Minutes of the Trust Board meeting held on 1 December 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 (absent between 10:15 and 11:00)
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Dr. Subha Thiyagesh (ST)	Medical Director
Apologies:	Members None	
	Attendees None	
In attendance:	Carol Harris (CH)	Director of Operations
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary) (author)
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy
Observers:	Bill Barkworth	Public governor – Barnsley (Deputy Lead Governor)
	Bob Clayden	Public governor – Wakefield
	Dylan Degman	Public governor – Wakefield
	John Laville	Public governor – Kirklees (Lead Governor)
	Tom Sheard	Public governor – Barnsley
	Debs Teale	Staff governor – Nursing Support
	Tony Wilkinson	Public governor – Calderdale
	Raymond Rowles	Member of the public

TB/20/90 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 performance and monitoring meeting. AM reported the meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting.

AM informed attendees 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/20/91 Declarations of interests (agenda item 2)

The Chair asked to note that her spouse was no longer a strategic director of Bradford Metropolitan Borough Council, as of today, and asked for the register of interests to be amended to reflect this change. No further declarations were made.

Action: Andy Lister

It was RESOLVED to NOTE the change to the chair's declaration of interests.

TB/20/91 Minutes from previous Trust Board meeting held 27 October 2020 (agenda item 3)

Mike Ford (MF) asked if there was anything that could be done to acknowledge Elaine Dresser's achievements as described in her board story last month. AM asked for this to be noted and agreed to action this.

Action: Angela Monaghan

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 27 October 2020 as a true and accurate record.

TB/20/92 Matters arising from previous Trust Board meeting held 27 October 2020 (agenda item 4)

The following items from the action log were reviewed:

TB/20/83a – Mark Brooks (MB) reported that this action needed to be split. A discussion followed which agreed one action related to the committees in common relationships that are emerging in terms of the mental health alliance in South Yorkshire and Bassetlaw (SYB). The second action is to review our relationship in the emerging provider collaboratives in SYB and assess if we should seek a formal involvement in these arrangements. Separate actions to be created.

Action: Andy Lister

TB/20/83b – MB asked for some clarity regarding this action. Rob Webster (RW) reported this action relates to the Executive Management Team (EMT) looking at our digital strategy and seeing if it fits with the West Yorkshire and Harrogate Integrated Care System digital strategy, and the Digital Charter agreed at regional level. Action wording to be amended.

Action: Andy Lister

TB/20/66b – Tim Breedon (TB) confirmed that the key themes around learning disabilities are scheduled to be discussed at the next Equality and Inclusion Committee on 8 December 2020. To close.

TB/20/68 – Salma Yasmeen (SY) confirmed the Equality, Involvement, Communication and Membership strategy is on today's board agenda and work has commenced in terms of engagement to establish priorities and actions for the next 12 months. To close.

TB/20/69d – Alan Davis (AGD) reported that the next four actions are linked to the equality agenda. The Equality and Inclusion Committee (EIC) is meeting on 8 December 2020. The Workforce Race Equality Standards (WRES) is well established but there is further work to be done on the Workforce Disability Equality Standards (WDES) and how it links back to the Board. AGD would be able to provide a further update at the next meeting. To close and be monitored by the EIC.

Action: EIC

TB/20/69d – AGD reported the WRES organisational development lead has been appointed. Cherill Watterston starts on 14 December 2020 and part of her action plan is to roll out the equality guardians in the framework around racial harassment of staff, service users and carers. This also covers some of the broader aspects of harassment. To close.

TB/20/69d – Project search. AGD stated we are continuing to work with the Mid Yorkshire Hospitals NHS Trust to mirror and adapt their programme. A further update would be provided at the EIC. Keep open.

TB/20/69g – The inclusive leadership board development programme is due to start in December 2020 with a discussion taking place at the strategic board. To close.

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

TB/20/93 Service User / Staff Member / Carer Story (agenda item 5)

AM introduced Janet Owen and Joanne Daveron who had joined the Board to share a patient and family story about the community teams in Barnsley working together to support end-of-life care.

Carol Harris (CH) added how important end-of-life care is, stating the team make people's lives as comfortable and enjoyable as possible in difficult times.

Janet is the end of life care lead in Barnsley and Joanne is a clinical nurse specialist in specialist palliative care, who works alongside Macmillan. They reported today's story is illustrative of the work the team carries out on a day-to-day basis. The story reflects the whole team approach, including the end of life care team, the Macmillan team, the crisis response team, community teams and Barnsley integrated community equipment services (BICES). It illustrates how the team pulls together in the best interests of the patient and does so with care and compassion.

The patient the story refers to someone admitted to hospital where he was diagnosed with cancer and began to decline rapidly. He was given the choice, with his family, and decided he wanted his end-of-life care to be at home (the incident pre-dates Covid-19). Equipment was quickly put in place at his home address.

Joanne then visited the gentleman and realised he was very close to the end of his life. Joanne is an independent nurse prescriber and was able to prescribe medications to relieve any symptoms that may appear. The supportive care at home team provided "night sits" to enable his wife to sleep.

The gentleman's swallowing was a concern and the speech and language therapy team promptly responded, identifying issues with the gentleman's mattress which was swiftly resolved by the BICES team.

All teams worked hard together, which enabled him to pass away peacefully at home. The gentleman's wife expressed to Joanne how impressed and thankful she was for the service and how everyone had worked together.

In response to questions about the value of being a nurse prescriber, Janet reported they have an "aspiring course" within the team so that someone appointed as a band six nurse will aspire to be a band seven, and as part of that complete the prescribing course.

Janet stated Covid-19 has had an immense impact on their work, especially within care homes. There has been a significant rise in people who did not want to go to hospital, and the number of patients choosing to pass away at home has increased.

