Minutes of the Trust Board meeting held on 30 June 2020
Microsoft Teams Meeting

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Laurence Campbell (LC)	Non-Executive Director
	Chris Jones (CJ)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	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
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Dr. Subha Thiyagesh (SThi)	Medical Director
Apologies:	Members	
	Attendees	
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

TB/20/29 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. No apologies were noted. It was noted that the meeting was quorate and could proceed.

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

The Trust was not recording this meeting. Attendees of the meeting were advised they should not record the meeting unless they have 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.

TB/20/30 Declarations of interest (agenda item 2)

There were no further declarations over and above those made in the annual return in March 2020 or subsequently.

It was RESOLVED to NOTE no further declarations had been submitted.

TB/20/31 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 April 2020 as a true and accurate record.

TB/20/32 Matters arising from previous Trust Board meeting held 28 April 2020 (agenda item 4)

The following items from the action log were reviewed:

TB/20/17 – Carol Harris (CH) updated that the action relating to social distancing at Urban House (PS/20/11b) was being progressed as covered in the locality report and could now be closed. Salma Yasmeen (SYa) updated that the Involving People Strategy was progressing and this action (PS/20/13d) could also be closed.

TB/20/21b – Alan Davis (AGD) reported there was nothing further to raise in relation to the action regarding staff resilience and the impact of Covid-19 on black, Asian and minority ethnic (BAME) staff. The Integrated Performance Report (IPR) was being adjusted and the Workforce and Remuneration Committee was resuming on 21 July 2020. A deep dive would take place at this meeting and as such this action could now be closed.

TB/20/21c – Tim Breedon (TB) reported that the action in relation to reporting of safer staffing was complete and could now be closed.

TB/20/22b – TB updated that further work had taken place in relation to the controls for risk 1522. This referred to keeping staff, patients and service users safe and the action could now be closed.

TB/20/24b – The Chair reported that confirmation from the Committees in Common would be required as to when their first annual review would be completed following the impact of Covid-19.

TB/20/09a – AGD updated that the Estates Strategy was now to be submitted later in the year, for November Board.

TB/19/99a – TB reported that the complaints process was returning to normal arrangements as of 1 July 20 and targets were being revised.

TB/19/83a – It was reported that Mental Health Act Committee had conducted a review and had tightened up the work of the committee and adherence to the act. This had been reflected in the Care Quality Commission (CQC) report.

The Executive Management Team (EMT) had looked at the indicators that were in the IPR. Work still needed to be completed, but had been on hold due to Covid-19. This would be completed and included in the IPR when business was fully restored. It was agreed by the board that the action could be closed.

Rob Webster (RW) went on to explain that this fitted into a wider piece of work around what the board was taking as assurance. It was agreed that the Finance Investment and Performance (FIP) Committee should review the IPR against each phase of Covid-19 and make sure that the indicators were part of that work.

Action: FIP Committee

The Chair suggested that a new action was required and the current action could be closed. The action needed to be broader to confirm that the board had the right targets in the IPR to reflect performance in each phase of the Covid-19 response. The new action would need to be refreshed regularly and be current. It should be at the top of matters arising to maintain the right assurance for the board.

Action: Andy Lister

TB/20/22b Mark Brooks (MB) confirmed that the action about allocation of Covid-19 risks to committees had now been completed and the allocated risks by committee were attached to the action tracker. This allocation was agreed by the Board.

TB/20/33 Service User / Staff Member Story (agenda item 5)

Vicky Butterfield (VB) and Glenda Hartshorne (GH) from the learning disability community team in Calderdale presented the story of Sammy (changed identity). They explained how they as a team, had supported Sammy through Covid-19 and how they had adjusted their approach in response to Sammy's needs.

- Sammy had been deemed vulnerable by her multi-disciplinary team due to her Asian background, type 2 diabetes and being clinically obese.
- She had not received a formal shielding letter, however, it was felt necessary to support Sammy to discuss and consider whether she isolate for 12 weeks from March.
- Sammy was in agreement with this and expressed her worries about the virus.
- Covid-19 was a big change for Sammy and the team assisted Sammy to understand the need for shielding using a specialist Covid-19 social story.
- Additional telephone calls were put in place from her care coordinator.
- Calls focused on "talking about worries" during Covid-19.
- The team supported Sammy with establishing her daily routine and getting good sleep.
- Video-link was tried; however, Sammy did not take well to this so that was stopped.
- Urgent home visits were deemed necessary due to Sammy going into crisis and presenting as highly anxious about Covid-19.
- Her care coordinator and a social worker attended Sammy's home.
- As per Trust policy, Sammy was assessed by the intensive support team and assessed as high risk in terms of Covid-19.
- This meant, if required, Sammy would receive a face to face visit from the health team as it was deemed essential to health care delivery
- When visited for support, appropriate personal protective equipment (PPE) was used as could not assure two metre distance.
- Full Covid-19 care plan on SystmOne.
- VIP passport completed, uploaded to SystmOne and delivered to the acute hospital modern matron to ensure that any admission to the acute hospital would be informed by Sammy's needs.

