was noted to the top-up payments required to break even have increased in the last couple of months.
- There are a number of income streams in this financial year essentially consisting of a block payment based on month 9 of income last year, a prospective top-up payment based on month eight, nine and ten average costs.
- We are then allowed to reclaim any Covid-19 related costs and any other costs required to break even retrospectively.
- Covid-19 related costs, value wise, have been similar in each of the five months, between £400k and £500k on average. They have consisted of different make up but always been around that level.
- Our initial top of payment to allow us to break even was £240k in the first two months but that increased to £900k last month. There were a number of reasons for this.
- The Trust hadn't been paid for all services in the block payment because of the way the original calculation worked, which accounted for £300-400k each month.
- On top of this there had been lower staff turnover with fewer vacancies and therefore higher staff costs.
- There have been higher pay costs due to the amount of staff cover that had been required as a result of the pandemic.
- Some investments in new or expanded services had been pre-agreed with commissioners prior to the planning and contracting process being paused.
- For the last two months there had been an increase in out of area bed usage which cost in excess of £300k in July and close to £250k in August. By comparison, in total for the first three months of the year the cost of out of area beds had been around £180k.
- The provision of locked rehabilitation beds in Barnsley has also been an issue. There has been an overspend compared to the amount of income received, to the amount of £800k in the first five months of the year and this had increased month on month.
- In terms of our capital forecast the Trust has only spent about £500k to date. At the outset of the pandemic it was hard to get contractors on site and our own staff were focused on the response.

- We have therefore asked for an updated capital expenditure forecast by September. Given how the capital regime is working currently it might be that if other organisations need to spend more, we could help enable this within the ICS as a whole by letting other organisations spend more whilst the overall sum remains within the ICS capital limit.
- We continued to pay 80% of our suppliers within seven days compared to the national average of 36%.

National Indicators

- In terms of national metrics there has been very little change with most targets being achieved.
- We went from having zero young people in adult beds in July to having three in August spanning a total of eight days which TB would cover in more detail.
- On the whole we are performing well, some metrics were close to target, but the target was still being maintained, which in light of the impact of Covid-19 was a positive achievement.
- The target for diagnostic appointments being achieved in six weeks has not been met, which referred in particular to pediatric audiology. External reporting on this metric has been paused during the pandemic so far.

Covid Response

- MB referenced the inclusion of some additional graphs in this section which had been shown by place. This was a new feature to show historic and current referral and contact numbers
- A dip could be identified at the beginning of the pandemic.
- Feedback on the effectiveness of these graphs would be welcome and these could be taken through FIP or dealt with in further conversation in the private session around IPR metrics.

AM thanked MB and reported she had found the activity data useful and asked board members for any questions.

Chris Jones (CJ) reported as chair of FIP Committee the activity charts were really helpful as they had annotated the question of “what does reset look like”. Although there was a lot of detail present for the Board, it was useful to know it was there and colleagues were using the data for the planning process.

MF asked what the impact was of the Trust potentially running at a deficit? Did it mean we drew from our reserves?

MB reported that the biggest impact would be on cash at the moment. Given the use of financial targets within systems it could also impact on other organisations within the ICS.

Erfana Mahmood (EM) asked about PPE in reference to the peaks and troughs of Covid-19 and the reliability of supply.

MB reported that the Trust had not experienced a shortage. The Trust received national ‘push’ deliveries and typical demand levels had been established early in the pandemic., These deliveries have not always been enough to meet our demand so there is also a mutual aid scheme in place with both ICSs. An example of this is medium-size gloves, which were an issue. Gloves, on the whole, were in good supply but demand for medium-size gloves is much higher than other sizes. The Trust is therefore ordering off the NHS Supply Chain as and when it could, to bolster supply.

Current stock levels of masks equated to approximately 10 days of stock which was healthy but had reduced from 15+ days in previous months. The Trust was engaged with regional and national discussions about demand requirements. This was being closely monitored and the management of the supply chain was something that needed further review.

Action: Mark Brooks

CJ asked if there were any changing trends in relation to the staff helpline with Occupational Health (OH). There was a downward trend in use highlighted in the IPR but information suggested there were still pressures on staff and so what could be learnt from the OH helpline?

AGD reported that following the Robertson Cooper staff survey there had been a question as to what support was needed and how it should be focussed. The helpline was one aspect of the OH offer and had been positive.

There is a mental health nurse in the OH team and they are doing proactive work around how to maintain staff resilience. The staff counselling service has been maintained and although there are peaks and troughs around waiting times, staff are getting the right support.

The OH team are under pressure and waiting times are being addressed. The Robertson Cooper survey showed non Covid-19 sickness was down, which was positive, but under closer scrutiny, the figures for stress and anxiety had gone up, which meant there was a current need to support staff resilience.

AM referenced the activity data and reported that the activity indicators reported in the recent Barnsley Integrated Care Partnership Group, as part of the Barnsley integrated care plan prepared for the ICS, were slightly different. AM queried is this was something that needed to be monitored?

MB reported there are several streams of work in progress currently in response to developing our reporting to meet the Covid-19 phase 3 response and long-term plan requirements. The other pieces of work include reporting for reset and recovery and the eight urgent actions to address inequalities. The metrics referenced by AM, over time, would become part of our Trust discussion as well.

AM asked about benchmarking. She stated it was good to see what trends were occurring but asked if there was there some way in which we could incorporate benchmarking information to see where the Trust was in relation to regional and national averages.

MB reported that the Trust was part of the national benchmarking group and the model hospital. A lot of that information had been suspended during the pandemic. The benchmarking was part of the terms of reference for FIP committee and reports had been taken to FIP.

MB reported he had concerns about how real any benchmarking data could be in the current climate and how service provision over the last six months could be accurately measured. MB reported there is a group of finance directors across Yorkshire, Humber and the North East who meet regularly and discussed how they could compare with each other.

As an example, prior to the pandemic staffing models had been built up for each of the different types of bedded units which had provided fantastic comparable information. One avenue that could be taken was to compare our Trust to other trusts within this group for certain measures during the period of the pandemic.

AM reported she was aware of the further benchmarking avenues but questioned if there was any benchmarking data in relation to reset and recovery. The inequality data also needed to

be feeding through as well as activity data and we are trying to incorporate this into the IPR. MB explained that the growth in reporting requirements is a huge undertaking for a relatively small team.