The psychological impact on the team has been hard but Improving Access to Psychological Therapy (IAPT) has supported the team and there is now a psychologist working with the team to conduct a monthly reflection.

Janet stated local partnerships have been important in maintaining morale, including the local hospital and consultants from the hospice who have been very supportive.

AM and RW thanked Janet and Joanne for the story and noted the positive comments received from the family. They also noted the impact of additional support for staff wellbeing was being felt and was having a positive impact.

It was RESOLVED to NOTE the Staff Member Story.

TB/20/94 Chair's remarks (agenda item 6)

AM reported, for the public record, that the following items would be discussed in the private board meeting:

- A verbal update on serious incident investigations.
- Commercially confidential business developments in both integrated care systems.
- The recently published NHSE/I consultation paper about next steps for integrated care systems.
- Trust Board succession planning.
- Maintaining high professional standards.

It was RESOLVED to NOTE the Chair's remarks.

TB/20/95 Chief Executive's remarks (agenda item 7)

RW took his report as read. He presented the following additional updates:

- The Brief was attached in the papers with the monthly report update.
- National Covid-19 restrictions have started to show an impact, reducing prevalence in South and West Yorkshire.
- Barnsley Hospital NHS Foundation Trust has lowered its Operational Performance Escalation Level (OPEL) from 4, Trust staff have assisted the hospital in a number of ways including working on their wards during this time.
- Parliament is debating lockdown today and the move to tougher tiers than previously. Previous tiers did not always reduce prevalence.
- Both West and South Yorkshire will likely be placed in tier 3, the highest level of tiering, if the decision is to remove the national lockdown.
- The staff vaccination programme for Covid-19 will start next week in Leeds. The Pfizer vaccine has been approved for use.
- The military and local councils will be involved in mass testing of the public.

- Mass scale public testing has recently taken place in Liverpool and there is a suggestion this has helped reduced prevalence in Merseyside.
- All tier 3 areas are expected to get some form of mass testing.
- We are getting ready to support asymptomatic staff testing in both South and West Yorkshire.
- Our front-line staff will be testing themselves with their home testing kits twice a week from Thursday (lateral flow testing). We believe this will identify staff who will need to self-isolate.
- Clinically extremely vulnerable status of individuals has been updated to include people with stage 5 chronic kidney disease and adults with Down's syndrome.
- Staff identified as clinically extremely vulnerable, as per guidance, are currently working from home. Approximately 100 additional staff have now not been physically at work but are working from home.
- We remain at OPEL level 3, this was confirmed at gold command.
- We continue to focus on inequalities and assess all our emergency decision making against the equality impact assessment tool.
- Following a conversation at the NHSE/I Board meeting last Thursday, a substantial range of suggestions about how Integrated Care Systems (ICS's) will develop in the future was published.
- The majority of these options are in line with those already in place in West and South Yorkshire.
- They indicate two options for the future of clinical commissioning groups (CCGs) in legislation. One is that a CCG is coterminous with an ICS and that the CCG can form a statutory partnership with local government which gives ICS's a statutory footing. The other, is that CCGs cease to exist. Over the next six weeks there is a feedback process. Both ICSs will have discussion about these options, as will we as a Trust in both this afternoon's private board and December's strategic board.
- The briefing is very clearly a view of system working, provider collaboratives and place-based working. We are already doing these things. We would want more focus on co-production and involvement of local people in future plans nationally.
- The new financial arrangements for this year are in place. £50m is being made available to the mental health system to support discharge from acute mental health beds.
- Staff well-being continues to be a top priority.
- RW informed the Board of a staff death as a result of Covid-19. Kalli Mantala-Bozos was a psychological therapist in Calderdale. The Trust is working with her family in relation to communications and how we commemorate her service.
- Kalli will be very much missed by her team and the service. She was a mum, a partner and worked in our bereavement group and is described as dedicated and supportive. Her husband, the reverend Stavros Bozos, has given permission to talk about her today. RW quoted from the reverend:

  "Thank you for all the good words you have put together for Kalli, we are so sad as a family to have lost her, but judging by the inundation of messages like yours we have a very positive conviction that her soul is rested into Abraham's bosom, getting prepared for the eternity of a constantly augmenting and improving communion with our Trinitarian god. Many thanks for your tremendously important work within this Covid madness."

- Our response to this as an organisation will be one that is a fitting tribute to Kalli and her service. It will be a reminder to everyone that this virus should not be taken lightly.
- Our teams have been affected by the pandemic for months, we are asking them to:
  - Conduct the biggest flu vaccination in history.
  - Implement the biggest and fastest vaccination programme for Covid-19.
  - Implement the biggest testing programme.

    - Work with digital technology they haven't used before, with a group of people in communities who are distressed.
- As a board our emphasis on staff wellbeing has to be maintained because without them we don't have services.
- As we heard from Joanne and Janet our staff perform small miracles of kindness and compassion every day.

Board members expressed their condolences to Kalli's family, friends and colleagues.

Charlotte Dyson (CD) asked about partnership working in Barnsley and staff wellbeing noting pressure in Barnsley community services.

RW reported there is prioritisation of caseloads on a constant basis which makes sure those that need care, receive it. Mutual aid calls are rare, but we consider the impact on our patients, services and staff. This is managed through bronze command for operational impact, and silver command for the tactical issues around the place-based arrangements.

CH reported teams were fully engaged with the people of Barnsley. Our teams have worked hard in the community to take pressure off the hospital. More acute illness is present in the community, but staff are working together to help manage our shared population.

Chris Jones (CJ) asked about system planning for when things became pressured and the impact on the workforce.

RW stated the difference from the first wave is there hasn't been any national scenario modelling provided. In the second wave, forecasting had been condensed into what may happen in the next couple of weeks. Our two ICS areas have five-point plans for dealing with the impact of Covid-19 which start with having a shared view of the forecast position of the virus in the coming weeks.

