South West Yorkshire Partnership NHS Foundation Trust

Minutes of Trust Board meeting held on 27 October 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
	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 (ST)	Medical Director
Apologies:	Members	
In attendance:	Carol Harris (CH)	Director of Operations
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary) (author)
Observers:	Elaine Powell	Trust Board Carer Story
	Dylan Degman	Publicly Elected Governor – Wakefield

TB/20/75 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.

AM outlined the Microsoft Teams meeting protocols and etiquette and identified this was a business and risk Board 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.

TB/20/76 Declarations of interest (agenda item 2)

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

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

TB/20/77 Minutes from previous Trust Board meeting held 29 September 2020 (agenda item 3)

Sam Young (SYo) pointed out some inconsistencies regarding SYa, SY and SYo within the minutes. In future SY to be used for Salma Yasmeen and SYo for Sam Young.

Action: Andy Lister

It was RESOLVED to NOTE and APPROVE the minutes of the public session of Trust Board held 29 September 2020 as a true and accurate record.

TB/20/78 Matters arising from previous Trust Board meeting held 29 September 2020 (agenda item 4)

The following items from the action log were reviewed:

- TB/20/66a – Tim Breedon (TB) reported this was about having the right links with the academic research centre in Bradford. Those links exist, and TB and Dr Subha Thiyagesh (ST) will make further contact through work with Dr Adrian Berry. To close.
- TB/20/66a – TB noted the update. AM queried the rise in care plans not being offered. TB reported he would circulate this information to the Board. Then to close.

Action: Tim Breedon

- TB20/68 – all points are being considered as part of finalising the Equality, Involvement, Communication and Membership draft strategy that is due in November. AM noted the Equality and Inclusion Committee isn't meeting prior to that Board and so members need to see the amendments before coming back to Board. Salma Yasmeen (SY) reported it would be circulated next week.

Action: Salma Yasmeen

- TB20/96b – the lay member on the revalidation oversight group. AM queried the term of office. ST reported this would form part of the group review after 18 months. AM suggested a term of office should be put in place on review. To close.
- TB/20/74 in relation to whether we can post a recording of this meeting on our website. Andy Lister (AL) updated he had liaised with Karen Coleman from the West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System) and there was a need for further discussions about publishing our meetings on the website. To remain open.

Erfana Mahmood (EM) mentioned a discussion from last month in relation to the increase in acuity, what learning was to be taken and whether this was part of the action log, or part of the academic research action. Should this be reflected in services and skills mix? Reference page 11 of the minutes.

TB reported that TB/19/11c refers to the introduction of the safe care approach, which links acuity to staffing and this would be included in the safer staffing report coming to November board for review.

It was RESOLVED to NOTE the changes to the action log.

TB/20/79 Service User / Staff Member / Carer story (agenda item 5)

Carol Harris (CH) introduced Elaine Powell who was to provide this months' Board story for Black History Month. Elaine had come forward as a volunteer with Creative Minds to give her story:

Elaine stated she is from a Black, Asian, and Minority Ethnic (BAME) background being of Caribbean mixed-race heritage. She is a lecturer with a teaching specialism in Special Educational Needs and Disabilities (SEND). and is particularly interested in Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD).

She has spent almost 45 years as a volunteer and almost 33 of those working in the area of ADHD / ASD disorders. She has worked for many voluntary organisations in the local community, some national and has done international work also.

Much of this work has centred around her interest and knowledge of health, including mental health and also looking into health of BAME communities. She is also a volunteer working with groups in the Jamaican diaspora in the UK.

Elaine described how she was a parent looking for support as she had a child who was displaying various characteristics of a condition that was not recognised in the UK at the time. This is now known as ADHD and no support services seemed to exist at that time from either a medical, educational or social care perspective.

She began a mission to change this, as initially she knew of no other parents in this situation and GPs and other professionals had a lack of knowledge in this area. There was no one diagnosing this condition or offering any support.

Over time, she was involved in establishing support groups, putting on conferences, attending conferences and seminars as a speaker to educate professionals. She managed to persuade a local consultant paediatrician from her local hospital to attend a conference she was involved in putting on. He then became the first person to really get involved and start diagnosing children.

Children's services for ADHD were established in her local hospital, her child being the first diagnosed. She completed a research study on ADHD while at university in the early 90s. Her research papers were distributed to many parents, groups and professionals to inform others and raise awareness.

A multi-disciplinary team was established who used some of her work to develop a booklet for professionals that was distributed by the Local Education Authority (LEA) to all Kirklees schools. She attended years of meetings with Kirklees Council, LEA and the NHS mental health trust, working with them to develop support and understanding.

Eventually, a service was established by the Trust and Dr Marios Adamou was appointed to head up the ADHD / ASD service. The service is still running and has grown to cover a wider area of Yorkshire.

Although she has never received real acknowledgement for this work, Elaine is so proud that she has helped to educate others in this field and helped to develop the service we now have. She continues to teach graduates who are our future health professionals about ADHD and ASD disorders.

AM thanked Elaine for all she had done and achieved and apologised that she hadn't been acknowledged for her work.

Other Board members thanked Elaine for her story and CH provided an update on the current service.

Rob Webster (RW) reflected that Elaine was proof that people were never "just a parent / carer?"

RW reminded the Board that we need to ask ourselves whether we are genuinely supporting carers and genuinely engaging people in the development of services.

It was RESOLVED to NOTE the Service User Story and thank Elaine Powell for her services to the provision of ADHD / ASD services over 33 years.

TB/20/80 Chair's remarks (agenda item 6)

Chair's remarks

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

- Corporate risks that are commercially confidential.
- A review of the investment appraisal framework.
- Receive a report on the Chief Executive's dual role.
- Commercially confidential business developments in South Yorkshire, the draft governance review for the Integrated Care System, and integrated care developments in Barnsley.
- Commercially confidential business developments in West Yorkshire, including the forensics lead provider collaborative work.
- A financial planning update for both the South Yorkshire and Bassetlaw and West Yorkshire and Harrogate Integrated Care Systems.
- A draft Community Partnership agreement for Calderdale.
- A verbal update on serious incident investigations.
- Trust financial planning arrangements for the remainder of the year.

It was resolved to NOTE the Chair's remarks.

TB/20/81 Chief Executive's report (agenda item 7)

Chief Executive's report

RW reported people had received "the Brief". There was also a short report updating on subsequent events. RW wanted to give a further update due to the speed at which things were progressing.