MB updated that there was a small piece of narrative this month which summarised progress in relation to initial thoughts on where data relating to the eight urgent action on inequalities could be obtained and this would start to develop in the coming weeks.

Charlotte Dyson (CD) commented that in the CGCS committee agenda setting meeting, the slides about the predicted level of demand had been really useful. The board might want to think about emerging community risks such as homelessness, students going to university, long term covid-19 and the psychological implications of these things. The Trust needed to be aware of demand from other areas that we might not usually see. The CGCS committee would be looking into these.

Action: CGCS Committee

MB reported that if we looked at what our requirements were for understanding demand and capacity planning prior to Covid-19 it would be very different to what they are now. We need to look carefully at what our structure is going to be to ensure we meet these requirements. Previously if there was a tender coming up or a specific piece of work required, we would do some basic demand and capacity modelling work. The Trust is going to have to think quite carefully about how it structured some of its functions.

AM summarised by saying that FIP would look at these issues in detail and we would make sure these were kept in view of the board as required.

Action: FIP Committee

AM reported that MB needed to leave the meeting for a national financial planning call at 10:15

TB highlighted the following from the IPR report

Covid-19 (pg. 10 of IPR)

- The Infection Prevention and Control (IPC) team are working hard providing support and guidance across the Trust
- There had been two small outbreaks on two wards. Swift intervention had prevented a significant impact and it had highlighted the importance of continued messaging around the appropriate use of PPE and distancing.
- The Trust has close control of PPE stocks and plans, and this is monitored through silver command which is currently meeting twice a week. It had been meeting once a week, but this had increased in response to the rising number of Covid-19 infections.
- Staff testing is a priority, and this is being stood back up to get people tested and back to work as quickly as possible. This is being supported heavily by the IPC team.
- Covid-19 second wave preparation is now being looked at across the system and this is being closely monitored.
- Visiting is an important factor for us an organisation. It is important for people to see loved ones during difficult times. The Trust has a sensitive approach to visiting and positive feedback had been received in relation to this.
- The use of tablets and digital technology is taking place, and face to face visits are happening where appropriate and necessary.

Quality dashboard

- As MB had already referenced there had been an increase in the number of under-18 admissions to adult beds. There had been limited availability for Tier 4 beds (young person inpatient beds). The Trust continued to only admit young people to adult beds as

the "least worst" option and moved the young person back to an appropriate placement as soon as possible.

- The position on complaints to the Trust continued to be closely monitored. A significant amount of work had gone into this over the last year and the Customer Services annual report was on today's agenda. There is pressure in the system and on the 40-day turnaround time that had been set internally.
- Staffing numbers continue to remain reasonable but there is significant pressure in many areas.
- Some areas are showing high numbers of staff and this is typically where the Trust had taken on students to manage Covid-19 who wouldn't normally be on the Trust payroll. Some of the numbers reflected the amount of one to one, or two to one support required for some service users, but also related to where Covid-19 cohort wards had been set up and extra staff had been required.
- Key performance monitoring continued around supervision and risk assessments.
- Risk assessment was in the transition phase to the new formulated informed risk management (FIRM) system, which was a critical part of the Care Quality Commission (CQC) and Trust-wide quality improvement plan. There had been a lot of positive feedback on the new risk assessment approach.
- Restraint has been monitored for some time and support from the Reducing Restrictive Practice and Interventions (RRPI) team had been welcomed. There was a positive position in relation to prone restraint.
- Self-harm is being closely monitored through the enhanced Covid-19 risk scan. Incidents of self-harm and suicide are being monitored closely. There were two elements of self-harm, being cutting and self-strangulation, which had both peaked, and there is further work continuing around the swallowing of items.
- Incident levels had fluctuated but remained within usual parameters.
- The Trust is in a positive position in relation to the CQC improvement plan refresh. Improvements had continued in some areas despite them being paused nationally, which showed a real commitment to the Trust value of continuous improvement.
- Quality metrics are holding up well, with people were working hard in a difficult environment.

EM commented that the children in adult beds issue seemed unusually high and asked if high levels of acuity were the new normal?

TB confirmed it was very rare that this many children were admitted to adult beds. As already mentioned, this may have been due to lack of Tier 4 beds in the system, but this needed to be confirmed.

In terms of acuity, pre-pandemic acuity was reportedly up and had been for some time. This had been considered during establishment reviews. This has now been complicated by Covid-19 and it was difficult to establish at this time what the true effect was, but it is known that people requiring inpatient stays at the moment are likely to be significantly unwell. Whether this is a long-term position is not yet known.

EM asked if there is the right skill mix within the community teams to recognise the level of acuity before it reached the point of admission.

CH explained that the term "high acuity" meant that on admission people were very poorly displaying high levels of distress and agitation, and that required more staff. She reported that the more we try to keep people out of hospital, through community work, the more chance there is of getting more unwell people together in hospital. People being admitted were at the most acute phase of their illness.

Looking forward, if patient flow could be managed to enable fewer beds being required, ward sizes could be reduced with the same level of staffing to provide acute levels of care. This is part of the "care closer to home" programme. This did not just focus on reducing out of area beds but on providing high quality care and reducing lengths of inpatient stays.

ST reported that national and regional medical directors are noticing increasing acuity as an issue. There are direct and indirect effects of Covid-19. It was very hard to establish if this is a new normal currently. As a result of Covid-19 there is more heightened anxiety and psychosis and so acute mental illness had increased. Indirectly there are the psychological issues of household, economy and employment. This may an impact by the end of this financial year.

Baseline data needed to be monitored for inpatients and more importantly community teams and the community workforce, so that we could plan ahead for what is to come.

MF referenced the quality section summary page and noted the "% of feedback with staff attitude as an issue" was at 30% for August 2020 and should it be "red" based on the target of "<20%"? MF queried how the "staff attitude" figures were collated?

CH reported this had been discussed at the Operational Management Group (OMG) meeting and this was partly due to a small sample size, but also where a complaint had been upheld and part of the complaint related to staff attitude. We had been unable to draw out which part of the complaint had been upheld and more information had been requested to understand the context of these figures.

AM confirmed that MF was correct and given the target, it should be a red indicator.

CJ noted TB's point on the transition regarding risk assessments, but there was a downward trend and what are we doing to rectify this? In relation to safer staffing the level of registered staff seemed to be on a downward trend, as did safer staffing overall and is there some assurance around this issue?

TB reported in relation to risk assessment there had been a downward trend and there had been an issue around recording. The drive now is on the FIRM tool being rolled out. There had been an increase in numbers in the latter part of quarter two.