Our modelling needs developing further but alongside this at the end of last week NHS England released some models for the demand on mental health services. These need to be reviewed to establish what the consequences may be for us. We need to be flexible and remain flexible, using our business continuity plans and emergency preparedness resilience and response (EPRR) plans. If things get significantly worse, we need to be able to respond.

Erfana Mahmood (EM) noted in the report a person with a learning disability was six times more likely to die from Covid-19.

RW stated this is higher than the disparities within our black, Asian and minority ethnic (BAME) groups and as such requires a system response. In West Yorkshire and Harrogate, a similar response is being taken as that used to address the inequalities faced by our BAME communities.

Dr Sara Munro is the lead for the mental health, learning disability and autism programme and has picked this up. Terms of reference have already been developed.

TB reported for people with a learning disability, face-to-face contact is preferential, and this has continued wherever necessary with appropriate risk assessments. Physical health is also reviewed in the local passports that have been produced to gain swift support from general or acute services, when needed.

People with a learning disability should be a high priority for the pending vaccination. RW noted all GPs are being asked to contact patients who have a learning disability to make sure they are having their annual health check and flu jab.

AM noted the Trust is having to respond to rapid changes on a regular basis. The staff response over the last few weeks and months has been phenomenal.

Dr Subha Thiyagesh (ST) reported the Trust will be involved in any potential research studies that will go towards further work on prevention.

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

TB/20/96 Performance reports (agenda item 8)

TB/20/96a Integrated performance report (IPR) month 7 2020/21 (agenda item 8.1)

Covid-19 and Quality

TB noted the following:

- The Infection Prevention and Control (IPC) team continue to support staff and give advice.
- There is a revised testing regime for long term inpatients.
- Supply of Personal Protective Equipment (PPE) remained in a good position.
- Asymptomatic testing is being rolled out for staff to test themselves twice a week. There is a recording system in place. The purpose is to get early alerts, but this may result in increased staff absence.
- The vaccine will be delivered locally, and we have a team working on how this will be managed.
- Significant work has been put into the Barnsley system and this has been acknowledged.
- Silver command continue to meet three times a week, gold command twice a week.
- Silver command's terms of reference have altered slightly. They are now focusing on four key issues, flu, Brexit, Covid-19 and testing.
- Complaints continues to be a pressure due to staff capacity. Individual timescales are being agreed with complainants.
- The number of under-18 admissions to adult wards remains concerning but safeguards are in place.
- Out of area bed use continues to be challenging but we are managing well given the current circumstances.
- Staff pressures remain in forensic services, there has been close scrutiny of the safer staffing report in Clinical Governance and Clinical Safety Committee (CGCS).
- Care Programme Approach (CPA) care plans data is being queried. There was an issue managing the transition within SystmOne. The data show a low return rate. Work is taking place to resolve this issue.
- There has been a focus on restraint as detailed in the report, self-harm and suicide rates continue to be closely monitored at clinical risk panel.
- Safeguarding remains critical, we will continue to be engaged in local panels and putting supervision in place.
- The Care Quality Commission (CQC) improvement plan refresh continues, and work is ongoing to align our work with the plans for the new CQC arrangements.
- Metrics show performance is holding up well but there are significant pressures in the system. This is being managed through the command structure, business continuity plans and the tremendous goodwill and determination of staff within the Trust.

Kate Quail (KQ) asked what safeguards and assurance were in place for children being placed on adult wards.

TB reported protocols had been established in liaison with the CQC so that we were providing an appropriate response and the "least-worst" option within the wider system. We maintain

links with child and adolescent mental health services (CAMHS) pre, post and during any admission.

All staff have completed child safeguarding training on the ward. We have specific wards where this option can take place, so that staff know how to respond. Specific care plans and specific supervision are required, and environmental changes are put in place.

KQ asked what level of information EMT receive?

TB reported that EMT receives the IPR too and is therefore in receipt of the same information as the Board. Each case of a child being placed on an adult ward is recorded as an incident, goes through the clinical risk panel and is investigated separately. If a more detailed enquiry is necessary, there are the options of a serious incident investigation or service level investigation depending on the scale of the incident.

All incidents are detailed within the quarterly and annual incidents reports. The metric is present in the IPR to maintain Board oversight of child admission to adult wards. The West Yorkshire Tier 4 CAMHS beds development and lead provider collaborative should go some way to alleviating this issue in the next financial year.

EM asked about complaints timescales and what was being done to tackle this issue?

TB reported proposals were being reviewed for a triaging system. Targets are to be discussed at the next CGCS Committee meeting.

Sam Young (SYo) asked if there were any additional risks as a result of the Covid-19 outbreak on Hepworth ward?

TB reported the outbreak had been managed well with assistance from the IPC team. The cleaning regime had been followed and advice provided. TB referenced a new 28-day routine testing requirement for all service users within the unit.

National Metrics

MB reported that TB has already covered the main outlier which was child admissions in adult wards. There were no questions.

Locality

CH provided the following update:

- Clinical supervision had been raised at previous Board meetings and feedback has been sought from each locality and updates will be included in each locality update.

Barnsley community services

- The system appears to be settling, but community services remain very busy.
- People being cared for in their own homes have a higher level of acuity than seen historically.
- Increased wraparound support to care homes to support residents with Covid-19.
- Mobilisation of Covid-19 vaccinations for staff in Barnsley, we will also vaccinate people who can't get out of their homes.
- Barnsley community is a hotspot for levels of clinical supervision. The way clinical supervision takes place has changed as our work has changed.
- We are now using members of the multidisciplinary team for clinical supervision and group discussions for supervision, but this is not being captured or recorded adequately. This is being resolved.