- Between this month and last month there was now a new tiered approach based on subregions e.g. West Yorkshire and South Yorkshire. This is meant to simplify the Covid-19 restrictions and make them more sensitive to local circumstances. They will be backed by packages of support agreed between local leaders and central government.
- We remain in a regionally led response to the pandemic, which is known as a level 3 response under the NHS Emergency Preparedness, Resilience and Response (EPRR) arrangements. A level 4 response would be nationally led.
- South Yorkshire is now in Covid-19 tier 3 as of last weekend.
- West Yorkshire and Harrogate remains in Covid-19 tier 2, but this remains under review and conversations are ongoing. There is potential for West Yorkshire to move into tier 3.
- The prevalence of Covid-19 is increasing. Hospital admissions, people on mechanical ventilators and deaths are all increasing.
- Our local resilience forums in both areas continue to meet. These include all partners such as local government, the fire service, police service, business and local authorities.
- As part of the Integrated Care Systems (ICS) we take a full role in these meetings in our places to help coordinate and manage the response.
- Financial plans for the Trust alongside the financial plans for the ICSs have been submitted for the rest of this year.
- We continue to work collaboratively in all of our places.
- Last week the work on tackling inequalities and public health, particularly in West Yorkshire, took place.
- There was a two-day summit on the climate crisis with announcements around small schemes, grants for primary care and respiratory services. Grants for active travel, as well as bigger schemes taking place with local government around flood management and infrastructure were also featured.
- The report of the review to address inequalities for BAME groups was published last Thursday. The launch was attended by 200 people online. The report has been circulated

by the NHS national chief people officer as an example of good practice. RW has sent the report to Government equalities minister Kemi Badenoch who is completing a national piece of work on inequalities.

- Dame Doreen Lawrence has published her report today on difficulties faced by people from different communities. This reinforces that people from BAME origin face inequalities and a bigger impact from the coronavirus nationally.
- The recommendations of the West Yorkshire & Humber (WY&H) review build on work that was already ongoing, and our BAME network inputted into the work very strongly.
- The recommendations focused on four areas:
  - People have access to good work.
  - Reflective leadership.
  - Commissioning and planning are altered to focus on inequality.
  - Mental Health is tackled appropriately within different communities.
- There were 12 recommendations overall which would be agreed at the December partnership board, which RW and AM attend with all other Chairs and Chief Executives. Also present would be all political leaders of councils, all health and wellbeing board chairs, every chief officer of Clinical Commissioning Groups (CCG) and NHS bodies, third sector partners and lay members. This is the highest level of governance in the partnership.
- On Friday a report was published regarding housing and health in West Yorkshire including areas of good practice including work in which the Trust is involved. This focus on inequalities and our contribution to it, is something the Board has discussed several times including our contribution to inequalities through our priority programmes.
- From the action log there are eight actions we are expected to take nationally in relation to inequalities which are coming back to Trust Board in December.
- During the pandemic there are things we must keep an eye on. One is protecting the vulnerable. Reports from the Care Quality Commission (CQC) have focused on the failings of care for people who are vulnerable including those with a learning disability or mental illness.
- They include findings around do not resuscitate (DNR) orders and restricted practice including seclusion and segregation. We will pick up the outcome of these reports through Executive Management Team (EMT) and Clinical Governance and Clinical Safety (CGCS) committee.
- In the context of uncertainty and constant change these reports are a reminder that we mustn't lose sight of what it important and that we keep a focus on safety first, always.
- As we end black history month, RW wanted to pay tribute to all staff that have spoken out this month and the outgoing leadership of the staff network. To change behaviour, you have to change minds.
- Staff continue to do brilliant jobs. Mark Brooks (MB) sent a message to the governance, finance and IT teams this morning reflecting on everything they had done in October. This was a true testimony to everybody within this organisation from finance to the frontline and the work they continue to do.
- Barnsley, as a place, is thanking everybody with its "Pride of Barnsley" awards and it's good to see our staff receiving accolades.
- At this time, our job is to be calm, clear and focused and we have the leadership to do this.

AM reiterated her thanks to all our staff who are working so hard at this time.

Charlotte Dyson (CD) stated she supports the sentiment and compassionate leadership is important in current times. It was good to see the letter sent out from CH, TB and ST reiterating the importance of social distancing and personal protective equipment (PPE). It is also important we recognise good practice and good behaviour and CD had seen this in Trust communications, and it is important that the Board shows this too.

Chris Jones (CJ) complimented RW on his final paragraph and this summarised what leadership is about. In relation to the inequalities and BAME agenda, is it the ICS, us, or NHS England (NHSE) who are going to activate change?

RW responded to say that the changes involve the trust, the system and the regulators working together, that is the essence of ICS' and the BAME review was a good reflection of this,

The 12 actions we must take, from reasonable housing and good jobs, to breaking down the stigma and working with third sector organisations around mental health, the sector group will be a critical party in the implementation of those actions.

Ultimately, we need to judge the impact on citizens. Sheila as a resident of Chapeltown in Leeds said, "I don't believe it's going to happen". As a system we should consider this "Sheila test" in everything we do. How does it feel if you are Sheila, have lived in Chapeltown all your life and have been trying to deal with inequalities for a generation? How do we make sure Sheila feels we are doing something and this time it is going to be different?

We have clear actions, signed off at a high level, they are in the top ten priorities for the partnership, there is an action plan that is real and will be scrutinised by real people who are directly affected.

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

TB/20/82 Risk and Assurance (agenda item 8)

TB/20/82a Board Assurance Framework (BAF) strategic risks (agenda item 8.1)

For the purpose of the board meeting MB reiterated the process that had taken place over the last few months:

- Normally the Board reviews and updates the strategic risks in readiness for the beginning of each financial year.
- This year, due to the focus on the response to Covid-19, we retained the same Board Assurance Framework (BAF).
- We have discussed the BAF as a Board, in line with our strategic priorities and objectives
- On 8 September 2020 at the strategic board potential updates to the BAF were discussed and two weeks ago we had a separate session to deal with this subject.
- The culmination of these meetings is the 13 proposed strategic risks in the paper.
- Four risks are new, some of the others have been merged or re-articulated, and one risk has been removed after identifying we have completed enough actions to reduce the level of strategic risk.
- The purpose of today's paper is to gain agreement of the proposed strategic risks.
- The actions following this will be to build up the details of the BAF over the next couple of months.
- It is a key document for the Board but is also a document used extensively by bodies such as the CQC and internal audit to support their understanding of our assurance framework.