In relation to safer staffing TB agreed with MF's observation regarding registered staff. It had deteriorated slightly but this had varied in the past. In relation to acuity, it had been at this level for some time, and where registered staff are missing non-registered staff typically step into those gaps.

KQ asked if the roll out of FIRM had been delayed? TB confirmed it had been delayed initially due to Covid-19 but is scheduled to go-live in line with the agreed revised timescales.

RW reported it had been difficult to find a consistent measure for acuity. Currently this relied on the clinical judgement of the staff. We should continue to explore how we have a consistent measure of acuity.

Action: Tim Breedon

RW reported the Academic Research Centre in Bradford covered Yorkshire and the Humber region and had cast itself as the "research arm of our ICSs". In a meeting last week about programmes of work (one of which is the mental health work programme), RW thought the outputs from the centre presented opportunities for the board to consider its views on what happens next. RW suggested making a link with the research centre would be good for the Trust.

Action: Subha Thiyagesh / Tim Breedon

RW reminded the board about the National Confidential Enquiry into Suicide and Homicide session and what their insights were around the impact of the pandemic. They had reported lots of assertion but very little evidence about the impact on mental illness. There is far more evidence on the impact of recession on mental illness and we know that this is likely to be substantial.

TB updated that there had been a delay in the roll out of our safe care tool. This is in progress and would form part of the safer staffing report. TB stated that this may not solve the issue but would support and improve the evidence base around establishments.

AM questioned the increase in Duty of Candour applicable incidents and also the percentage of service users on Care Programme Approach (CPA) given or offered a copy of their care plan.

TB reported in relation to Duty of Candour there is work ongoing to establish what had occurred and similarly the rise in care plans not being given or offered to service users on CPA also needed to be reviewed.

Action: Tim Breedon

Locality
CH updated the board on the following items:

Barnsley Community

- Urban House is now back open and taking in 10-15 clients a day which is currently working well. Support work continued in the hotel accommodation due to Covid-19 restrictions. Work is ongoing with the commissioners to establish a proposed model for the hotel, as once Urban House is at capacity, we are not resourced to continue to support both.
- Work is underway in relation to clinic-based services such as musculoskeletal and podiatry so that waiting lists that had built up during Covid-19 can be addressed.
- Work streams have recommenced in relation to the integrated neighbourhood teams in Barnsley

Barnsley Mental Health

- Improving Access to Psychological Therapy (IAPT) has been undertaking virtual appointments but face to face is scheduled to re-commence in the next week.
- Memory service diagnostic clinics had been reinstated.
- There is a continued focus on improvement and performance hotspots as a result of the 12-month CPA reviews (this also related to Kirklees and Calderdale). SystmOne had identified some recording issues in relation to data that was available and there is focused work taking place to rectify this.

Child and Adolescent Mental Health Services (CAMHS)

- The numbers of people referred and waiting for the neurodevelopmental pathway in Calderdale and Kirklees continues to increase. This had been included in the CAMHS improvement priority programme and discussions are taking place with commissioners on this.
- Referral numbers are increasing across the board but are not in excess of pre-covid-19 levels.
- Work has been undertaken with schools to support the returns.

Inpatients

- High acuity remains as already cited.
- Out of Area beds continues to be a pressure, predominantly in relation to Psychiatric Intensive Care Unit (PICU) beds.
- Some of these pressures have impacted on acute services, meaning long waits in A&E. Work is ongoing with partners in the ICS to improve the experience for service users and share learning. Work is also ongoing across the ICS with the director of the West Yorkshire association of acute Chief Operating Officers (COOs) in the acute trusts.
- The focus remained on maintaining patient flow. A new reporting tool has been developed measuring current discharges against the average level of admissions per week, for the previous year, so proactive action can be taken.

Community Mental Health in Wakefield, Calderdale and Kirklees

- Group work is being resumed and the use of estate planning to facilitate this.
- As with Barnsley there is a continued focus on improvement and performance hotspots (CPA).
- All age liaison work is progressing really well, so that when young people attend A&E, they will get to see the mental health liaison team rather than waiting for a specific CAMHS worker.

Forensics / Learning Disability (LD) / ASD / ADHD

- Recruitment in forensics and LD remained a challenge in key areas.
- LD noted that the local restrictions for COVID in Calderdale and Kirklees had led to some service users not wanting to receive contact from services. This was seen earlier in the lockdown, and services had to find creative ways of keeping people engaged.
- Forensics and LD services had seen an increase in staff absence due to Covid-19 again.
- ASD/ADHD have had positive feedback from service users in respect of remote consultations.

EM asked about the six-week wait for diagnostics. A lot of investment had been made in terms of digital strategy, was there anything else that could be done?

CH reported this was down to paediatric audiology and the waiting lists should be resolved in next couple of months.

KQ asked about the small contingent of children in Wetherby/Adel Beck and what update there had been in relation to them.

CH reported that the team are working hard to maintain contact with service users. CH agreed to ask Dave Ramsay to report into CGCS committee on this matter.

Action: Carol Harris

AM asked as an interim measure that Dave Ramsay circulates a short report to Board members, updating them on Wetherby and Adel Beck situation.

Action: Carol Harris

CH updated that the clinical risk panel also reviewed all Wetherby and Adel Beck incidents every week.

Priority programmes
As previously highlighted, FIRM risk assessment training is going live from the end of this month.

Forensic services now have a comprehensive organisation development plan in place to address current issues and also in preparation for becoming the lead provider in the forensic collaborative.
Planning work continued with partners around reset and recovery.

Workforce

AGD updated:

- There are positive trends in the report but there is no room to be complacent.
- There are areas of hotspots and pressures.
- Models of workforce for the future are being considered. This is to make sure the future workforce is flexible with a well engaged bank staff and considered and efficient use of agency staff.
- In relation to staff turnover, instead of the exit interview, the focus is moving towards appraisal and having future career conversations to help retain staff.
- The workforce strategy is being brought to Board in November.

AM asked for clarity on reasons for absence by Business Delivery Unit (BDU) on p.120 of the pack. A large block appeared to be in relation to holiday isolation, but it was unclear. It was clarified that the red block related to “test and trace” numbers.

AGD reported that Forensics had a high level of Covid-19 related absence but also had a high level of general absence and the correlation between the two needed to be established.
Action: Alan Davis

MF asked what the impact of the redline on the summary around staff receiving supervision within guidance. This appeared to be a trend which hadn’t changed in a number of months?