Barnsley mental health services (including inpatients):

- Memory service diagnostic clinics have been reinstated; we have capacity to address the backlog by the end of this month.
- Barnsley mental health services is a hotspot for the recording of CPA 12-month reviews. We are using the learning identified in other areas to address this.
- There are some targeted actions to improve clinical supervision in Barnsley mental health services, but this is not an identified hotspot.

Child and adolescent mental health services (CAMHS)

- There is a continued reduction in time from referral to being seen.
- There remain challenges in waiting times for neurodevelopment assessments in Calderdale and Kirklees.
- Arrangements for clinical supervision have strengthened, again this is not an identified hotspot.

Trust wide Inpatient Services

- There have been significant pressures in the wider system. This has led to intensive work to improve pathways with the acute hospitals for attendance at A&E.
- There are a number of inter-agency improvement networks underway. Detailed reviews of waiting times in A&E are taking place so that we can help relieve pressure across the system.
- There is significant improvement in clinical supervision in this area. Individual teams have targeted action plans in place.
- Ward 19 in Dewsbury has not had a medicines omission in 12 months. This is a great achievement and we are sharing the learning and good practice with the other wards across the service.

Forensics, Learning disability (LD), Autistic Spectrum Disorder (ASD) and Attention Deficit and Hyperactivity Disorder (ADHD)

- The outbreak in forensics resulted in numerous staff having to self-isolate. This has had an impact on staffing across the Forensic unit. This is a current challenge.
- We are continuing to work as lead provider for the adult secure provider collaborative across the West Yorkshire & Harrogate system.
- Clinical supervision is of a high standard in forensics services.
- In learning disability services, clinical supervision is a hotspot, and a concern. Targeted support in the teams and actions for the learning disability trio and the deputy director are being regularly monitored.
- Increased pressure in learning disability community services has led to an increase in referrals to hospital admission, following the breakdown of community placements. Learning disability services have therefore moved to OPEL 3.
- The reconfiguration of assessment and treatment units across West Yorkshire continues. There is an internal steering group with input from CH, Sean Rayner (SR) and the executive trio. We are working with the executive trio in Bradford to see how this can be managed in the future.

CD thanked CH for the update on clinical supervision and stated this was discussed at CGCS Committee. CD reiterated how important it was for the Board to continue to monitor clinical supervision.

AM reiterated congratulations to Ward 19 on their achievements.

Priority programmes

SY reported that despite the pressure, teams and people across the organisation have continued to focus on hot spot areas for improvement and are continuing to drive improvements forward despite the pandemic.

Communications

SY reported there remains a significant focus on Covid-19 and providing clarity around information in the ever-changing environment.

Work in partnerships continues in our places and we feed into the joint communications in those areas. Communications around flu vaccinations, information governance (IG) breaches and the roll out of the Formulation Informed Risk Management (FIRM) risk assessment have been recent priority work.

The Inclusion and Equality team continue to monitor the impact of Trust decisions in the current climate and update the Covid-19 equality impact assessment. They promote the use of the rapid decision-making tool and provide accessible information to our client groups.

Focus this month has been around carers and carers passports, including a positive engagement event.

MF and CD noted the high quality of recent communications.

Finance and Contracts

- MB reported this is the first month of the new financial arrangements and as such we had returned to more normal reporting.
- We are reporting against the first six months of actual performance, and the plan we all agreed at Board for the last six months of 2020/21. This approach is for the 2020/21 financial year only.
- As a result, budget variances may look unusual in this month's report.
- Income has been slightly higher than expected, some of the expected Covid-19 costs have been slightly lower.
- We have had a very positive month in reducing out of area beds.
- In summary, we have delivered a small surplus when expecting a deficit.
- This has been the first month reporting using the new shared business services (SBS) system.
- Cash remains strong, but we have received a months' worth of income in advance and this is expected to be addressed before the end of March 2021.
- Our capital spend has started to pick up, we have spent nearly £0.5m this month and we are still forecasting to achieve our revised plan.
- Seven day payments were on target for October. These will likely reduce next month while staff become familiar with the new system.
- We have provided some brief headlines to the Finance, Investment and Performance (FIP) Committee about headcount year on year. We have approximately 200 extra staff as a result of additional investment in mental health services, investment in Barnsley community services and better recruitment & retention.

The team that pull the IPR together are working hard to provide the report to Board as well as developing reports and updating information nationally for flu vaccinations, bed availability and preparing for the forthcoming Covid-19 vaccination programme.

AM agreed and reiterated MB's thanks to the performance and information team, and the finance team for the implementation of the SBS system.

CJ reported FIP had discussed the in-month variances and were assured, understanding why they were there. CJ added the Committee's thanks to MB and the team for the successful SBS implementation.

MF noted one of the largest variances between budget and actual figures this month was the provisions number.

MB reported when the budget was put together it included some of the possible costs to be incurred in the provisions line. The Mental Health Investment Standard (MHIS) monies had not been allocated to individual teams yet, and as such being held centrally. The variance would reduce as the year continued.

Workforce

AGD updated:

- The Workforce and Remuneration Committee (WRC) received a detailed report on absence and wellbeing.
- The combined total of Covid-19 absence and non-Covid-19 absence was just over 7% but varied daily.
- There was a strong focus on supporting staff now, but also in the longer term as Covid-19 continues.
- Work on support around physical health for staff continues, as a healthy lifestyle will assist staff to endure the pandemic.
- Estate is being reviewed to make sure that it continues to support staff wellbeing.
- Research has shown that the resilience of staff lies within teams, and teams supporting each other is crucial as demonstrated in today's Board story.
- Food safety training has been picked up as an issue to address. We have been slightly under target for the last few months. The training is to be redesigned, in line with national requirements, to make the process easier for staff to get through.

CD referenced CJ's earlier point about staffing levels in January and the impact of asymptomatic lateral flow testing. We know from finance there will be no additional Covid-19 money going forward. Are we confident with our figures and that we have the right assumptions in place?