AM stated this reflected clearly the amount of work and detailed discussion that had taken place. Four new strategic risks and one risk removed was unusual and reflects the times we are in.

The following was discussed in section TB/10/82b but relates specifically to the Board Assurance Framework so is included here for ease of understanding.

RW suggested that one change to the BAF, might be a risk that states, "failure to support the wellbeing of staff during a sustained and prolonged period of uncertainty through Covid-19".

We know that Covid-19 will be with us for a while, it has become a strategic risk rather as well as an operational risk. Keep the 13 risks already agreed and add an additional risk of failure to maintain staff wellbeing during Covid-19.

AM summarised that the risk had now become strategic as opposed to only operational and therefore needed to move from the organisational risk register (ORR) to the BAF.

It was agreed to add a further strategic risk to the objective of making SWYPFT a great place to work – ''Failure to maintain the wellbeing of our staff during the Covid-19 pandemic and its subsequent impact'.

A full BAF will be presented at the next business and risk Board in January 2021.

It was RESOLVED to APPROVE the strategic risks as amended for inclusion in the Board Assurance Framework

TB/10/82b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)

MB reported the Organisational Risk Register had evolved since March.

- The risk management process had always been strong, and specific Covid-19 risks had now been added over the last few months.
- The Board strategy session identified a number of other possible risks. These have now been captured and we have identified in the front sheet where these have not been incorporated into the BAF and can be considered by committees and lead directors for inclusion in the risk register.
- The risk around a no deal Brexit needed to be reinstated.
- There was limited change in risk scoring. Reviews of risks had taken place at committees and EMT.
- The 15+ risks are the same risks that have been at this level for some time.

CD reported as CGCS Committee chair it was good to see we are going to look at the community health service strategy and this was a risk that needed addressing.

CD asked if we reflect the huge operational pressure, we are under from issues such as Covid-19, the economy, national operational and system change in all of our risks? It is clear they are in individual sections, but should they be reflected more across the board?

AM referenced risk 1530 – the risk that Covid-19 leads to a significant increase in demand. Is the risk that we are unable to meet an increase in demand? AM didn't feel increasing demand presented a risk unless we were unable to meet it. This linked to CD's comments about the increase in operational pressure and this being reflected in current risks.

Mike Ford (MF) the Audit Committee chair, stated there are few risks which are allocated to the Audit Committee. MF feels this is unusual from his perspective but accepted the other existing committees meant risks are better distributed. MF supports CD's comment, but there is another risk in the area of organisational strain. This relates to taking part in many different initiatives and business cases and doing so at a time when things are challenging, and it's something the Board should be aware of.

MF continued that risks 1154 and 1533, didn't have entries in the middle column, summary of actions to get them down to target, and asked why was this?

MB responded by stating if these were individual risks, progress should be queried with the director / committee lead. If no actions were present, this must have been agreed by the committee.

MB agreed that collectively a lot of individual risks build up to represent the pressure in the organisation at any one time. The question was whether we needed another risk to reflect this or look at the attached document that reflects the overall risk score for the organisation.

AM noted that the heat map shows a significant increase in risk since the outbreak of Covid-19 occurred. The average risk score has gone down but the overall level of risk across the organisation has increased significantly and remains high.

CH stated there was an increase in operational pressure but reported each one of these issues is captured as a specific risk with a mitigating action plan to control the risks. If she were to describe all of this as one risk of operational pressure, she would still have to break it down to be able to understand and manage it.

CJ stated that, from a Finance, Investment and Performance (FIP) Committee perspective, no risks were changed at yesterday's meeting. In relation to CH's comments every operational risk has a financial consequence. Some of those topics were discussed yesterday.

The short-term financial risk is "can we deliver the plan?" This is about controlling costs. The longer-term risk is around uncertainty of the financial arrangements.

Risk 1531, CJ asked if we are doing enough for service users with protected characteristics, who are more vulnerable to Covid-19. He stated that we have done a huge amount for the workforce, but CJ could not see evidence in this document that it was taking place in communities.

1545 relates to litigation, is there any sign of this emerging, locally, regionally, or nationally?

MB reported not as yet but it is being monitored. The risk of litigation review work was completed at the start of the pandemic looking at what the risks are and the controls we have in place. There is likely to be a time lag before we see if any of these risks becomes a reality.

AM noted that risks 1154 and 1533 are aligned to the Workforce and Remuneration Committee and would be reviewed again in November.

TB responded to CJ's query as to whether we have got the Covid-19 impact on service users with protected characteristics covered in committee. TB reported that clearer objectives and timescales were needed. The data needed to be right so that when we do something, we know what impact it has made. There is progress, but there is work still to be done.

CJ stated to quote RW's "Sheila test", we need to understand the data and the actions that follow.

TB acknowledged and supported CJ's comments.

SYo updated, in relation to the workforce risks, these had been reviewed in October's meeting, including the challenging of scores, mitigations and the wording of risks. The next committee is in November and there is expected to be a restructure around the workforce risks. This will include an update on what actions should be in place.

Alan Davis (AGD) reported there was the issue of the collective risks on our workforce of a number of smaller risks. The issue of fatigue, and the length of time the pandemic has been in place needs to be factored in.

RW suggested we must recognise the significant number of actions going on around workforce and wellbeing. Actions are being taken against the risks held by the Workforce and Remuneration Committee.

RW continued, in terms of overall risks, the heat map is a good example of how we can gauge risk across the organisation, and we need to use this more. He then described how the BAF captures our strategic risks. One of the strategic risks is about capacity and the capacity to meet demand. If we use the BAF against those 13 areas of strategic risk, we might have

greater sense of where we think things are escalating. This then makes these collective risks in the register redundant.

AM raised a risk not allocated to a committee regarding legal risks.

MB reported it was difficult to allocate as it had the potential to affect all areas. One committee could perhaps take an overview.

AM proposed it goes to Audit Committee for their review, which was agreed

Action: Audit Committee

It was RESOLVED to NOTE the key risks for the organisation, including the changes and additions agreed arising from discussion at the Board meeting.