TB clarified there had been an issue with supervision and evidencing that it had taken place and managed within policy. Chris Lennox (deputy director of operations) took a report into CGCS recently to provide assurance that supervision was both taking place and being recorded properly. This stemmed partly from group supervision and partly from protecting time for supervision to take place. This was now being taken into Operational Management Group (OMG) to be performance managed.

MF queried what the outcome was of low levels of supervision?

TB reported it was believed that supervision was taking place but not being recorded properly.

Sam Young (SYo) asked if there was there any learning to be taken from the Covid-19 related figures in inpatient?

CH reported the learning identified is for staff to remember social distancing applied when not dealing with patients as well. Transmission from staff to service users had not been an issue, but staff to staff infections had been an issue.

TB reported that IPC provided a learning debrief and messages around social distancing, car sharing arrangements and how to manage breaks in communal areas had been reinforced. A Bluelight safety alert had been re-issued to all staff and RW had reiterated the message in his Covid-19 briefings.

RW stated the Board needed more assurance on supervision. We should make sure that staff had the opportunity to have supervision, even if it was through digital means, to ensure that supervision is taking place as required.

RW referenced the learning from Bronte and Ashdale wards, where there had been heightened Covid-19 infections, and stated the importance of clear messages.

RW stated that yesterday, in the Robertson Cooper survey presented during the Annual Members' Meeting, the areas where we had gone down were psychological and physical wellbeing of staff. Tiredness can lead to lower rates of compliance with PPE and IPC and people become less able to deal with all of the changes.

As an executive management team there is a question about whether we maintain an open and supportive approach to PPE and IPC compliance or whether a more punitive approach is required.

Currently, the balance seemed right, as staff will report if they had not been compliant. Should more punitive measures be introduced, staff may be less likely to report this which would make it more difficult to stop infection. If people continue to be non-compliant over a period of time, punitive measures may have to be introduced.

TB suggested an action to enhance the planned report on supervision and take it to the next CGCS committee and then report into the next board.

Action: Tim Breedon

CD reported the measures to respond to non-compliance in relation to PPE and IPC had been discussed at CGCS committee and she was supportive of RW's comments.

EM referenced the number of information governance (IG) breaches and noted that the case studies given in RW's report were excellent.

TB reported the Improving Clinical Information Group (ICIG) had held a discussion about how to address the increase in IG incidents. It had been identified that the best way to tackle this was through a change in approach to communications that demonstrated the real and significant impact that these incidents had on people.

It was RESOLVED to RECEIVE the integrated performance report and the comments made during its presentation and NOTE the agreed actions.

TB/20/66b Serious Incidents Quarter 1 2020/21 (agenda item 8.2)
AM asked to take the report as read and stated the report had been through CGCS committee.

TB highlighted the following from CGCS Committee:
- It had been queried at what point Covid-19 was to be included in the main information

KQ reported that the key themes around learning disabilities from national reports were stark. Evidence of people with learning disabilities dying a considerable number of years earlier than those without learning disabilities, and evidence of negative bias in their care resulting in unequal treatment. These are the kind of things that need to be included in the equality strategy to ensure this was not the case in the Trust.

TB agreed that these factors needed to be taken into the Equality and Inclusion Committee. We need to look at what we do internally in our response and also how we support the wider system.

Action: Tim Breedon

RW reported the Trust was subject of a report by NHS providers into good and outstanding organisations that provide care for people with learning disabilities. As a Trust we have some expertise and credibility here, which we can use to help our partners and the system. The Trust should register that as something we should be doing. Sean Rayner may want to add something around the West Yorkshire Mental Health, Learning Disability and Autism partnership.

RW continued to say the Board needed to bear this work in mind when thinking about strategies and strategic priorities both for our populations and for our staff. When we talk about joined up care in every place, it's joined up care for people with a learning disability and if they are in an acute hospital, GP surgery or one of our services that reasonable adjustments are made that are informed by good practice.

There is something for the Board to consider about the partnership and the strategic objectives we have applying to people with a learning disability. Our staff always say it's the last thing we talk about, let's make it the first thing we talk about.

Action: Salma Yasmeen

AM thanked RW for the really important points made.

It was RESOLVED to NOTE the quarterly report on incident management.

TB/20/66c Financial Planning Arrangements (agenda item 8.3)
(Item 8.3 was taken after item 8.4 due the absence of MB being in a national call)
MB highlighted the following:

- Financial Planning Guidance had been awaited for some time and the fact that it had been only recently released demonstrated how difficult this process had been nationally to gain some form of agreement.
- Up until now block payments had been received from each CCG that had been calculated nationally, based on month 9 2019/20.
- This was topped up by a "prospective top up payment" which took account of costs in months 8/9/10 of 2019/20 and any differential was added to the block.
- Covid-19 costs had been reclaimed.
- There was also a "retrospective top up payment" to allow trusts to break even.
- There are other income streams such as income from Health Education England, Research and Development income, and income obtained from Local Authority commissioned services which had remained, on the whole, unchanged.
- The majority of income came from the block contract
- There is a significant change in the arrangements for the second half of the year with us needing to operate within a budget rather than claim back costs.
- The block payment has been updated to take account of material changes.
- In the previous arrangements, due to the calculation, we had not been paid for Barnsley CAMHS as an example, which has now been adjusted for. This was previously being claimed through the retrospective top up payment.
- More money is now being channeled via ICSs, which is a significant change.
- Retrospective Covid-19 claims are no longer allowed nor is a retrospective top up.
- System top up funding, growth funding and Covid-19 money would now be provided to the ICS. A mechanism for prioritisation and allocation by the ICS needs to be agreed.
- Mental Health Investment Standard (MHIS) monies have been ring-fenced. The value of this with each commissioner has not yet been agreed but is expected to be concluded shortly.
- There is a national expectation that all systems should be able to break even with the monies provided.