MB reported that Covid-19 money is still available and has been allocated to us on a fair share basis by the West Yorkshire & Harrogate ICS. The difference is that it is no longer reclaimed retrospectively as before. The use of Covid-19 money allocated to the Trust is prioritised by CH and her team in the Operational Management Group (OMG). In Month 7 we spent less than previous months.

AGD stated there is a staff supply issue, and staff will be required to support the vaccine rollout. The priority is to keep staff well and healthy and giving them the support they need will be fundamental moving into the new year.

SYo reported a lengthy discussion about risk in WRC, specifically around staffing levels and wellbeing and this is being closely monitored by the Committee.

CJ reported FIP had also discussed future risks and financial opportunities, things were well balanced going forward and CJ shared MB's comfort with the current forecast.

RW stated the degree of challenge in both Committees was very positive. From FIP, RW had noted MB's ongoing assessment of risks and opportunities, and for the first time in a while the balance was more towards opportunities than risk, which provided comfort around the financial forecast.

AM had noted on the “guardian of safe working” report for this quarter, the tremendous work of the rota coordination team and the medical education and medical management team. They had managed the gaps with no exception reports coming through. AM noted thanks to the team.

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

Update from the IPR sub-group

- MB updated following the last strategic board session it had been agreed to set up a small sub-group to look at the IPR report in totality.
- There were two aspects to this, the overall IPR report in terms of content and format, and the appropriate metrics to determine progress against our strategic objectives.
- The group met less than a month ago.
- The group includes John Laville (lead governor) and Mel Wood (Head of Performance). Mel provides guidance regarding what is achievable and what development work might be required.
- The report includes a summary of the meeting, and recommendations about how reporting against strategic objectives can be fulfilled.
- The proposal is that there is a separate page for each strategic objective which has agreed Trust priorities aligned to it. Key metrics are aligned to each priority.
- Outcomes had not been a focus yet, the group recognised that in outcomes for improving health, there will be many other organisations and bodies that contribute to this, and we need to establish how to we can recognise our own impact.
- It is recommended we establish key metrics that we can directly influence in the short term.
- There are some principles highlighted in the report which are:
    - It is important we identify how much influence and control we have over what we report against, as this is paramount in understanding our own contribution to performance.
    - Ensuring the principles we have align with the other strategies we have in place. For example, the quality strategy, for which we already have a number of metrics identified.
    - We will clearly define what each metric stands for and what we are using it to measure against.
    - Whilst the IPR is primarily used for Board and Committees it is used for other purposes too and should be aligned to other reporting that takes place.
    - We have considered the frequency of some metrics which are reported quarterly or annually.
    - There are also some proposed metrics with data quality issues that will require some focus.
    - Metrics for Digital priority need to reflect whether digital can improve the care we are providing, or staff efficiency and will need more thought.
- Some of these areas will evolve as we progress.
- A follow-up meeting will take place next week to look at the IPR as a whole.

SYo asked under providing care close to home there is only one metric, and asked if we need to include something about community staffing, or people dying in their place of choosing, which we already have?

CD asked for clarity around the second bullet point under “safely delivering services locking in safety and innovation”.

MB reported this was about inequalities and access for all people. This is the executive summary so is an aggregated total. We will also develop metrics for each of our services in each place and monitor progress locally.

RW reminded the Board that the term “BAME” is being contested by some people, as it puts people in a single group who have different characteristic and experiences. This has been identified in the recent review of inequalities in the West Yorkshire & Harrogate ICS and the Public Health England work.

MB stated in the last IPR we provided an update on the development of reporting by place of access to services by gender, ethnicity and religion. This is to be overlaid with the gender, ethnicity and religion data for the population of that community which should give us some powerful information.

MF stated he is involved in this work and felt in the improving care section it needs the voice of the service user and carer. We cannot conclude on care improvement if their voice is not represented. Is there a regular metric we could use to represent this, perhaps something from customer services?

AM noted the sustainability measures were still to be included. The sustainability and green plan were still under discussion. These needed to be added once complete.

MB stated he would take Board comments in relation to the IPR metrics back into the IPR subgroup for discussion.

Action: Mark Brooks

It was resolved to NOTE the progress made to date by the working group, APPROVE the recommended metrics for measuring performance against the Trust’s strategic objectives and NOTE comments from the Board.

TB/20/96b Serious Incidents Quarter 1 2020/21 (agenda item 8.2)
TB introduced the item and stated the report has been through the CGCS Committee.

- TB noted there is nothing specific to highlight, which is unusual in itself, and important to note in the current climate.
- Reporting levels remain the same, which given the current clinical pressures is positive.
- We are starting accreditation in the Royal College of Psychiatry serious incident process which is positive. This will build another level of assurance into the serious incident process.
- Self-harm and suicide are being closely monitored during the pandemic so that intervention can take place where required.
- MF had raised reporting themes and actions. Where policy issues were identified it needed to be clarified if the problem was with the policy itself or the implementation of the policy.

It was RESOLVED to NOTE the quarterly report on incident management and the actions identified by the Clinical Governance and Clinical Safety Committee.

TB/20/97 Business developments (agenda item 9)

TB/20/97a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)

AGD reported over recent weeks the focus of Integrated Care System (ICS) and Health Executive Group (HEG) has been on the response to Covid-19. Strong partnership working is a key focus.

SY noted that work continues at the Mental Health, Learning Disability and Autism (MHLDA) programme board, so that the system can access funding available to help with crisis and community services.

In Barnsley, we have made successful bids for funding for winter planning and initiatives to support the Covid-19 pressures. We will be a key partner in the green and blue social prescribing bid, which builds on the work carried out by the Trust and Creative Minds.