AM thanked VB and GH for presenting Sammy's story.

Following the presentation the board asked if the team had yet had chance to reflect on whether they could have done anything differently, and how challenging the situation was in light of all the guidance being produced.

VH reported that the nature of Covid-19 was fast moving. There has been work that had to be done and then repeated, and the social story delivery had not been straight forward.

Guidance had changed regularly, and the team had to react quickly. Sammy was very in tune with day to day updates and had become fixated on the daily death toll, so the team

pulled figures together about the recovery rates to balance this. Staff were also anxious, especially in April and May.

VB noted that, clinically, the work with Sammy had not changed due to her BAME background but it was an added risk factor. The team spoke to her and her parents who were keen that she be shielded.

Sammy has a mild learning disability and staff wearing masks was daunting to Sammy, but she had been warned about this and soon became used to it.

When Sammy decided to re-enter the community the team looked at a further social story to help her understand this. Some service users had become very used to being at home, so when going out started again it became a new challenge. People need to be reintroduced to how they lived prior to Covid-19.

RW thanked VB and GH for their story showing the agility of their team in a fast-changing environment. There were generalised lessons for everyone from their story and Trust values were embedded within their actions.

It was RESOLVED to NOTE the Service User Story.

TB/20/34 Chair and Chief Executive's remarks (agenda item 6)

Chair's remarks

AM highlighted the items on the agenda for today's private board meeting:

- The board would be holding a discussion with a small number of representatives from the BAME staff network, but this was not part of the formal board meeting.
- Verbal updates on serious incident (SI) investigations, confidential as they are in progress, and business developments in each of our Integrated Care Systems (ICS) which are commercially confidential.
- Receipt of the final Trust annual report and accounts, which cannot be made public until it has been laid before parliament. It was confirmed during the meeting that these have now been laid before parliament and as such can become public documents.
- A procurement control approval that remains confidential until approved by the Board.

Chief Executive's report

RW reported:

- The Non-Executive Director's (NEDs) and Board members receive the brief which sets out the strategy and key issues within the organisation.
- Covid-19 briefings are now being provided weekly from this week onwards reflecting a reduction compared to the daily updates in operation at the onset of the pandemic and the subsequent months.
- Covid-19 remained a level 4 incident nationally and we are in phase 2 moving towards phase 3 of managing the incident.
- We would use this phase to plan for the future.
- Updates had been received since the Brief was published.

The main themes of the update were:

- The testing regime for staff has been increased, 8% of staff tested have tested positive for the virus.
- Testing would now focus on symptomatic staff, or an area where there had been an outbreak, and not on asymptomatic staff.

- Within the Trust, antibody testing has commenced and results to date show that 13% of staff tested had the antibody. This was a comparatively low figure compared to other trusts, which had up to 30%. The reason for this was unknown. It could be about effective use of PPE and Infection Prevention and Control but there was no evidence to support this.
- Testing is part of the test and trace arrangements which have been expanded nationally.
- A recent Kirklees outbreak had been managed well by local tracers. The Leicester outbreak required an intervention, hence no ease of restrictions. That is the kind of action that may happen if we experience significant local outbreaks.
- Currently, there are no areas in our footprint that would lead to this action. Media reports state Bradford is at risk of being similar to Leicester but this is not supported by the figures.
- Access to PPE has been better for the Trust in recent weeks, due to more consistency in national supply and use of regional mutual aid.
- Two metres social distancing should be carried out wherever possible. Guidelines around “one metre plus” means one metre social distance PLUS other protection or measures in place i.e. good ventilation, handwashing, etc. but in this Trust and across West Yorkshire we would aspire to two metres as the default.
- The Trust is yet to see any further information around finance arrangements beyond July. Nationally discussions are taking place with Treasury.
- Stress testing continues to take place with help from the military. New scenarios are being tested to support preparation and planning.
- There had been news in the media about the government issuing additional capital funding to support the removal of dormitory accommodation in mental health trusts. The Trust doesn’t have dormitories. We have engaged in a process to bid for national capital monies within the West Yorkshire & Harrogate ICS.
- Of our BAME staff, 99% have now received an individual risk assessment, with 100% completion expected imminently.

A discussion followed about why the testing strategy had changed and the concept of a Covid-19 secure environment.

It was explained that a “Covid-secure” environment is an area where there are safeguards in place that mean masks don’t need to be worn. All staff in community and hospital settings have to wear masks unless in a “Covid-secure” environment. Blocks within our hospitals and other buildings have been risk assessed to determine if they are “Covid-secure”.

Criteria for being “Covid-secure” include staff being able to stay two metres apart, maximum numbers in rooms, availability of hand washing facilities and hand sanitiser and appropriate PPE disposal.

Staff on Trust wards have to wear masks all of the time. As the rules develop the Trust will maintain focus on good infection prevention and control measures.