- In relation to timescales the ICS had to submit a plan by 5th October 2020. They would need trust plans to be submitted before this to enable them to aggregate and make the submission.
- All NHS trust income and financial results go through one ICS, which for us is West Yorkshire and Harrogate ICS. However, 30% of our business is with Barnsley, which is in the South Yorkshire ICS. This provides us with some complications and considerations.
- Workforce and mental health activity and cost pressure plans had been submitted in August.
- Within the guidance, for acute trusts, there is an elective incentive scheme which aimed to get the elective activity for acute trusts back up to higher levels.
- Whilst there is an incentive there is also in effect a penalty if the targets are not reached. This could impact on our Trust if it means the ICS cannot achieve its overall control total.
- All trusts in April 2020 were paid an additional month's income in advance to help with cash flow and this is likely to need reversing before the end of the financial year. Two months' notice would be given before this took place.
- The usual contract processes with CCGs are not taking place, instead we are operating according to the terms of the national standard NHS contract.
- Additional invoicing activity between Trusts and CCGs remains suspended.

AM acknowledged the finance and planning teams had been operating under significant pressure and working extended hours to progress this work and thanked them for their hard work and commitment.

CJ commented that MB and his team were well engaged in the process and the pro-active work in August had put the Trust in a good place to work through this process. There is immense pressure on timescales as already noted.

There is a degree of uncertainty around some income assumptions and we also have potential cost pressures with OOA beds, locked rehab placements, the future demand on services and the fact we had successfully recruited more substantive staff this year.

RW pointed out that the ICS was our partnership, not our boss, and the Trust had an input into how it operated on our behalf. Rather than a central approach to managing money there is now a partnership approach to manage the money together. We can only do this if the arrangements allow it.

The funding that had been made available in the block, the additional money for Covid-19, demand and transformation is becoming clearer, but the question remained, is it sufficient for the whole system?

As a Board we needed to understand our position in the partnership and what the risks are and where we might be flexible.

There is some ability to move money and the degree of stress around the ICS. The timing is challenging and the guidance not easy to digest. As a Board we need to be sure that our submission is a fair reflection of what we could achieve and what the risks and caveats are around it. We had been good at this in the past.

There is then a process to go through for all providers, following the submission, where we would all sign up to a final plan. This isn't until the 22nd October. If we lay down the caveats and position in the submission on 3rd October this would pave the way to sign off on the 22nd October.

AM asked to note any conflicts of interest that were inherent in this process. There are potential conflicts due to executives having roles at both a system level and trust level and these must be kept in view. There were, however, no decisions being made at ICS level that would outweigh those being made at Trust level.

RW updated that the Trust is in two ICSs and most of the Trust's money comes from West Yorkshire and Harrogate ICS because of the new arrangements, but there are also other more limited funds coming from South Yorkshire and Bassetlaw ICS.

In the West Yorkshire ICS, there is Director of Finance (DOF) group that MB is part of, with a memorandum of understanding. The DOF group made recommendations to the system leadership executive of the ICS about what they think the submission to the centre should say. That will be informed by the position of each organisation. Any decisions would be ratified by individual boards.

MB would be able to update as to whether the DOF group has finalised its submission but no decisions can be taken except by statutory organisations, which means us signing up to our plan, and Wakefield CCG (the lead CCG in West Yorkshire & Harrogate for channelling funds) deciding on the distribution of resources. Resource distribution came on the advice of the combined DOF group.

There are conflicts of interest for RW as the ICS leader and MB as a member of the DOF group and for other executives who sit on ICS groups, such as AGD and SY. We note the conflicts and do not believe they are material in anything that has been put forward for decision and conversation today.

MB declared that he is not the mental health finance director lead in the group.

It was RESOLVED to NOTE the report and COMMENTS made on the current arrangements.

TB/20/66d Robertson Cooper Staff Wellbeing Survey Results (agenda item 8.4)
AM asked to take the report as read.

AGD highlighted the following:
- The results of the survey are important, but it was what we do with the results that is really important, and how we use the report as an engagement tool.
- A benefit of the survey is that individuals received immediate feedback about what they can do to help their immediate wellbeing and take that into appraisal. The Trust wanted staff to own their own health and wellbeing and the Trust would support them.
- There is a lot of evidence that resilience lies in teams. "The great place to work" would now focus on teams, team leaders and using the survey to start discussions with staff.
- Business delivery units (BDUs) are looking at teams and an action plan is to be put in place by the end of October.
- As an organisation we are taking an overview about what we need to do with our staff health and wellbeing service in the longer term.

CD commented that the report was positive with 90% of staff feeling that their line manager is interested in their wellbeing. "I feel that the Trust listens when concerns are raised" seemed a bit low. Was there any comment on that?

AGD reported this is one of the areas where we will want to drill down further. It is Freedom to Speak Up (FTSU) month in October, and there is going to be a real drive in this area. FTSU

guardians were being spoken to with a view to them moving away from casework and into engagement.

CD reported she would like to see how this impacted on the plan that was being brought to CGCS committee next time.

Action: Alan Davis

AGD reported that the lead FTSU guardian had now been advertised after being on hold.

AM asked for the following comments to be noted due to time.

CJ reported he was really pleased this work had taken place but noted it had been done in slightly different way to which previous benchmarks had been constructed. CJ stated he was less optimistic than the summary report was. The chart on page 195 of the pack had more red and amber boxes than green. This didn't look good visually and the grey boxes raised questions over our vision to be outstanding. What are we doing about adult mental health inpatients as a service line that stood out really sharply? Were there any clear urgent actions being taken to address this?

Action: Alan Davis

MF noted the appendix reports on demographic breakdowns and how poor the responses were in the "prefer not to say" category in relation to sexuality, gender, ethnicity and disability. Although low numbers, these people were clearly feeling disenchanted and disengaged. What could we learn from this and what were we going to do to reach out to these people?

Action: Alan Davis

KQ noted the Covid-19 specific information about carers, perhaps one in five had caring responsibilities and they had poorer health and wellbeing. KQ's understanding is that that one in five NHS employees had caring responsibilities and also had poorer physical and mental health as a result. Was this information Covid-19 Specific? If it is one in five of our staff how were we identifying support for staff who are carers?

Action: Alan Davis

AM proposed to take the queries into Workforce and Remuneration Committee (WRC) as there were too many queries to answer today because of the time available.

Action: Alan Davis

RW noted this is one of the most powerful pieces of intelligence the Trust has and was timely. It is important to take action on the basis of what the report is telling us. Professional group sessions are required for nurses, allied health professionals (AHPs) and doctors. In the 2018 report AHPs were amongst the most disaffected but now they are not, which is positive. Doctors always say they are well, which suggests this may need to be looked into further.

Action: Alan Davis

RW continued, in relation to equality and diversity the Black, Asian and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual, Transgender + (LGBT+) group responses were more positive than the average. If that's positive we should say so, because they are getting more support, but at the same time we should recognise that is not the case for staff with disabilities and staff with caring responsibilities. These should be areas of priority for the Trust.