RW noted there is a session today in SYB regarding the NHS England / Improvement (NHSE/I) proposals on the future of integrated care, which AM will be attending. We need to engage appropriately in conversations with partners around our response to what NHSE/I are suggesting happens with ICSs in the future.

The Trust has a positive role to play in provider alliances. Providers working across places is part of the future, and so the MHLDA Alliance in the SYB system is essential. Further to this, providers will be working collectively in places like Barnsley.

There will also be changes to the CCGs under both options in the proposals, which likely means there will be one CCG for SYB in future. There will be an acceleration of conversation about form, and the Board should note that this will happen.

AM noted there were discussions taking place today in both West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICSs that the Trust would be attending. These discussions follow positive collaborative and partnership working at both place level in Barnsley, provider collaborative level in the MHLDA Alliance, and at system level, where a governance review has begun. The right things are in place to make sure we respond in the right way to the NHSE/I proposals.

RW asked to note congratulations to our CCG partners in Barnsley and South Yorkshire. Barnsley CCG was rated as “outstanding” again as were several of the other CCGs and the Board should be aware of this.

MF asked if there was to be a lead provider in the MHLDA Alliance? If we were to consider being the lead would this stretch us too far?

AM reported provider collaboratives are emerging for forensics, tier 4 CAMHS and eating disorders in SYB but, unlike in West Yorkshire, The Trust is not a formal partner to any of these collaboratives in South Yorkshire currently.

The MHLDA Alliance is an informal collaboration between the providers, in addition to formal pathways of care (provider collaboratives) and we need to consider while we are not part of the current formal provider collaboratives, we are part of the pathways, and we will review this through the actions on the action log.

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

TB/20/97b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.2)

SY highlighted the following points:

- In addition to a significant response to Covid-19 and winter planning there has been a continued focus on the "10 big ambitions" across the ICS and the work on equalities and tackling inequalities.
- Significant work completed around sustainability, which will need to feed into the strategic board discussion.
- Carers and the sustainability of the voluntary sector. The "neighbours' campaign" has been relaunched this year and is being recognised for an award.
- The system leadership regarding inequalities is also nominated for a Health Service Journal award, as well as the system work relating to carers and carers' passports.

SR asked to take the paper as read and would provide an update on the forensic provider collaborative later in the private session.

RW noted the CCGs in Kirklees have agreed to merge. This will allow them to work in a single footprint that is coterminous with the council. These place-based arrangements will fit with expected direction of travel for future commissioning arrangements in West Yorkshire.

Close to £1m has been allocated to the Partnership for staff wellbeing and the creation of wellbeing hubs.

The Partnership Board this afternoon will discuss and agree the recommendations and actions on inequalities faced by our BAME patients and staff. This report will deliver improvements.

Our West Yorkshire colleagues have also done well in the national CCG ratings. Wakefield is now "outstanding", and Kirklees and Calderdale are "good".

CJ asked about the ten big strategic objectives. How is the ICS managing performance against targets such as reductions in suicide and closing life expectancy gaps? What is the mutual accountability process? Is the ICS looking for us to contribute? Regarding the conversation around sustainability and the voluntary sector do we have any partners we work closely with who are at risk?

RW explained the mutual accountability arrangements. When the pandemic arrived the system oversight and assurance group was suspended. It resumed in August. RW chairs the meeting with input from the regulators, and places, sectors and system are all represented.

A report is received each month that monitors progress against key indicators and highlights indicators that require improvement.

The mutual accountability process is to review progress and then look at what we can offer, whether it be money, expertise, capacity or competence. There have been no competence issues but many opportunities to provide support.

During the pandemic, sector leads have been meeting weekly on Wednesdays, and at times there have been daily meetings, where mutual support and accountability have been required. For example, PPE, vaccination, testing and performance issues.

An example would be emergency care performance which has recently been off track. The Chief Operating Officers of each acute hospital have been meeting every day, with a Chief Executive chaired meeting occurring three times a week.

Of note was mental health support in A&E and the backlog in mental health beds and the response going to be from the mental health system to address this. The system-level conversation discussed local options to see what the providers can collectively do to help. We are actively working with Mid Yorkshire Hospitals NHS Trust on this currently.

RW queried if we had all the right indicators in place to measure some of the ambitions. Yorkshire and the Humber has recently been identified as the worst area in the country for suicide rates.

The real-time data for suicides is just starting to come online for the Trust area. This is coming to EMT and we will look at what we now know, what more can we be doing as a Trust and how does that impact the system, because we are leading on reducing suicides across the whole area.

AM noted that some of the reports that were received from the ICSs were quite discursive and we needed to look at how they would be reflected in our performance reports. The IPR group should address this.

Action: Mark Brooks

RW continued that there was a lot of support going into the voluntary sector. There has been an increase in confidence around the sustainability of the Voluntary, Community and Social Enterprise (VCSE) sector generally, though the situation remained deeply troubling for many organisations. There was another session being held this afternoon at the partnership board.

SY added we know that our VCSE partners do provide a lot of support to people, who, as a result, do not need to utilise our services. This is an important part of the system response to people living well. As a system we support the voluntary sector by considering them as part of the integral pathway and supporting them to access the funding.

EM raised the statutory footing that ICSs may have going forward, and some partners such as charities and voluntary organisations are struggling with financial sustainability. We may be asking them to engage in more formalised contracts than previously and how do we go forward with this, protect them and not lose the goodwill built up in Memorandum of Understanding arrangements.

RW stated this was something that needed to be fed back in the engagement process. From the West Yorkshire and Harrogate perspective the third sector is an equal partner in current arrangements and has representation at the partnership board, the system leadership executive and in all of the places and is providing input in all of the programmes.

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

Calderdale Care Closer to Home Alliance Partnership Agreement

SY reported that the Trust's support for the Calderdale Care Closer to Home Alliance Partnership Agreement had been discussed and agreed previously at private board and was being presented today to record that decision in public.