There was further discussion about the next stage of routine testing. There was potential that we would be required to run through a five / seven day routine basis for testing of staff. This would be coordinated through the Bronze testing group and overseen by Silver command.

The Trust was following national guidance and looking to be more proactive in spotting outbreaks.

Charlotte Dyson (CD) commented that the Leicester outbreak has highlighted the importance of making sure there is good communication that reaches across all communities.

RW explained that, on the broad point of managing outbreaks, all of the local councils had published outbreak management plans that week which include issues around communications. In Kirklees, people had been working with community leaders so that the right messages were being heard and positive messages were being relayed.

RW acknowledged that many of our Trust communications were visual to ensure that there was less of an issue with language or cognitive impairment. The question remained whether that was sufficient and we should continue to challenge ourselves to deliver easily understood material.

Salma Yasmeen (SYa) reported that communication and understanding was part of the Trust-wide Covid-19 Equality Impact Assessment (EIA). There had been a significant review of all information to ensure it was available in easy to understand form.

Nearly 800 people from across our communities had engaged with the refresh of the Involving People Strategy and we had been able to go back and check those messages through the relationships that had been developed.

A discussion in relation to personal protective equipment (PPE) followed. This identified that the Trust currently had approximately 30 days' supply of masks based on historical usage. This was now being reviewed in lieu of changes in guidance and therefore increased demand. There was no issue in terms of supply but the figures were being monitored and tested against what usage is being seen in practice.

One of the national stress testing scenarios was related to PPE and so it was an active consideration. PPE supplies were noted to now be more sustainable and less problematic than in previous phases of the pandemic, partly due to better coordination across the two Integrated Care Systems.

The BAME staff risk assessment was discussed and it was acknowledged that it had been developed to cover the specific risks identified in relation to those people from a BAME background. In doing so, broader underlying risks were included. The risk assessment was now also being used across the whole workforce and will address a wide range of identified Covid-19 risks, not just those specific to people from a BAME background.

As well as all BAME staff, all pregnant staff have been assessed. The next priority would be shielded staff, in line with a change in recent guidance and all shielded staff would have a risk assessment completed within the next two weeks. Home-based risk assessments would also start to take place, running alongside Trust-based environmental risks. All staff would receive a risk assessment but those deemed at higher risk were being prioritised.

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

TB/20/35 Performance reports (agenda item 7)

TB/20/35a Integrated performance report month 7 2019/20 (agenda item 7.1)

Tim Breedon (TB) highlighted the following from the quality section of the report:

- On page 5 of the IPR there was a substantial section on testing as already discussed. Testing for patients and service users had been managed well and quickly, there were no positive cases at present.

- A cohort ward had been used as part of our response when there were positive Covid-19 cases in forensic services. It is not currently in use as we have no service users with Covid-19. We have managed a number people with positive tests during the course of the pandemic to date.
- The patient testing numbers being discussed in the IPR did not include all the work in Barnsley in relation to care home testing. The outbreak support work to the care home sector continues to be considerable and our community visits have been in the region of 1700 a day.
- There had been two under 18 admissions to adult wards. There continue to be Tier 4 (inpatient children and adolescent mental health services (CAMHS)) bed pressures regionally. Both admissions had been for a short period.
- There has been an increase in information governance (IG) incidents. One area of enquiry about causation relates to changes in ways of working as a result of Covid-19 such as staff working from home and address information therefore not being double-checked and the impact of staff covering given increased sickness rates.
- The customer services team has been keeping up with turning around complaints in the required time. There had been a pause but 90% had been dealt with within the target 40-day timescale.
- Safer staffing on inpatient wards has been good despite the challenges presented by Covid-19. Work on developing community safer staffing metrics had been paused but will be resumed.
- There had been a positive response to managing staffing requirements through the use of students and retirees returning to work.
- The majority of moderate and severe harm incidents had been pressure ulcers, and slips trips and falls. Falls have gone up slightly.
- There has been an increase in incidents of self-harm when comparing year on year reporting, however a significant proportion are linked to five individuals with 40 incidents relating to one individual. The reducing restrictive physical interventions (RRPI) team is providing appropriate support to their care plans.
- There has been no significant change in the number of apparent suicides.
- Safeguarding is still a critical service, with a continued offer in relation to domestic violence, children and learning disability as a focus.
- RRPI work had seen a reduction in restraint figures from March, which was good as, anecdotally, anxiety had been noted to be up. This was testament to new collaborative working methods.
- The Covid-19 related incidents recorded on Datix are reducing and frequency is returning to levels reported in March.
- The infection, prevention and control (IPC) team has continued to deliver support, including bespoke training sessions with BAME staff in relation to PPE.
- CQC engagement has remained in place throughout the pandemic. A useful meeting had taken place recently, with a new emergency report framework to manage regulation, and the Trust is awaiting further details.
- The IPC Board Assurance Framework (BAF) was being worked through at the moment and further information will be provided as it develops.
- Quality metrics were being maintained but it was noted that acuity should not be underestimated in relation to the pandemic effect.