TB/20/83 Business developments and collaborative partnership working (agenda item 9)

TB/20/83a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)

AGD reported the paper is self-explanatory and updated in the following items:

- There has been a real focus around the coronavirus response.
- Partnership working continues to manage the impact particularly across the acute trusts.
- A single Covid-19 ward was considered but it was decided not to proceed and instead it is being managed with mutual aid across the system.
- Positive progress is being made as a result of learning from the work conducted in West Yorkshire around the equality and diversity agenda with a view to mirroring the same process in South Yorkshire.

SY updated:

- In relation to the mental health, learning disability and autism group, it is now confirmed that the work on developing a mental health provider alliance will go ahead in November.
- Transformation funding to support the long-term ambitions around enhancing crisis and community services was now available through South Yorkshire and Bassetlaw ICS and the West Yorkshire & Harrogate ICS and proposals to access this funding were being established against a tight timeline.

AM stated previously the issue had been whether mental health, learning disability and autism had sufficient visibility in the SYBICS. One of the aims of the alliance was to strengthen this visibility. AM asked AGD if these services had the right amount of visibility and inclusion at the Health Executive Group (HEG)?

AGD agreed that there is an acceptance of the importance of the mental health, learning disability and autism agenda, at the HEG, though the meeting can be dominated by the acute services agenda.

Jan Ditheridge (Chief Executive of Sheffield Health and Social Care NHS Foundation Trust) and Kathryn Singh's (Chief Executive of Rotherham, Doncaster and South Humber NHS Foundation Trust) engagement with the HEG has increased and this had helped. Previously AGD was the only representative for mental health services.

AM queried the emerging provider collaboratives in South Yorkshire, and whether the Trust should be a partner in these?

SY updated that, and although we are a partner in the system, officially it's because our patients are accounted for through West Yorkshire.

AGD stated we have a strong relationship with the other mental health trusts which work outside of the HEG. We are included in the Barnsley system agenda at a place level and at a provider collaborative level we are seen as a very strong partner.

RW stated we should look at whether we need to be a formal partner in risk shares and associated provider collaborative arrangements in South Yorkshire. We continue to have some Barnsley services that are covered by West Yorkshire arrangements, transforming care for people with learning disabilities for example.

Changes to child and adolescent mental health services (CAMHS) in West Yorkshire mean Leeds Community Healthcare NHS Trust continues to be part of the provider collaborative on Tier 4 CAMHS despite a move to only provide community CAMHS. We need to review risk and reward, financial arrangements and service models. The arrangements have worked well, and we have no immediate risks from them, but it is worth another assessment.

MB stated the way the national arrangements were being managed is also of note.

RW suggested we should discuss the emerging arrangements and options for the Trust.

Action: Salma Yasmeen

CJ asked if there is any insight into the delay of the forensic collaborative going live in SYBICS?

SY reported this was primarily due to Covid-19 and they have reviewed the time frames of all the collaboratives. It is to allow time for the work to be completed.

RW stated there is a link between South and West Yorkshire arrangements because of the flow of people and this needed to be taken into account in the conversation in the private meeting of the Board.

EM observed this was now a well-developed plan. There is mention of a bereavement support scheme due to end on 31 December 2020, should this be reviewed?

SY reported this was being looked at and they are considering extending this time frame.

It was RESOLVED to NOTE the update from the SYBICS and Barnsley integrated care developments.

TB/20/83b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.2)

SY asked for the paper to be taken as read, but highlighted the following points:

- Calderdale has developed an exemplary model by engaging their BAME communities, thinking about people with mental health and learning disabilities, and has a comprehensive action plan.
- There have been targeted communications through community development workers.
- They have worked with their primary care partners who provide services to neighbourhoods, focusing on access to vulnerable service users.
- The learning that has been identified from this process will help us improve our partnership work going forward.

MF asked what are the implications of the digital maturity review that has taken place? Are there areas of strength? Where do we sit? Are we mature or are we requiring development?

MB updated there was not a firm view of where we sit, we play into both ICSs in terms of digital maturity and digital groups. We have made very strong progress in terms of digital infrastructure and some of these actions had been brought forward by Covid-19. MB reported he couldn't accurately make a direct comparison to other organisations.

AM noted that when the Board had looked at our progress against our digital strategy objectives, there was very strong performance and delivery.

RW reassured the Board that there were two organisations that were given funding based on this assessment because of their capacity and infrastructure needs. We were not one of them.

He concluded that we have made huge progress on digital infrastructure in line with our digital strategy. He suggested EMT need to think how we connect better into this ICS level work.

Action: EMT

EM asked about the working of the ICS regarding BAME communities and housing. Housing was a large factor in tackling some of the issues faced by our communities. How did that fit into the ICS picture now and who is taking responsibility for this aspect?

Sean Rayner (SR) reported there is a housing and health work stream within the WY&H ICS, led by Sarah Roxby who was seconded into that role from Wakefield District Housing. There is a section on housing in the lead provider collaborative adult secure report this afternoon. There have been several workshops and conferences on how we support people with learning disabilities and mental health challenges in a secure environment and that work is gathering pace.

Kate Quail (KQ) asked if the crisis transformation funding was different to the mental health investment standard funding?

MB confirmed this was separate to the mental health investment standard.

SYo requested sight of the report on digital maturity.

Action: Salma Yasmeen

AM noted the all-age liaison work is now up and running and we are meeting all the core 24 standards which is excellent progress.

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/20/83c Receipt of Partnership Board Minutes (agenda item 9.4)

AM noted that the Barnsley Health and Wellbeing Board is back up and running in public.

It was RESOLVED to RECEIVE the minutes from partnership boards.

TB/20/84 Performance reports (agenda item 10)

TB/20/84a Update on arrangements in place for the management of Covid-19 (agenda item 10.1)

- AGD highlighted Silver command meetings had gone back to three times a week.
- There was concern around the growing number of staff absences and Covid-19 related absence.
- This has been a focus of the stress testing that had taken place. An extraordinary silver event had looked at staff absence and the implications.
- We are now into the second wave of the pandemic and this is creating pressure for staff and services.
- It is a more complex situation now than we faced in the first wave. Staff absence is one issue, trying to maintain and restore services is another.

AM stated it was important to note the difference between the EPRR response levels, referred to earlier in RW's report, and the Operational Pressures Escalation Levels (OPEL) scores referred to here. We are currently operating at OPEL 2 in the Trust as a whole and each of

our services does a regular assessment of its OPEL levels, so individual Trust services can be at different levels.