It was resolved to AGREE formal SUPPORT for the agreement and the Trust role within the partnership.

TB/20/97c Receipt of Partnership Board Minutes (agenda item 9.3)

AM asked to take the paper as read and receive and reference the summaries.

It was RESOLVED to RECEIVE the minutes of the relevant partnership boards and the summaries as documented.

TB/20/98 Strategies and Policies (agenda item 10)

TB/20/98a Equality, Involvement, Communication and Membership Strategy (agenda item 10.1)

AM summarised that the Strategy has been in development for some time and was discussed in draft form at the last Board meeting. The Board is being asked to consider and approve the final version of the Strategy and delegate responsibility for sign off and monitoring off action plans to the EIC.

TB stated the Strategy had been underpinned by a strong insight process. Some important points have been made about objectives and measures and these have been addressed in the version presented today. It is important as a Board we sign this off so that we can progress action planning, with oversight in EIC.

AM, as chair of EIC, acknowledged the substantial amount of engagement work that had taken place around the Strategy. It has been a positive, responsive and detailed process.

It was RESOLVED to APPROVE the final version of the Equality, Involvement, Communication and Membership Strategy covering the period until 31 March 2024 and to delegate full responsibility for the development, agreement and monitoring of annual action plans to the Equality and Inclusion Committee.

TB/20/98b Exclusion or addendums to Trust policies as a result of Covid-19 (agenda item 10.2)

- MB asked to take the paper as read.
- The majority of policy approvals sit with the executive through EMT.
- The paper notes that we gave six-month extensions to a number of policies at the beginning of the pandemic.

MF queried whether the amendment to the Disclosure and Barring Service (DBS) policy meant that DBS checks were no longer taking place and did this present any level of risk?

AGD confirmed that DBS checks are still taking place and a local process had been adapted from NHS Employers that allows the review of documentation online. The risk of delaying employees starting work is being balanced against the risk of online document reviews. The Trust has a good track record for the scrutiny of such items.

It was RESOLVED to NOTE the update to Trust policies as a result of Covid-19.

TB/20/99 Governance Matters (agenda item 11)

TB/20/99a Covid-19 Emergency Preparedness, Resilience & Response (EPRR) Arrangements (agenda item 11.1)

- AGD reported the end of the transition period following the European Union (EU) exit is now a matter of days away.
- The Trust has continued to be in line with local and national guidance in respect of Brexit.
- The papers update the Board as to our position, noting we are now getting guidance from the centre again, given the timescales.
- The risk appears low, and stockpiling is not required locally, based on national guidance.

- A checklist was received last night, and this will be worked through to make sure we are consistent with national requirements.
- Weekly meetings are taking place to review our position.

CJ asked if there are any risks of us leaving the EU with a deal?

AGD reported deal or no deal is not the issue in terms of supply, as with either option there would now be a border which could lead to delays. A deal would likely minimise supply delay. We have reassurances around methods of transport that will maintain supply.

CJ asked what will the impact be on our service and service users?

AGD reported we will to have communicate well with our service users but the approach being taken is to minimise the impact of the EU exit on services and service users.

AM noted there were a couple of amber areas in the report, one of which was hate crimes. AGD stated there were two lines of action in relation to this. One was around the reassurance of staff and making sure they feel supported and the other was through the wider system and the local safeguarding boards.

It was RESOLVED to NOTE the content of the Emergency Preparedness, Resilience & Response (EPRR) arrangements report and the comments made.

TB/20/99b Safer Staffing Report (Item 11.2)
TB noted the report has been through the CGCS Committee.

- The report will be significantly improved having added safe care into our rostering system.
- Safer staffing establishments for community services – there has been some delay in implementation, but benchmarking data will be used to support the work in this area.
- Additions and changes to the report will provide additional assurance around cross cover arrangements as requested by the Committee.
- There had been some useful suggestions around formatting.

EM raised increasing acuity and the upskilling of staff.

TB reported safe care includes looking at need, so we know what is required to provide sustainable services rather than filling gaps when they appear. This helps our workforce planning. Our Nursing Strategy and Allied Healthcare Professionals Strategy both include upskilling the existing workforce.

CJ asked about the adequacy of community staffing and system-wide options.

TB reported that all services are working within acceptable caseload levels. This is monitored through managers and supervision so there is some assurance we are meeting needs. The safer staffing group is reviewing any further action that can be taken.

The suggestion is to use the new benchmarking data rather than start new work.

There has been some significant work completed, but around specific teams with specific needs, for example Early Intervention in Psychosis (EIP) where there are very prescribed formats. The general offer around community mental health services is far more complex.

In community physical health services, we have some good measures that link back to the safer nursing care tool and outcomes making it easier to give assurance.

CH reported the Trust is supporting a number of trainee nursing associates who then move onto pre-registered nurse training so we can increase our registered nursing skill base.

AM stated, in response to EM's comment about skill mix, we are also employing more peer support workers and utilising our volunteer workforce more creatively.

TB reported there is trainee nursing associates work and apprenticeship work. There is a revised model that will support community services better. Our volunteer workforce is more likely to be used in the community than in inpatient services.

MF stated figure 10 has been updated following discussions at Committee. MF liked the grouping of the wards. Areas were still showing as red, do they have this collaboration across different wards, and have we thought of way of demonstrating that within the graph?

TB stated some notes had been added to the graph to show how the cross-cover arrangements work and the decisions are taken using the professional tool. It is a challenge that's been put into the safer staffing group.

RW stated this was a helpful conversation in terms of two developments, our workforce strategy and plan. We now have around 100 peer support workers in the organisation, which is a significant increase.