TB reported there had been no deaths as a result of Covid-19 in our inpatient services. There were people that were known to Trust services who had died but not whilst under our inpatient care.

There followed a discussion about the importance of clarity in these numbers and that they did not relate to Trust inpatient services.

These were people within our services who had been admitted to acute general hospital services having become unwell.

AM raised a query regarding the table on p26 of the IPR – 'Covid-19 incident reporting' – that showed 30 patient deaths to be suspected Covid-19 related. She was questioning the apparent discrepancy between these figures and the one death reported in the summary dashboard on p5. TB agreed to review and provide an explanation.

Action: Tim Breedon

It was noted that there was a negative trend in community service user risk assessment. TB explained that this tied in with the new FIRM (Formulation Informed Risk Management) risk assessment tool which had to be delayed. A planned restart for September had been identified and a pilot is being launched in CAMHS.

RW stated that TB had quite rightly said there was no evidence of increasing apparent suicides in our numbers. He also highlighted that high profile figures were claiming significant increases were apparent on social media, with subsequent round robins and RW asked if he could make a plea that when considering our own posts on social media that we should go back to the data and evidence and challenge misinformation wherever possible.

There followed a discussion about the rise in the level of self-harm and TB noted that the increase was linked to a number of individuals within the Trust and there was no current evidence that the increase was Covid-19 related.

It was also identified that there was specific work taking place through teams to monitor carers and the next step would be to monitor performance in relation to helping carers who were identified as particularly vulnerable through the task group.

Action: Tim Breedon

AM reported this needed to be a focus for the Equality and Inclusion Committee.

Action: Angela Monaghan

Information Governance (IG) breaches were then discussed. Breaches remain just within the levels of common cause variation. MB stated there appeared to instances in a couple of teams, where double-checking address details weren't taking place due to working from home. There had also been higher levels of absence and as such there have been occasions where staff hadn't been doing their regular jobs and may not be familiar with the process. As part of the investigation there would be a review as to what additional controls could be put in place.

Two IG incidents since the outbreak of the pandemic had been reported to the Information Commissioner's Office (ICO) but on receiving further information on one incident the ICO had downgraded it.

AGD highlighted the following from the workforce section of the report:

- Some of the normal workforce trends in terms of sickness, turnover and vacancies had been very positive.
- Positive trends had been identified in recruitment in terms of quality and numbers.
- These positives were good to see but it should be noted that staff had been working very hard. Rest and recuperation was very much a part of keeping staff well and resilient. This was still being monitored and it was possible other issues may arise after the initial few months of the pandemic.
- The understanding of staff health and wellbeing was very important and the wellbeing questionnaire would be going out to all staff shortly.

RW stated that the board needed to make sure they were role models for wellbeing including rest and breaks. There was a need to be assertive about this. RW reported that Claire Murdoch (NHS England's National Mental Health Director) had reinforced the need to take leave in a national discussion that morning. RW noted that the Trust was looking at the possibility of giving all employees an additional day of leave.

The impact of shielding was discussed and what the impact of staff shielding was on the sickness absence figures. AGD reported that approximately half of staff that were shielding were working from home and half weren't.

Staff anxiety about returning to the workplace has been acknowledged, as well as levels of dedication and commitment. It was reiterated that staff must not come to work if they are displaying any symptoms of Covid-19.

In relation to employees who were currently not working, the Trust was trying to make sure that people had meaningful work to do, to assist people through this time. AGD reported that the staff wellbeing questionnaire would be really useful in this respect and it was acknowledged that working from home could have benefits and reasonable adjustments could be made as a result.

The board noted the work that AGD and his team had done around staff risk assessments.

AGD reported that Barnsley teams had been in the centre of the pandemic. Community services had managed the discharge process from acute trusts and they had then been offering support into care homes. Carol Harris (CH) had been putting support around community services' teams in Barnsley as part of the wellbeing agenda.

It was noted that the Workforce and Remuneration Committee was starting again in July. It was also noted that staff were being listened to and being given opportunities for their voice to be heard, which was positive.

MB confirmed that the Trusts performance against national metrics was holding up well. National metrics are performance targets that all NHS Trusts have to achieve. It was noted there had not been any significant increase in referrals to Increasing Access to Psychological Therapy (IAPT).

RW asked that we follow up on whether the reductions in recovery rates for IAPT were an issue concerning the mode of delivery. Switching to a digital mode of delivery may not suit individuals.

Action: Carol Harris

CH highlighted the following from the locality section of the report:

- In Barnsley community services, work across the system remained excellent, and there was good support of hospital discharge, care homes and end of life care.
- Environmental risk assessments of workplaces had been taking place across the Trust.
- Child and adolescent mental health services' (CAMHS) performance had been the subject of a good discussion in the Finance, Investment and Performance Committee (FIP).
- Significant improvements had been noted in Barnsley and Wakefield regarding waiting times for treatment.
- The IPR data includes waits for ADHD / ASD (Attention Deficit and Hyperactivity Disorder / Autism Spectrum Disorders) assessments, which have been increasing specifically in Calderdale and Kirklees. This is in part due to the inability to carry out

the observations of children in school and in part due to increased demand. Work is underway with the commissioners to develop increased capacity to meet the demand.