System partners also may be operating at different OPEL levels, which can have an effect on partnership arrangements.

CD asked whether committees needed to review governance arrangements as had happened previously. CD asked what the general view was amongst the Board.

AM reported it was something RW and AM had discussed briefly, and we might want to consider pausing any non-essential governance in order to reduce the administrative burden on our staff teams.

MF reported he would have to consider this. MF asked if there were any lessons to be learned from last week's stress test?

AGD reported that business continuity plans needed to be reviewed along with the feedback. AGD has received highlighted actions we need to take.

AM suggested further discussion about overall governance throughout the organisation could take place outside of the Board meeting.

AGD reported we are also facing pressure from national requirements, for example we now need to report daily in relation to flu vaccination numbers. We need to factor national requirements in our own governance review.

AM suggested it would be useful to review committee work plans, as we had reviewed strategy timescales and pushed some things back. Our focus should be on supporting our workforce and maintaining business continuity and reducing the governance burden where we can.

TB stated it was important to consider this pandemic is going to be around for some time. We might need some longer term thinking around this and a longer-term plan given what we know now.

AM agreed with TB. The fatigue of staff and maintenance of wellbeing was paramount.

RW stated we have just done further work on strategy priorities and the BAF and our risks. The next thing to do is to see what indicators are linked to this. The question is often what governance we can reduce. We have the opportunity with the refocus around priorities to have a fresh look of what we really need to do and make things more focused. RW asked for the Board's views.

AM stated she would support RW's analysis. Normal process would be for a governance review at the end of the year but suggested we might need to do something now. Should the Audit committee take sight of this? Do we have capacity to do this now or do it at some point before the end of the year?

CJ asked if given TB's analysis whether the whole EPPR process is the right way to manage this? CJ questioned if you can run an organisation on command and control structures in the long term and continue to be a compassionate and well-led organisation. Given AGD's comment about the first wave have we considered what we could stop doing?

AGD stated that is what the business continuity plans are for, a phased approach and what core services we need to maintain. We are not at this point yet, but we need to know how we respond if things develop.

AM stated we were still at OPEL level 2, if we go up to 3 or 4 that would trigger different decision-making under business continuity planning.

EM stated she was conscious of the conversations earlier around the legal implications of the pandemic and that this was something we might need to review sooner rather than later.

MF stated he was happy for the Audit Committee to have oversight regarding the overall governance situation and asked if this was this part of the work that AL and his team looked at around work plans? Did we need to look at the long list of items for each meeting and review whether we could be fully effective around our risks and ambitions at the same time?

AM noted we needed to consider what we need to do, and what we can do.

KQ stated she supported RW's comments. KQ had noted that welfare facilities for staff were being improved and referred to how important this was and should be prioritised.

ST reported there was the immediate crisis and the long-term aspects of the pandemic to consider. Intelligence suggests we are in this for the long term, and even with a vaccine the virus may re-occur like winter flu. There was also the likely increase in demand for mental health services. From a staff perspective, wellbeing was an issue, all staff are affected, and not all of them are asking for help. It is affecting all portfolios in terms of governance.

ST reported that research and development were going to play a big role in this, and we needed to look at how we will support this.

AGD referenced our estate from KQ's comments. He noted the challenge of hydration / breaks when in PPE and socially distanced. The estate was not set up in that way. Reviews are taking place, particularly in inpatient areas as to how to facilitate changes in the environment to promote staff safety and wellbeing.

In terms of the broader wellbeing offer, as a Trust, we believe we are ahead of others, but we also need to develop our offer. We need to appoint another occupational therapist for support regarding long Covid-19, another mental health nurse to maintain resilience, and the one thing that can get overlooked is physical health.

Maintenance of physical health is also a priority along with maintaining good diet and healthy lifestyles, which in turn benefit mental health.

AM updated that an estates strategy update was coming to November Board, and this will propose a refresh of the existing strategy for the next 18 months.

SYo commented we seem to be looking to "restore back" to what we used to have, and we need to be looking to new ways of doing things, including governance. It was about not going back to where we were but designing things to be where we want them in the future.

AM concluded there had been a full discussion and there needed to be a review of governance arrangements and asked that the Audit Committee take oversight of this.

Action: Audit Committee

AM thanked all staff for their continued response to Covid-19 which had been "nothing short of phenomenal".

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

TB/20/84b Integrated performance report (IPR) month 6 2020/2 (agenda item 10.2)

Quality
TB highlighted the following points:

- Safer staffing on inpatient wards had been maintained but there remained significant pressure in the system.
- The limitations of current safer staffing reporting arrangements against establishments has been acknowledged. These reflect the national framework Work on the safe care tool is being undertaken and will form part of the safer staffing report coming to CGCS Committee in early November.
- There has been a downward trend in the number of incidents reported. This has been investigated and no immediate issues have been identified.
- It was positive to see the number of restraints reducing.
- The number of under 18s admitted to adult beds has increased and this is being closely monitored.
- Further work reporting against the eight priority actions to address inequalities is continuing.
- Covid-19 outbreak management and testing are continuing as the need arises.
- Complaints response times had recently been very good, but this month had been a challenge due to operational pressure and being unable to allocate investigators. A triaging system was being established to maintain realistic timescales dependent on the nature of the issue.

EM queried Information Governance (IG) breaches and noted the numbers were still quite high.

MB reported that updated comms had been in place for four to five weeks and there is likely to be some time lag as most of the IG incidents recorded took place before the new comms messages. The increase in incidents started when Covid-19 broke out. People have become more aware of the issues. The main cause continues to be human error. It will need another couple of months to allow the message to take hold. No recent incidents had required an Information Commissioners Office (ICO) submission.

CD raised a question on overtime. Has there been a big increase and how is it being measured / monitored? Also, with respect to community staffing levels, what is the situation with caseloads and how are people managing?

TB confirmed overtime was being monitored and went through the bank and e-rostering so that thresholds were maintained. The CGCS Committee has resurrected the safer staffing work and a pilot is under way with community services looking at caseloads. Caseloads are reviewed by managers on a monthly basis as a minimum. We want a more scientific approach to look at caseloads by team which is being looked at as part of the “safe care” work.

MF stated the IPR was discussed at FIP Committee yesterday. The fill rate slide was discussed and asked if TB had picked the actions up from that?