This is in the context of supply constraints in registered staff. We have 177 registered mental health nurse (RMN) and registered learning disability nurse (RLDN) vacancies, which is a substantial gap. We need to make sure this is addressed through the workforce strategy.

These need to link into the workforce strategies for the West Yorkshire and South Yorkshire ICSs.

Applications for mental health and learning disability courses are up, placements are up and supply should be getting better.

We are doing what we can to manage a difficult time with staffing using a multi-disciplinary team approach and engaging with support workers and this needs to align with ICS needs.

AGD updated there is a West Yorkshire mental health workforce collaborative which has been looking at a number of initiatives regarding supply of staff. We have just had a bid accepted for £200k for us to be the lead employer for international recruitment.

CH reported that 33 of the registered vacancies are in inpatient forensics. Specific recruitment activity is taking place and support being given to all training opportunities for staff who want to go on to take up registered posts.

TB updated that approximately 85 of the vacancies are for registered mental health nurses.

It was RESOLVED to NOTE the report and assurance received by the Clinical Governance and Clinical Safety Committee.

TB/20/99c Sustainability Annual Report 2019/20 and strategy update (Item 11.3)

AGD reported this has been delayed due to Covid-19. Capacity has been an issue and due to the importance of this agenda extra support has been procured and there will be a specific session at strategic board in December.

All people's behaviours are a priority as part of the green plan, not just estates. Our responsibilities are to the communities we serve.

AM noted this was an update in relation to the development of the new strategy and a brief report against specific elements of the existing sustainability strategy. Of note was the Trust's performance against its carbon footprint target for 2019/20 which has exceeded the target set out in the current strategy.

The focus is on the future and how we move forward. We welcome input from WRM, the consultants who are going to lead this work.

RW noted there are some asks from the West Yorkshire and Harrogate ICS for organisations and we will need to consider those as part of the development of our strategy.

It was RESOLVED to SUPPORT the revised process and NOTE the Trust's performance against its carbon footprint target for 2019/20.

TB/20/100 Assurance from Trust Board Committees and Members' Council (agenda item 12)

Clinical Governance and Clinical Safety Committee 10 November 2020 (15 September 2020 minutes received)

CD highlighted the following:

- Discussion around clinical supervision and issues in Barnsley community services.
- Patient Safety Strategy – good engagement with BDUs, BDU priorities and safety huddles.
- Learning Journey report was received showing good work across the Trust.
- Ligature report was received. There was challenge regarding how we audit ligatures across the organisation.

MB asked if there were any ligature concerns identified at the Committee that the Board needed to be aware of?

CD reported that there were no ligature concerns identified. There was a good ligature audit process in place and there was discussion to make sure staff had support around ligature incidents and the capital availability when required.

Finance, Investment and Performance Committee 24 November 2020 (22 September and 26 October 2020 minutes received)

CJ highlighted the following:

- Received assurance on the explanation around extra 200 whole time equivalent staff.
- Forensic Lead Provider developments, which are a topic for the private Board session.
- Received first set of finance reports from new SBS system.
- Discussion around positive cash situation and opportunities on capital projects going forward.

Mental Health Act Committee 3 November 2020 (25 August 2020 minutes received)

KQ highlighted the following:

- Service user engagement work for BAME service users, with preliminary findings about experience of Covid-19 and care during that time.
- Some positive findings about virtual hearings but more information is required around access to solicitors and advocates.

- Mental Health admin team input. There has been a large improvement in the reading of rights from 30% to 90%. Community returns are very low and a programme of improvement is underway.
- CQC feedback was discussed and actions are underway to resolve issues raised.
- Advocacy has been picked up in a compliance report. There are issues in relation to access which has been exacerbated by Covid-19. There is positive work underway to resolve this.

TB reported the current IPC measures for Covid-19 and support for people's rights were both high priorities. Microsoft Teams and Zoom have been used to get people the advocacy access they require.

CH reported that Deputy Director of Operations, Chris Lennox, has confirmed advocates are essential visitors and therefore will be accessing the wards. In forensic services, work has taken place with Cloverleaf (advocacy provider) to ensure we can arrange safe face to face visits. There has been positive feedback from service users.

RW reported that, as a Board, we are committed to people getting the advocacy they require, the practicalities of this can be difficult in the current circumstances and this demonstrates the need for good communication.

Workforce and Remuneration Committee 12 November 2020 (13 October 2020 minutes received)

SYo highlighted the following:
- There were focussed discussions around staff, staffing levels, staff absence, Covid-19 response, testing, staff wellbeing risks, board succession planning.
- The Organisation Development and Workforce strategies are delayed and the workplan for the Committee is currently being reviewed.

Members' Council 30 October 2020 (31 July 2020 minutes received)

AM highlighted the following:
- The Members' Council has approved a new set of objectives.
- Positive feedback on governor engagement received.
- Governor election process update.
- Highlight report on demand for mental health services discussed.
- New governor appointments approved.
- CJ appointment as Deputy Chair and Senior Independent Director from 1 February 2021 approved.

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

TB/20/101 Use of Trust Seal (agenda item 13)

It was RESOLVED to NOTE that the Trust Seal has not been used since the last report on 29 September 2020.

TB/20/102 Trust Board work programme (agenda item 14)

MF asked about work programme and queried the purpose of the December board meeting.

AM explained that December's meeting is strategic and not a decision-making meeting. The items in the work programme allude to the items taken through the public meetings. January is a public meeting and February is another strategic meeting.

RW noted MF's point and suggested we could identify agenda items for we are strategic board meetings in the work programme. RW suggested this could form part of the annual review of governance that Mike and the Audit Committee conduct. RW would support including the content of strategy board meetings on future agendas.

Action: Andy Lister

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

TB/20/103 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on 26 January 2021, which will be a virtual meeting.

TB/20/104 Questions from the public (agenda item 14)

No questions were received.

Signed: **Date: 26 January 2021**