- In mental health acute inpatient areas across the Trust, a range of interventions had been used across the inpatient pathway to help maintain patient flow.
- There had been unusually high pressure in relation to Barnsley inpatient beds.
- Occupancy had been high on the inpatient wards across the Trust but no beds have been closed.
- There had been a spike in out of areas beds but this had been managed well, PICU (Psychiatric Intensive Care Unit) beds in particular.
- Positive engagement on the wards had continued. Pride, VE day, Black Lives Matter and messages of kindness has been supported and wards were still working in a creative way.
- Recent incidents in Calderdale / Kirklees community teams had led to the development of a working safely in the community group to ensure that all steps are taken to maintain staff safety.
- IAPT is working in different ways, including working to support intensive care units (ICUs) looking for signs of post-traumatic stress disorder (PTSD) after Covid-19 experiences.
- The forensic service had experienced high numbers of staff not being in work. The recent outbreak in one of our wards had resulted in a strong message going out about people with symptoms not coming into work, which has had an effect.
- A cohort ward had been successfully managed in forensic services with no cross contamination. This was managed very well locally and everyone was cared for safely.

It was acknowledged that the locality report showed how much work had been done by CH's team. It was explained that advocacy had been available to service users via iPads on the wards and further details on this would be provided to the Mental Health Act committee. Subha Thiyagesh (SThi) reported that this was being looked at with the engagement team.

Action: Subha Thiyagesh

Salma Yasmeen (SYa) highlighted the following from the priority programmes section of the report:

- The improvement work in CAMHS and forensic services had been resumed.
- Partnership development work was continuing in all of the Trust's places and across the two Integrated Care Systems (ICSs).

MB highlighted the following from the finance section of the report:

- The Trust was currently operating in an artificial financial environment with temporary arrangements in place, meaning the Trust will be enabled to break-even each month. Covid-19 related costs are separately identified and reclaimed. The Trust would not financially break even without additional top up. This is due to how the income calculation has been derived.
- The Trust was not incurring travel costs to the same degree it has done in previous years, but on a recurrent basis is incurring higher digital costs.
- Pay costs have increased month on month.

Things to be aware of:

- A reduction in the number of vacancies adds potential financial pressure.
- The Trust cash balance is healthy at this time.

A discussion followed in relation to the increase in pay costs. MB noted that some services stepped back up again in May and there had also been less staff turnover, staff redeployment and higher overtime, along with an increase in the number of student nurses.

It was queried what was included in healthcare contracts. MB reported that this not only included acute and PICU out of area beds but also locked rehabilitation services. There are high costs currently associated with the latter. Prior to the suspension of planning and contracting activity, negotiations had been taking place to receive additional income for this cost pressure.

Laurence Campbell (LC) asked why deferred income was so high. MB confirmed it was due to the fact that the Trust had received an extra month's income in advance, as have all provider organisations, to support cash availability and enable seven-day payments to suppliers.

AM thanked everyone for the work that had gone into producing the IPR.

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

TB/20/35b Incident Management Annual Report 2019/20 (agenda item 7.2)

TB highlighted the following:

- To remind the board that the national reporting system shows objective evidence of the Trust position.
- The internal audit report on patient safety from 360 Assurance is awaiting internal sign off. It shows significant assurance about the Trust's processes and taking learning from incidents.

It was RESOLVED to RECEIVE the Incident Management Annual report and NOTE the next steps identified.

TB/20/35c Covid Risks Update (agenda item 7.3)

MB highlighted the following:

- The Executive Management Team would update the full risk register in July; the paper presented today was a summary update of notable changes for the Covid-19 related risks.
- A legal risk was being added and would be reported in full in July.
- The full risk register and Board Assurance Framework would be presented to Board in July.
- It was noted that Non-Executive Directors have been regularly apprised of progress against Covid-19 risks at their weekly meeting.

It was RESOLVED to NOTE the updates to key risks since the last report to Board.

TB/20/35d Covid Trust-wide Equality Impact Assessment (agenda item 7.4)

TB highlighted the following:

- Covid-19 as a disease does not discriminate but there are disproportionate impacts on parts of the population.
- The focus remains on keeping people safe at this time.
- The Trust-wide equality impact assessment (EIA) needs to be continually updated as progress is made.

Action: Tim Breedon

- Staff are being reminded that this is to be used in conjunction with existing equality impact assessments and doesn't replace those already in existence.

- We will be monitoring the approach.
- Items raised at previous board meetings had been addressed.

Chris Jones (CJ) asked whether other protected characteristics were going to be risk assessed. For example, were any actions raised as a result of working-age men being identified as high risk. TB acknowledged that this had been identified as an action but work on this had not yet started.