TB confirmed he did. The safe care work we are doing will cover this. Currently we report on a national requirement on fill rates against establishments. This doesn’t necessarily identify the pressure in the system. This is how we get figures at 130% because we may have increased acuity meaning increased observations resulting in one to one or even two to one support on top of the establishment requirement. This is the work going on with safe care.

EM raised a point regarding flu vaccinations and asked, given current staff absences through Covid-19, considerable pressure in the system and winter around the corner, do we need to do something different?

AGD stated there had been 1,157 vaccinations to date, which is ahead of last year and, given the complexities of the current environment, is positive. There are local BDU delivery plans with peer to peer vaccinations. People can go to GPs and pharmacies to be vaccinated and staff will be financially reimbursed. The next set of vaccines are due for delivery on 4th November. It was going well under difficult circumstances.

There is a Bronze flu meeting each Tuesday and a Silver flu meeting on Friday which enabled AGD to take stock of progress. AGD reiterated the importance of getting the flu jab early so it avoids conflict with any future Covid-19 vaccine.

AM asked about levels of clinical supervision, which are a concern.

CH reported significant hotspots had been identified and the under-performance wasn't across all services. A lot of work had been done in Calderdale and Kirklees and they were now at 91.6% for clinical supervision. Focussed action was now being taken to and learn from this work and improve in other areas.

NHSI national Indicators
The Board took these as read as matters to highlight had already been raised.

Locality
CH reported the difficulty is in balancing the work to restore services against the rising pandemic numbers. Staff absence due to Covid-19 is currently at 230, 4.4% of the workforce. The largest number are symptomatic, others were made up of household symptoms or isolation. 80 staff are working from home but 150 are not. Wakefield has the highest rate of absence at 8.1%, the next highest is Barnsley.

Barnsley General Community services:
- Pressure in the system is resulting in pressure on community services due to Covid-19.
- There were hotspots of staff absence in neighbourhood nursing services.

Barnsley Mental Health and CAMHS:
- There are CAMHS challenges in tier 4 bed admissions which are part of a WY&H service or through other providers, and adult beds are being used. The stays in the adult beds are longer due to difficulties in accessing tier 4 beds.
- Mental health community services are seeing increases in contact through the single point of access, similarly in CAMHS, but numbers are not back to pre-Covid-19 levels.
- There are some challenges on improving access to psychological therapy (IAPT) access targets.
- All-age liaison teams are now established in all our places. If children / young people present in A&E they see the liaison team which frees up capacity for CAMHS to provide a better crisis response. There are also significant improvements in waiting times.

Inpatients:
- Patient flow remains a constant challenge, not just to mental health beds but how we support the acute trusts with their pressures.
- Acuity remains high.

Mental Health Community services:
- Supervision remains a challenge in some areas.
- There are some areas for improvement regarding Care Programme Approach (CPA) reviews.
- An action plan is in place in all community settings to make sure we are optimising the use of our estate to safely provide a variety of services.

Forensics, Learning Disability (LD), Attention Deficit and Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD):
- Staff absence remains high in forensics. The completion of work required in relation to the lead provider collaborative in WY&H ICS is challenging as a result.
- Learning Disability services were focused on concerns around engagement as Covid-19 risks increased. Staff were finding creative ways to manage this, which is essential.

- The ADHD and ASD services continue to deliver their service throughout the pandemic. They are now looking at how to support 17-year-olds with ASD in Calderdale and Kirklees to relieve some of the pressure on children's teams.

AM thanked operational staff for keeping going in the current time and continuing to make improvements in services.

Priority Programmes

SY asked to take the report as read and highlighted:

- the communications team continued to engage with each of our places across the ICS to assist the system and the Trust with communication around Covid-19.
- Key areas of focus included IG.
- There is a community survey out at the moment seeking feedback from the public, service users and carers about our community services.
- In terms of engagement and involvement, work is based on the strategy refresh including governors, volunteers and members of the community.
- Work is ongoing to refresh the Trust-wide Covid-19 Equality Impact Assessment (EIA) due to the ever-changing nature of the pandemic.
- We now have feedback from the services through the toolkit that was developed to capture patient experience during Covid-19. Information collated will go to the data intelligence group to formulate what we can learn from the results.

We have maintained contact with our volunteers but given the nature of Covid-19, a number are still reluctant to come back. We will continue to work on this and maintain contact.

SYo queried whether this was leaving a gap for us, and if so, how are we filling the gap?

SY stated recovery colleges and Creative Minds are managing this through digital means and new ways of working that have been introduced. A lot of volunteers were embedded in our services and it was the richness they bring that would impact on services, but safety had to come first. The volunteer service is looking at ways of keeping volunteers engaged and utilising their services wherever possible.

KQ raised learning disability services and the number of restraints. It was documented under "challenges" in the report and lists the referrals from Leeds. There are only two Assessment and Treatment Units (ATUs) currently open and we have the only seclusion unit.

The potential for levels of acuity to rise is high, demand remains high and supervision levels remain low. There is likely to be regulatory focus in this area. What can we do to increase supervision and make sure staffing and training are at the highest possible standards?

CH stated she, ST and TB had all met with the deputy with responsibility for learning disability to look at how to support the learning disability leadership team and the learning disability services to manage pressures and issues in the service. SR, ST and CH meet regularly to review learning disabilities and input into the work across the ICS. We are keen to get clinical leaders more engaged with that future work because it needs to be clinically driven. The clinical leads and the consultants need to help develop the right service model so that we can deliver safe assessment and treatment units for us, Leeds and Bradford.

We have a mixture of "regularly commissioned" beds in our Assessment and Treatment Unit, Horizon, and two "spot purchase" beds. If required, we don't use the spot purchase beds in order to keep services manageable and safe.

CH confirmed that long term segregation did take place and that there needed to be greater understanding of what this meant in practice as the label was very different to the perceived meaning. For example, CH and RW had previously met all the service users being monitored in long term segregation. For the service users this meant they had a full area of Horizon to

themselves because they found it difficult to be with the rest of the patient population and they have their own dedicated staff.

They were all accessing leave, to go and see family members, to go and get fresh air, or go for a walk. It means their care is delivered outside of the rest of the ward population and the service users themselves reported that that was much better for them in their personal circumstances.