Action: Alan Davis

EM wanted to congratulate the Trust on doing this. The survey was rich in data but needed gap analysis and further work.

AGD reported BDUs are developing their own plans around adult mental health by October. Carers are a priority. In terms of demographics there is continual promotion through the staff networks about the confidence of staff to fill in the forms. The survey is going to WRC for more detailed review.

AM summarised by saying further review of the data was required with clear action plan as to what is to happen next and a full response to take place in the WR committee meeting.

Action: Alan Davis

It was RESOLVED to NOTE the results of the Wellbeing Survey and the next steps.

TB/20/67 Business developments (agenda item 9)

TB/20/67a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)

AM asked to take paper as read.

In relation to Barnsley, SY highlighted:

- The current key focus is planning and triangulating this with finances.
- Andrew Cash had written out to accountable officers in CCGs to ask them to work with places to start thinking about in-year efficiencies. He has asked mental health and acute providers to work together to achieve this.
- The Trust had contributed to the ICS plan by engaging with the Barnsley place. This was in the main acute activity and workforce data, but we had made sure the narrative around the five key priorities, which had been agreed as a place, would be included in the plan.
- A paper would be brought to board next month to provide a further update.
- The Mental Health, Learning Disability and Autism programme board had resumed most of their work streams and we are on track to deliver our requirements in relation to these.

It was RESOLVED to NOTE the updates from the South Yorkshire and Bassetlaw Integrated Care System and Barnsley integrated care developments.

TB/20/67b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.2)

AM asked to take the paper as read.

SY highlighted:

- The focus had been Covid-19, reset and recovery and finances
- The independent review of BAME communities and the impact of Covid-19 by Professor Dame Donna Kinnair had been completed and the final report with recommendations would be published on 22nd October 2020. This would be shared with all partners including our Trust. This may have some implications on the timing of our equality and inclusion strategy as we would like to consider the findings of this report in the Equality and Inclusion Committee (EIC) and at Trust Board.
- Partnership arrangements that were in place prior to Covid-19 are being resumed.

It was RESOLVED to RECEIVE and NOTE the updates on the development of the West Yorkshire and Harrogate Health and Care Partnership and place-based developments in Calderdale, Wakefield and Kirklees.

TB/20/67c Receipt of Partnership Board Minutes (agenda item 9.3)

AM asked to take the report as read.

AM asked for any comments on the partnership boards documented.

MF queried the fact that the Barnsley Health and Wellbeing Board hadn't met for over a year and did this present any form of risk?

SY explained that Barnsley has reformed the Health and Wellbeing Board as a development group, currently meeting in private. There was a consultant in place now who was working to reform and refocus the group. SY believed there is a public meeting scheduled soon.

It was RESOLVED to RECEIVE the minutes of the relevant partnership boards.

TB/20/68 Strategies and Policies (agenda item 10)

TB/20/68a Equality, Inclusion, Communication and Membership Strategy (agenda item 10.1)

AM reported this strategy had been to Equality and Inclusion Committee. The strategy was to be taken as read in draft form.

- SY reported clarity was required around objectives and strengthening was required around the equality and inequality focus through the report. The report referenced earlier from Professor Dame Donna Kinnair would also be of benefit to the strategy.
- There is to be an integrated approach focused on communities, service users, carers and our workforce
- The action plans are being progressed around their strategic intent and focus with clear deliverable metrics and outcomes. This work would progress while feedback on the draft strategy was being received.

TB added that the sooner the strategy is up and running, the better. We needed to get the action plans in place so that we could report against them, those were the key priorities.

AM confirmed that this strategy would come back to board in October for approval. The next Equality and Inclusion Committee (EIC) is in November and so there needed to be some consultation with committee members in between so final comments could be included. Any detailed comments should be fed through to SY or TB, any general comments could be taken now.

Action: Salma Yasmeen

KQ commented that the strategy was very bold and clear, and this was positive. On the diversity section there are some additions to be made. There is an assortment of figures on BAME communities, but these didn't include the LGBT+ groups.

The engagement was also great, but on p.249 it reported people wanted a "human – human" relationship built on dignity and respect. On page 250 it said, "make sure that the use of internet, social media and computers form part of the source of information but not the main part". Later on, we say our website is going to be the main source of information?

On p.253 it mentions the joint needs assessment. Is this the joint strategic needs assessment (JSNA) that CCGs and Local Authorities do or is it a new piece of work, in which case who is going to do it? We possibly don't have the capacity, but the ICS may have?

TB reported that the JSNAs were the existing piece of work but KQ's comment about joining up with the ICS was relevant.

SY welcomed KQ's comments and stated they would revisit some of the data within the strategy to make sure it picked up the key issues.

Action: Salma Yasmeen

AM reported the E and I committee recognised that drawing on population health data more effectively was important to understand the needs of the community we were serving.

RW reported one of the benefits of being a partner in places and ICSs is that we have access to public health insight and access to Healthwatch. In West Yorkshire and Harrogate there is a compendium from all of the insights, from all of the engagement work, which is published regularly and has just been updated.

There had been work completed on the impact of Covid-19 as there had been in Barnsley where Healthwatch had done some work on the impact of Covid-19 on different communities. RW stated we could stand back and admire the problem or get on with the action. There would be diminishing returns on the strategy and the focus should now be on the actions and sessions such as the LGBT session with private board yesterday will be really helpful. Let's sign this off soon and sharpen up the actions.

CJ agree with RW. There is no lack of data. Our own bottom up understanding needs to be reviewed in terms of how we may create inequalities through our own processes and activities and so we need that theme to come through. We then need to identify the key priorities for our communities. We can't do everything in the next 18 months.

SY agreed to get some draft plans and metrics in place for the next EIC meeting in December 2020.

Action: Salma Yasmeen

It was RESOLVED to APPROVE the recommendation for strategy sign off in October and provide comments made in the discussion on the strategy and agree the next steps to commence development of action plans with clear metrics for each area.

TB/20/69 Governance Matters (agenda item 11)

TB/20/69a Covid-19 Emergency Preparedness, Resilience & Response (EPRR) Arrangements (agenda item 11.1)

AM asked to take the report as read.