Action: Tim Breedon

RW responded to say that suicide was acknowledged as the biggest killer of working age men. Pandemics were known to lead to economic recession, and there was evidence to suggest that suicide rates were higher during recessions. Professor Louis Appleby (National Suicide Prevention Strategy Lead) had recently referenced this in work with the Trust.

It was also identified that the document appeared staff centred, and there needed to be a greater focus on service users.

RW commented this was a good piece of work and noted it was ongoing. He reported that the work on this should be seen as mainstream. In reference to the carers' conversation that had taken place earlier, there was a big section in this document on carers and a "commitment to carers" specifically within the Trust. In questioning the content, Board assurance should be sought so that the line can be drawn between asking the questions.

TB reported that this document needs to be integrated into use with the other EIAs that were already in existence.

RW stated that the Business Intelligence Team would support the development of the Integrated Performance Report (IPR) to reflect equality impact, and this needed to be used as tool to seek assurance that we were managing our organisation accordingly. This was the lens that the IPR needed to be viewed through.

Action: Salma Yasmeen

It was RESOLVED to RECEIVE the second version of the Covid-19 Equality Impact Assessment as a Trust-wide assessment of impacts to date, AGREE it is a live document and that any emerging evidence or research to update the EIA is managed through a time-limited task force, and AGREE that the Equality and Inclusion Committee has delegated responsibility to oversee the Trust-wide Covid-19 EIA and monitor and enforce delivery of the action plan.

TB/20/36 Business developments (agenda item 8)

TB/20/36a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 8.1)

AGD highlighted:

- In terms of the Integrated Care System, there is a transition back to normal business, with a focus on planning and the strategic agenda.
- The agenda will be more strategic than operational from now on.

In relation to Barnsley, SYa highlighted:

- The Barnsley Integrated Care Partnership Group (ICPG) has now fully resumed.
- Barnsley as a system would be taking part in an ICS-wide stress test tomorrow and the Trust had been fully involved in preparing for the meeting.
- In relation to the Barnsley Covid-19 outbreak management plan, it had been decided to establish an outbreak management board, in line with national requirements. This is

council led, involves all local stakeholders and includes a representative for the health system appointed from the ICPG.

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

TB/20/36b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 8.2)

SYa highlighted:

- "Voluntary Action Calderdale" had been successful in receiving monies from The Health Inequalities Fund and Creative Minds would be involved.
- The bereavement support service had been launched that week.
- There was continued work with partners around Covid-19 and the recovery from the pandemic.
- A stress test workshop on future scenarios and our preparedness was taking place on 12 July.

AM reported that the work around developing a diverse workforce and leadership had received strong and positive involvement from the WYHHCP BAME staff network.

RW reported the national workforce race equality team, was offering support for organisations and systems. He also noted that Cherill Watterston, chair of the Trust's BAME staff network had been involved as part of that process and had made a good contribution.

As a system they were looking for external challenge for work with diverse communities and there was more work to be done. The Partnership has announced a Commission on this supported by Professor Dame Donna Kinnair, CEO of the Royal College of Nursing. Elsewhere, Owen Williams (Chief Executive, Calderdale and Huddersfield NHS Foundation Trust) is leading a wider piece of national work on inequalities in health and how the NHS can contribute to tackling them.

A conversation followed in relation to the Integrated Care System and devolution deals. RW reported that in West Yorkshire economic issues and health and care issues are considered together. The Local Industrial Strategy and the 5 year plan for health and care were both taken at the partnership board in December. In addition, RW sits on the Economic Recovery Board for the Leeds City Region. Although health is not part of the devolution deal the appropriate links are being made.

AGD added that the situation was very similar in South Yorkshire and Bassetlaw. Health was identified to be a large employer and research was a key part of what that brought to the economy.

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 arrangements in response to Covid-19 and recovery and reset planning.

TB/20/36c Covid Stabilisation and Recovery Update (agenda item 8.3)

SYa highlighted:

- Work has continued since the strategic Trust Board meeting in May.
- The next phase is the transition phase involving strategic longer term planning.
- The Covid-19 Trust-wide Equality Impact Assessment process will be central to work going forward.
- This has been strengthened by the variety of voices heard in relation to engagement work conducted with various communities.

- 400 pieces of information had been received from individuals and staff teams that contributed to the learning from Covid-19 and change work
- Planning processes are taking account of as many views as possible.
- Full strategic board discussion will take place around future planning.

AM referred to the emerging work plan and asked about the position of each of the Board Committees in the stabilisation and recovery process. It was noted that the Board was moving back towards more normal governance processes.

CD, chair of the Clinical Governance and Clinical Safety Committee, reported that they had continued to get assurance as much as possible during Covid-19 and a number of reports had continued to be received. From September the Committee would be returning back to its normal format and agenda.

LC, chair of the Audit Committee, stated that in general the Committee had been able to operate without too much impact during Covid-19. Triangulation of risk had been harder but the intention was now to move back to normal in July.