RW commented that each of those individuals were on Horizon as part of a transition. One of them had gone from being fully restrained in an educational establishment daily, to being in segregation on Horizon in their own part of the unit, being free to do all sorts of things and were actively engaging with staff.

Another was replicating arrangements they had at home, where they lived with family in an area which allowed them to be free to spend time on their own or with people they trusted. They were in transition to new accommodation, on an improvement trajectory and moving on.

Finance

MB gave the following highlights:

- In the first half of the year we have been able to claim Covid-19 monies to breakeven with Covid-19 claims or retrospective top up.
- Pay costs continue to increase and there was a one-off cost in September through the medical pay award that had been agreed nationally.
- Capital expenditure; we have reduced our forecast by about £1 million based on the impact of Covid-19.
- Out of area bed costs came down slightly in September compared to August and July.
- The use of locked rehab beds in Barnsley continues to operate at a much higher level than it previously has done.

CJ commented that he had nothing further to add from the FIP Committee. In relation to safer staffing and staffing in general they had noted a change in the oversight of agency staffing.

EM commented that non-pay expenditure showed quite an increase on the projected spend for the second half of the year.

MB reported this was due to things that haven't taken place in the first half of the year due to Covid-19. Examples being paying for some of the new digital solutions and training. He added there is always more expenditure on estates in the winter for such items as heating, gritting and maintenance.

Workforce

AGD gave two brief highlights:

- We are rolling out the e-appraisal system and looking at how this might support supervision in the future.
- Food safety; training – work is underway to get up to the target level. Anyone in housekeeping or catering were now fully up to date and operating in line with policies.

EM stated that her experience of the e-appraisal had been positive, and it had felt focussed.

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

It was RESOLVED to NOTE the Integrated Performance Report and COMMENTS made during discussion accordingly.

TB/20/84c Priority Programmes (agenda item 10.3)

SY highlighted the following points:

- Additional work has taken place since the last Board, including conversations held at the recent strategic Board meeting.

- Some changes have been made to the improving health domain.
- A working group facilitated by MB has already met around developing metrics against each of the priority programmes.
- Work continues around developing action plans that will underpin the Equality, Involvement, Communication and Membership strategy, which will add to the priority programmes work.

AM thanked SY and her team for all the work that had taken place to get us to this point.

RW commented it was difficult to consolidate something so complex into brief simple summaries and that significant progress had been made. Once we have the indicators set out, and most of them are clear from the work done on the quality account and what the safety measures, we should be able to see the golden thread between what we are trying to achieve and what we are measuring.

EM approved of the document.

CJ stated it was a good piece of work. She commented that we need to be clear why we have picked particular measures, and whether we have the right ones.

If IAPT, as a resource constrained activity, is increasing access for one group, this may limit access for another group, and we need to be open to that challenge. Is there something we can define around productivity which perhaps isn't the same as reducing waste?

In reference to making it a great place to work CJ questioned whether Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) were going to be enough? There had been a big discussion today about workforce and there may be other measures that needed to be considered.

SY stated, in relation to the workforce components and each of those priorities, there are a significant number of metrics being collected but the conversation of the subgroup has been really helpful to give focus on the eight inequality actions. We are now scoping out the programmes in more detail. The work around productivity and waste needed to be defined. We need to think about the wording around productivity which has unhelpful connotations at a time when staff are fatigued from dealing with the pandemic.

MF suggested if the correct metrics for the priority programmes are selected this could result in a reduction in other metrics currently recorded in the IPR.

AM summarised there was strong support for this across the board, which has been echoed at EMT. AM thanked SY for her perseverance in producing a comprehensive document which would help to give us a real focus.

It was RESOLVED to AGREE the proposed priorities and areas of focus, NOTE the continued work on developing the specific metrics and measures and work to develop the specific and cross cutting actions to address inequalities equality and involvement.

TB/20/85 Governance matters (agenda item 11)

TB/20/85a Quality Account (agenda item 11.1)

AM asked to take the report as read and asked if there was anything TB wanted to highlight.

TB reported it had been seen in the private board during its development and was being presented to the public session.

MF noted that on page 225 onwards there is a series of actions. A number are marked for March 2021. MF queried if the work could be completed in this timescale given the operational strain or was it a deadline that had to be met?

TB reported they were achievable at the time of the production of the report. These are current plans, but we reserve the right to review the dates due to the impact of Covid-19.

RW stated this was a good challenge from MF. If you look at the standards you would anticipate most of them should be delivered. We should keep an open mind on improvement during Covid-19, because CAMHS waiting times have continued to improve during this last six months. If we look at the indicators, we should ask the question is this still achievable and what is the expected trajectory.

Action: Tim Breedon

It was RESOLVED to RECEIVE and APPROVE the 2019/20 annual Quality Account report.

TB/20/85b Health and Safety Annual Report (Agenda item 11.2)

AGD stated the report had been delayed due to Covid-19 and was being brought directly to Board before going to CGCS Committee in November. The 2020/21 objectives were not being presented for approval as they were paused during Covid-19.

AGD asked to take the paper as read and highlighted the following points:

- The Health and Safety Executive (HSE) came into the Trust in January and February 2020 for a formal inspection. The result was a credit to the whole organisation given the level of positive feedback.
- We were one of only a few trusts who didn't have any actions.
- This was a partnership agenda, it wasn't just about the health and safety team, operations, nursing and staff side were all involved.

AM stated this report shows that we have strong performance around health and safety which was recognised by the HSE earlier this year.

SYo queried if the deferred actions are being picked up in CGCS Committee, so we can understand the risks, as they are all important actions.

AGD reported when the objectives were paused, it was felt we would be through the pandemic by now. A more fundamental review of the health and safety objectives is required to go into committee in November and how that may affect 2021/22 objectives.

AM noted that a lot of the health and safety team are engaged in making sure our estate is operational during Covid-19.

RW stated there will be some actions which will take on a slightly different complexion as a result of Covid-19 as the level of risk may increase or decrease. As we are reviewing the actions, as a result of the pause, we need to have that mindset.

Place inspections as an example, have been reduced. As a result, intelligence on health and safety is reduced. We should be positive about the exceptional report from HSE and receiving no actions and no written comments. We should take the Board's direction and look again at the actions with a "Covid-19 lens" as some of the previous safeguards might have changed.