AGD highlighted the following points:

- Changes to the command structure as already mentioned.
- Stress test exercise through OMG to make sure all the learning was being integrated into business continuity plans.
- The figures on the flu evaluation for 2019, although the percentages are right the numbers are not. The correct figures were 2,743 frontline staff identified and we vaccinated 2,224, 519 either declined or refused to respond and 299 over and above that were exempt.
- A focus is being placed on this year's flu campaign and although Covid-19 restrictions would make it difficult we are looking at different ways of making sure staff get vaccinated.

AM noted that Brexit arrangements are also being stepped back up again

EM reported she was disappointed to see that some people were reluctant to get flu vaccinations when we had achieved good numbers in the past. In relation to stress testing, are we taking the learning away from that and is there anything at the ICS level?

AGD reported that both ICSs had taken part in stress testing exercises and planning, both earlier on in the year and there are future plans to do more and the Trust is involved in that. Business continuity plans had been updated with learning taken from Covid-19 and the stress test exercise was to work through some scenarios and make sure we had covered all the points.

AM clarified that we achieved over the 80% target for flu vaccinations for last year.

MF Are we testing at a local level in relation to business continuity planning?

AGD reported stress tests took place at a number of different levels including local testing. It is a local test, and we stress tested at local levels all the way up to regional.

It was RESOLVED to NOTE the content of the EPRR arrangements report.

TB/20/69b Medical Appraisal/Revalidation Annual Report (Item 11.2)
AM asked for the report to be taken as read.

- ST updated this report was to provide assurance of the statutory function of the responsible officer role, ensuring the Trust doctors are fit for practice.
- We made all due recommendations in time, there were no delays and the recommendations were approved by the General Medical Council (GMC). We have 144 prescribed connections.
- There were no breaches to the record. We did not recruit any new appraisers in the year 2019/20, however, since then in 2020/21, we have recruited about seven new appraisers which is a really positive number and adds to the level of resilience.
- Appraisal feedback has been positive. We have fourteen new doctors appointed and ten temporary doctors appointed.
- Depending on the time of appointment this may affect the appraisal timescale and that is why they will not be all completed in time.
- We do not need a statement of compliance this year. There is no requirement for an annual audit report but NHS England then stated these could be submitted voluntarily, which is what has been presented to the board. The plan is to submit the organisational audit by the end of November 2020.

MF asked if appraisals were graded, or were they appraised “yes” or “no”?

ST responded that appraisals were not graded but the quality of the appraisal process was reviewed. There is a detailed process regarding appraisals. In this Trust the appraisal system is democratic, whereby the appraisee could choose their appraiser. This is not the same in all trusts.

The appraisal tested whether the doctors were keeping themselves up to date with continuing professional development (CPD) and the general medical council domains. Anything in terms of excellence and performing above expectations from normal contractual obligations was looked at through the clinical excellence awards system.

RW confirmed the appraisal is a developmental process and added further clarity on the appraisal system.

AM asked about the revalidation oversight group lay member and how that person became appointed?

ST reported she was not clear on who the lay member was but believed them to be a service user. The group is in its second year so now was a good point to be thinking about the lay member and the skills and knowledge required for this voluntary role.

Action: Subha Thiyagesh

AM noted that last year the report went through CGCS committee but this year due to calendars being out of synchronisation this hadn't happened. CD confirmed this was noted and was on the committee work plan.

- **It was RESOLVED to RECEIVE this report, noting that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.**
- **It was RESOLVED to RECOGNISE that the resource implications of medical revalidation are likely to continue to increase year on year.**

TB/20/69c Patient Experience Annual report (Item 11.3)

AM asked for the report taken as read.

TB reported that the report had been through CGCS committee and it represented the amount of work that had taken place in relation to complaints over the last year. The ambition for next year would be a broader patient experience report which didn't just include Family and Friends Test (FFT) and complaints and concerns.

EM commented on the quality on the report. EM asked if it was possible to do any quality improvement (QI) work around the complaints process?

TB reported the QI team worked with wards and teams and that was included in the CQC improvement plan. TB stated that some of that detail could have been added to the report and could be considered for next time.

AM also raised what the experience was of people who had been through the complaints process. AM had received feedback from service users and carers that the complaints process was sometimes difficult and asked that the customer experience of going through the complaints process be reviewed.

Action: Tim Breedon

MF reported he was struggling to understand the numbers between last year and this year. This is a reactive report. We do other work proactively; do we pull these together?

TB The ambition for this year was to bring these together but have had to delay that this year.

It was RESOLVED to RECEIVE and NOTE the feedback received through patient experience systems in the financial year 2019/20.

TB/20/69d Workforce Equality Standards (Item 11.4)

AM reported the board was being asked to approve the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) summary reports and action plans that have been discussed in the Equality and Inclusion Committee.

AGD highlighted the following:

- While the two documents stood alone, they did have a much wider impact across the equality agenda and protected characteristics work. They are part of a broader initiative.

MF reported that having listened to members of the LGBT network yesterday he had reflected it was of benefit that staff had more senior staff they could aspire towards, and could this be added as an action in relation to the WDES?

AGD commented that we still needed more people declaring their disabilities and there are gaps in that. We needed to improve the declaration rate to get a better picture. The principle of the WRES was the same in the WDES in that we wanted a representative workforce at all levels.

AM cited a national piece of work around disability at board level and noted that might be something we wanted to formally sign up to.

Action: Angela Monaghan

RW felt we hadn't really grasped the opportunities around learning disabled staff or learning-disabled people working with the Board. We don't have easy read versions of papers or presentations from this meeting. We do a good job on strategies and policies on this, but less so in relation to board meetings. Something of this nature in the WDES action plan going forward would be beneficial.

Action: Alan Davis

RW continued to say the action plan on the WRES is in the right territory. The report from West Yorkshire ICS will add to this and we should take on board those actions when they come through.

Action: Alan Davis

CJ remained unconvinced that the actions to help with bullying and harassment would be effective and felt they were too process orientated. He wondered what happened after our discussion with the BAME network? This was an area where we needed to be stronger for all staff.

AM recalled that when these discussions had taken place it was agreed it needed to be considered for reflection in the BAF as well.

Action: Mark Brooks

AGD agreed with CJ that the question was what we were, as an organisation, going to do about bullying and harassment. We heard pre-covid-19 that one of the issues was office banter and where the boundaries were. The big issues for the BAME staff equality network is the issue around service users and carers and that needed to be dealt with in the right way. This model came from staff in Kirklees, where they have equity guardians and a framework to support staff who have actually gone through that process. This needed to be driven forward.