Sam Young (SYo), chair of the Workforce and Remuneration Committee, updated that the Committee had been on hold during Covid-19 with a restart to take place in July. There would initially be a reduced Covid-19 focussed agenda, but then returning to normal business at the meeting to follow. All topics that would have been taken to Committee had been discussed at Trust Board during Covid-19.

Kate Quail (KQ), chair of the Mental Health Act Committee, reported that the meeting had been reduced to an hour during Covid-19 and this now needed to be extended again. Valued input from the acute trusts had continued during Covid-19 with feedback received. The next meeting was to be held in August and would deal initially with items that had been delayed and deferred due to Covid-19.

Erfana Mahmood (EM), chair of the Charitable Funds Committee, updated that the Committee had continued normally during the pandemic and, although the work had been focussed on Covid-19, there were no items that had been missed during this time.

CJ, chair of the Finance Investment and Performance Committee, reported that the key issues to be addressed on return to normal business were financial stability, benchmarking and the productivity agenda.

AM, chair of the Equality and Inclusion Committee, reported that during Covid-19 the focus of the Committee had been on hearing the experience and voices of staff. Some standing items had been deferred and there were additional items to be considered for the performance dashboard as they returned to normal business.

SYa commented that while there was planning taking place for recovery, it still remained unknown whether a second wave of Covid-19 would occur and the organisation had to mindful of that.

A key message is that, as an organisation, we should not go back to old ways of working pre Covid-19, but go forward with changes from that had been learned during the pandemic. There were key messages emerging around governance and decision making and the thematic analysis was to be shared with Committee leads.

Action: Salma Yasmeen

AM reiterated this message and agreed that language should be of renewal, not going back to what we were before.

A conversation followed as to whether the voice of children and young people was being included in the work going forward. It was established that Healthwatch had been capturing the views of children and young people and SYa confirmed that the toolkit being used was flexible for these groups to be included.

RW commented that it was apparent that as a Trust we had good governance but that should not stop us from looking to streamline anything. Claire Murdoch (NHS England's National Mental Health Director) in her meeting with Trust Chief Executives had been looking at the demand on mental health services and there would be a community of practice sharing these models with which we are engaged.

It was RESOLVED to RECEIVE the progress and update on stabilisation and recovery, and NOTE the feedback on any additional aspects that should be considered prior to the detailed discussion in September.

TB/20/37 Governance Matters (agenda item 9)

TB/20/37a Internal Meetings Governance Arrangements (agenda item 9.1)

MB highlighted that the paper was there for noting and that in terms of governance structure the Trust had actually added more governance meetings in the last twelve months.

AM noted that that the Charitable Funds Committee, is a committee of the Corporate Trustee and not the Trust board, and this needs to be accurately reflected in the framework.

Action: Aimee Willett

It was RESOLVED to RECEIVE the internal meetings' governance framework and NOTE the comments made.

TB/20/37b Terms of Reference for the Executive Management Team (EMT) (agenda item 9.2)

MB highlighted the terms of reference for receipt and awareness for Board members.

It was RESOLVED to RECEIVE the terms of reference for EMT.

TB/20/37c Covid-19 Emergency Preparedness, Resilience & Response (EPRR) Arrangements (agenda item 9.3)

AGD highlighted that the transition back to "new normal" may be through the risk assessment process at various levels.

AM commented that it was positive there had been no Covid-19 related RIDDOR reportable (Health and Safety Executive reporting of injuries, diseases and dangerous occurrences regulations 2013) submissions.

It was RESOLVED to RECEIVE and NOTE the EPRR arrangements report.

TB/20/37d Trust Board self-certification (FT4) corporate governance statement 2019/20 (agenda item 9.4)

MB highlighted that it remains good practice to evidence that we comply with the NHS Improvement (NHSI) provider licence. He added that it is unlikely the document will require submission to the regulator this year.

AM commented that there is additional training and development for governors to that documented in the paper.

It was agreed that MB would send the self-certification to NHS England and NHS Improvement (NHSE&I) for completeness.

Action: Mark Brooks

It was RESOLVED to NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to the Corporate Governance Statement 2019/20 and the training for governors 2019/20.

TB/20/37e Update on the annual report process following auditor's report and expected timescales for completion of the quality account (agenda item 9.5)

MB highlighted that the paper explained what the process had been for completion and approval of the annual report and accounts.

It was confirmed that the report had now been laid before parliament and could be published on the Trust website. It was duly noted that we had been the first NHS Trust in the country to submit its annual report and accounts and the Board thanked the finance team for their hard work in achieving this.

It was RESOLVED to NOTE the update on the process relating the annual report and accounts process and submissions and RECEIVE the external audit report relating to the annual accounts and comment accordingly.

TB/20/37f Update on policies and strategies delayed due to Covid-19 (agenda item 9.6)

MB highlighted that the paper could be taken as read. A six-month extension for a number of policies had been agreed by EMT given the impact of Covid-19.