Action: Alan Davis

AM commented that visits to our services, particularly by non-executive directors and by governors, which currently couldn't take place, are an important part of maintaining a safety culture. There is a need to establish whether virtual service visits could be accommodated during Covid-19 and the Board sought concrete proposals on this issue.

Action: Alan Davis

It was RESOLVED to APPROVE the Annual Safety Services Report 2019/2020.

TB/20/85c The Responsible Officer (agenda item 11.3)

RW reported the expectation in many trusts is that the Medical Director is normally the Responsible Officer. We had approved a different arrangement which meant Dr Berry has been the Responsible Officer. Given Dr Berry's move on secondment to a different role, we need to confirm ST as Responsible Officer noting it is a statutory obligation. RW fully supported and endorsed ST for being suitable for that role.

It was RESOLVED to APPROVE Dr Subha Thiyagesh as Responsible Officer.

TB/20/86 Assurance and receipt of minutes from Trust Board Committees (agenda item 12)

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

Audit Committee – MF reported this had been his first committee as a chair. It was a very professional and well organised, effective meeting. MF had noted a lot of the papers on this committee were from MB and his team.

There are lots of individual papers, as there are for Board, and discussions are taking place about reviewing the work plan to enable deep dives on individual subjects and having time to think about things in more detail, rather than dealing with multiple agenda items at every committee.

Finance, Investment and Performance Committee – CJ reported he had covered most the items he wanted to raise. CJ asked to note the implementation of the SBS finance and procurement system. The implementation had been successful, overcoming challenges along the way. The next challenge was to do the first financial month end and produce the first set of management accounts out of the system. CJ reiterated his thanks to MB and his team.

Workforce and Remuneration Committee – SYo reported a lot of time was taken up discussing risk. The agenda was changed to make it more of a development session where there was opportunity to have more free discussion around the organisational development strategy and the workforce strategy. The WRC is going to take place every other month from now on, this will mean meetings are more frequent but shorter in duration.

AM reflected that both the Equality and Inclusion committee and the West Yorkshire Mental Health, Learning Disability and Autism Collaborative committees in common both had strategy sessions set aside in the work plan. This may be something that other committees wanted to think about implementing.

West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committees in Common – The committee met last week and agreed to review the memorandum of understanding, which had now been in place for three years. AM reported this was important, to remind everyone of the principles of the collaborative, and ensure they are embedded and recognised by all. This was also good governance as things have changed in the last three years. Any changes made would be brought back to Board.

AM noted the ATU update was to be discussed in the private session later on.

Provider collaboratives have been discussed as a regular agenda item, the CAMHS Tier 4 update was present in the paper, and the forensic provider collaborative was to be discussed in the private Board.

The committee also looked at potential future waves of provider collaboratives which are under development and they would continue to keep that in view as the whole process develops.

AM added that a programme update was taken around all of the programmes in the collaborative and there was a detailed discussion around maintaining mental health and well-

being of all our staff and looking at all the available offers through the collaborative and beyond.

Work was ongoing around the transformation of psychiatric intensive care units (PICU) and the committee had reviewed what was happening with capital funding, noting Bradford have been unsuccessful in their bid for national funding for Linfield Mount. This was a set-back, and there was strong support across the collaborative to try and help Bradford District Care Trust in their search for capital funding for their development.

There was also discussion about the sustainability of the core team. There is an excellent core team supporting this collaborative at West Yorkshire level. Issues around the expanding workload and the sustainability of the team need to be addressed.

There is a Non-executive director and governor engagement event on 27 November 2020.

RW asked to reinforce the point about support. He explained ICSs are not formal structures, and have no allocations or funding, and the capacity within them is made up of people from different places. The funding for programmes is often delivered from transformation monies, and we have a situation where the government is thinking about how ICSs are developed going forward and whether they should be statutory organisations with staff. That has not been resolved and there is no recurrent funding and a lack of clarity over transformation funding next year.

As an Integrated Care System West Yorkshire and Harrogate have agreed to underwrite the costs of all the programmes including those for mental health and learning disabilities until October 2021.

In the meantime, the core team are doing a review of how they make capacity sustainable and in doing so, conduct a review of all the programmes to make sure they are still required. This should have a positive outcome on the programme to ensure it has what is really needed and will make sure it has the capacity to do what is required.

To note, AM is no longer chair of the committees in common, it is now the Chair of Bradford District Care Trust, Cathy Elliot.

It was RESOLVED to RECEIVE the assurance from the committees and RECEIVE the minutes as indicated.

TB/20/87 Trust Board work programme (agenda item 13)

AM noted that the strategic overview of business and associated risks should have been received today but the decision had been taken to defer the item. AM asked to consider how to progress this item? Everything else remained as indicated. The constitution review has been deferred and this was agreed at EMT, supported by AM. MB stated that as long as time permits, he would like to review the scheme of delegation by January 2021 given the change in finance ledger system, some changes made temporarily due to the pandemic and work with Barnsley community services.

RW referenced the strategic overview of business and associated risks. This is a process where we update the PESTLE and SWOT in great detail and cross-reference it with the risk register.

This is a large undertaking and probably requires a lot of changes in the context of Brexit and Covid-19.

RW questioned whether we wanted to use this kind of process to assess our strategic risks because we've just been through a process to assess what our strategic risks and priorities

should be. RW therefore questioned what value this process would bring. At some point in the future it would be worth asking ourselves why we conduct this process.

MB suggested it was a helpful piece of work that maybe only needs conducting annually as part of the planning process.

Action: Mark Brooks / Salma Yasmeen

MF noted looking at November we appear to be receiving five different strategies. MF questioned whether these had been through committees previously and was it realistic to expect the board to have a thorough and proper debate on five strategies all at one meeting?

AM explained that the estates strategy will not be a full update, but an 18-month plan extending the existing strategy. The equality, involvement, communication and membership strategy has been through a number of iterations and is coming back to Board next month.

The sustainability strategy will have to be deferred as there is no current capacity. This is anticipated to be brought to Board in February 2021.

Organisational Development and Workforce strategies were in conversation and on track for first draft to go to WRC in November, from there we can determine how far it is from the final draft.

The Constitution review date was now to be April 2021.

RW noted when we get to the Constitution review, we could look at which strategies are reserved for the Board and which could go to committees.

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

TB/20/88 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on 1 December 2020.

TB/20/89 Questions from the public (agenda item 15)

Nil

Signed: **Date: 1 December 2020**