Action: Alan Davis

EM asked if we were able to extend reciprocal mentoring to cover disability?

AGD reported that this was something that could look to be rolled out across a number of different areas. Project Search was also something that is being looked at with the Mid-Yorkshire Trust and how we could mirror that. (Project search is a training programme looking at how to support young people with learning disabilities into paid employment)

Action: Alan Davis

AM summarises how important it is that all of these things are included in future plans.

It was RESOLVED to APPROVE the WRES and WDES summary reports and action plans but recognise that the comments made should be reflected in future action plans and identify those areas for further development.

TB/20/69e Audit Committee Chair Appointment (agenda item 11.5)
AM declared a conflict of interest on this item for MF and he was asked not to participate in this item.

AM reported the proposal was to appoint MF as the chair of the audit committee following his appointment as a Non-Executive Director on 1st September 2020.

It was RESOLVED to APPROVE the recommendation to appoint Mike Ford as Audit Committee chair from 1 September 2020.

TB/20/69f Committee Terms of Reference for Approval (Agenda item 11.6)
AM summarised the proposed changes:

Audit Committee – appoint MF as chair with other minor amendments.

Equality and Inclusion Committee – appoint MF as a member of the committee and remove Sean Rayner (SR), as well as adding that the governor was now appointed by the Members' Council. Also, to note the governor was in attendance but not a member, and the opening paragraph regarding the origins of the committee had been removed.

Mental Health Act Committee – appoint CD as a member of the committee. She has now left the Charitable Funds Committee. Two duties had also been added around service users and carers and vulnerable groups.

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees-in-Common – a cover paper had been added to demonstrate the comprehensive review of the terms of reference and the effectiveness of this committee.

Committee membership matrix – it was noted that Laurence Campbell was still shown on Members' Council group membership and attendance. ST should be an attendee for E and I committee. Terms of reference should be presented with track changes in future so that it is clear where the changes have been made.

Action: Andy Lister

It was RESOLVED to APPROVE the updated Terms of Reference as presented.

TB/20/69g Board Development Proposal (Agenda item 11.7)
AGD reported this continued from Development programme that ran last year and beginning of this year look at the next phase of the development programme.

We had signed up to the NHS Providers digital board programme.

The nationally funded programme is called Inclusive Leadership Development for Boards of Organisations (ILDBO), which is part of the Building Leadership for Inclusion initiative.
We had been given positive signs for several months but there had been delays in getting a commitment to the funding.

The national team have agreed to do some diagnostic work with us and then five days of consultancy time to deliver the inclusive leadership programme. This is a good offer in that it bears no cost to the Trust and there will be adjustments made due to Covid-19.

AGD's recommendation is to sign up to the programme. The diagnostic work will take place in October allowing the programme to be tailored towards the boards needs and likely to start in the new calendar year.

AM reported that the Greater Manchester System was also doing this programme and there could be some joint learning across the Pennines. AM supported the recommendation.

RW supported the proposal but asked if we had reviewed and evaluated if we had implemented things that we agreed we would do as part of the leading for improvement development programme. RW reflected on the conversations from today's board and stated it was good to see the SPC charts in the IPR report, beyond that it was hard to see what we have changed.
AGD agreed to carry out an evaluation and reflection of the leading for improvement development. This would form part of the diagnostic work.

Action: Alan Davis

It was RESOLVED to AGREE to join the recommended Board Development Programme.

TB/20/70 Assurance from Trust Board Committees (agenda item 12)

Clinical Governance and Clinical Safety Committee 15 September 2020 (minutes 9 June 2020)
CD stated it was important that as a board we received assurance but as a committee they were striving to focus on quality improvement.

Equality and Inclusion Committee, 22 September 2020 (minutes 2 June 2020)
AM reported the last committee meeting felt pressured due to time. The committee was still developing.

Finance, Investment and Performance Committee 25 August 2020 22 September 2020 (minutes 23 June 2020 and 27 July 2020)
CJ reported capital had been discussed and supporting the ICS in its capital management. The committee had reviewed lead provider projects around forensics and eating disorders. The committee supported the eating disorders project but had concerns around the forensic item. A review of financial planning and the plan to install a new finance system, SBS. MB reported there was a technical issue with the catalogue but SBS were working to find a solution.

Mental Health Act Committee 25 August 2020 (minutes 12 May)
KQ reported service user work is ongoing. The CQC feedback continued to be very positive and the new process is that they speak to service users, carers and staff rather than looking at documents. Care planning and risk assessments are a focus. Patient note quality is still being reviewed and there had been considerable improvements. Virtual hearings were still being developed and there was good work taking place.

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committee-in-Common 9 September 2020 (minutes 23 July 2020)
AM reported this was a strategic session looking at what the role and responsibilities should be on the back of the review that had been discussed earlier. The slides had been attached for information. The committee was evolving to have a much broader strategic view.

RW reported that in South Yorkshire and Bassetlaw there needed to be strengthened governance arrangements around collaboration on Mental Health, Learning Disability and Autism. There is a wider review of the South Yorkshire and Bassetlaw ICS taking place and within that the Mental Health and Learning Disability providers have been thinking what a similar arrangement to West Yorkshire and Harrogate would look like. There is a proposal that we commission some help with that which collectively we were looking at, but it was likely this

would result in a governance arrangement from South Yorkshire and Bassetlaw that would report into the board.

It was RESOLVED to NOTE the assurance from Trust Board committees and RECEIVE the approved minutes as noted.

TB/20/71 Use of Trust Seal (agenda item 13)

It was RESOLVED to NOTE the use of the Trust Seal since the last report in 31 March 2020.

TB/20/72 Trust Board work programme (agenda item 14)

Trust Board RESOLVED to NOTE and RECEIVE the changes to the work programme.

TB/20/73 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on 27th October 2020, which will be a virtual meeting.

TB/20/74 Questions from the public (agenda item 14)

No questions were received.

AM noted nobody had dialled in today and there were no members of the public on the virtual meeting.

EM asked if we could put the recording of the board meeting on the website.

RW reported the West Yorkshire and Harrogate ICS recorded the public meeting and posted it on their website for a number of days. AL could speak to Karen Coleman about their experience of doing that. RW also queried how well we were promoting this meeting on social media before and during the meeting. If AL and AM were to review it would be useful to involve SY and Dawn Pearson.

Action: Andy Lister

Signed: **Date: 27 October 2020**