SYa reported that the Involving People Strategy had been delayed. External stakeholder work was starting again that week. It was in the process of being updated and then it would be taken back to the stakeholder groups to test it. SYa reported the aim, at present, was to bring the final version back to board for approval in September and updated that some of the work and actions are being implemented already.

It was RESOLVED to NOTE the update in relation to policies and strategies delayed due to Covid-19.

TB/20/37g 2020/21 Planning Requirements (agenda item 9.7)

AM noted that this item was not commercial-in-confidence, as referenced in the paper.

MB updated that financial and planning arrangements beyond the end of July are not yet available. This clearly causes some level of uncertainty in terms of how much income the Trust will receive for the services being provided. He added that the Trust has been involved in discussions regarding what the arrangements could look like for the remainder of the year and specific issues with the current level of block income have been communicated to NHSE&I.

MB added that financial planning and horizon scanning are regularly discussed at FIP (Finance, Investment and Performance) Committee. MB reminded Trust Board members that currently a level of block income is received based on month 9 in 2019/20, with the ability to reclaim reasonably incurred Covid-19 response costs and additional 'top-up'

income to enable break even. This top-up income is required for the Trust as not all income previously provided is included in the block calculation.

MB stated that the costs incurred during the first two months of the financial year were not necessarily representative of the year as a whole. He gave a number of examples of why costs may change as the year progresses. These included:

- All the digital costs that had been added as a result of Covid-19 had not yet started to be paid.
- There is widely expected to be a surge in demand for our services.
- Staff would start to take more leave which in some cases would require backfill.
- Some staff had been redeployed in the first few weeks of the year. As they return to their core roles the positions they have been covering may need backfilling. This could impact on workforce requirements and the demand for inpatient beds.
- Some costs, e.g. training, have not been incurred yet and are likely to pick up as the year progresses.
- There will be costs associated with provision of testing for Covid-19.

MB explained that detailed planning work had already begun so as to understand our most likely cost requirements and to assess a number of scenarios. One scenario would be the impact of a second wave of Covid-19. MB added that there was likely to be more focus on financial control and governance with the next set of financial arrangements for the NHS.

CJ reported that the FIP (Finance Investment and Performance) Committee continued to gain assurance, and that MB and Rob Adamson (Deputy Director of Finance) had good processes in place to ensure the Covid-19 cost reclaim was appropriate. He added that they are receiving regular updates regarding the financial and planning environment and they were aware of the current uncertainty around future income streams, which had the potential to create financial tension.

It was RESOLVED to NOTE the update in terms of the planning process and potential changes to the financial arrangements after July, and the work the Trust is carrying out in terms of developing an operational plan for the remainder of the year.

TB/20/38 Assurance from Trust Board Committees (agenda item 10)

Audit Committee, 2 June 2020

LC highlighted that the annual accounts had been reviewed and recommended for approval.

Clinical Governance and Clinical Safety Committee 9 June 2020

CD highlighted the huge amount of work people had been doing to keep service users safe as referenced in the service user story earlier. The Committee wanted to recognise this, and in addition the work done by teams to get reports to Committee.

AM reported that there will be a focus on CAMHS (Child and Adolescent Mental Health Services), at the next meeting.

Equality and Inclusion Committee, 2 June 2020

AM highlighted that the Covid-19 Trust-wide Equality Impact Assessment had been discussed at Committee.

Reporting on equality standards and development of the performance dashboard had been suspended due to Covid-19, but were key pieces of work going forward. The work of this committee is especially important at the present time, given the concerns about race

equality, and the committee really values the input from staff networks, staff side and business delivery units across the Trust.

Finance, Investment and Performance Committee 23 June 202
CJ highlighted that in the meeting in June the Committee had been pleased to see that the Trust had paid 83% of suppliers within 7 days. Capital expenditure submissions in relation to Covid-19 had been made via the Integrated Care Systems and we would have to await the outcome of these. CJ stated that he would have a conversation about CAMHS with CD to clarify the work taking place in each committee on this subject and how this would be managed.

Action: Charlotte Dyson / Chris Jones

Mental Health Act Committee 12 May 2020
KQ highlighted that due to Covid-19 the Committee had taken place in a reduced timescale and a number of items had been delayed.

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

TB/20/39 Use of Trust Seal (agenda item 11)

It was reported that the Trust seal had not been used since March 2020.

It was RESOLVED to NOTE that the Trust Seal had not been used since the last report in March 2020.

TB/20/40 Trust Board work programme (agenda item 12)

It was updated that the serious incident annual report had now been received by Trust Board.

It was clarified that Trust Board in December was a strategic meeting.

AGD updated that, in relation to the Estates, Sustainability, Organisational Development and Workforce strategies, November was achievable.

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

TB/20/41 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on 28 July, venue / arrangements to be confirmed.

TB/20/42 Questions from the public (agenda item 14)

No questions were received.

Signed: **Date: 28 July 2020**