

Minutes of Trust Board meeting held on 26 January 2021
Microsoft Teams meeting

Present:	Angela Monaghan (AM) Charlotte Dyson (CD) Mike Ford (MF) Chris Jones (CJ) Erfana Mahmood (EM) Sam Young (SYo) Rob Webster (RW) Tim Breedon (TB) Mark Brooks (MB) Alan Davis (AGD)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Nursing and Quality / Deputy Chief Executive Director of Finance and Resources Director of Human Resources, Organisational Development and Estates Medical Director
	Dr Subha Thiyagesh (ST)	
Apologies:	<u>Members</u> Kate Quail (KQ)	Non-Executive Director
In attendance:	Carol Harris (CH) Sean Rayner (SR) Salma Yasmeen (SY) Andy Lister (AL)	Director of Operations Director of Provider Development Director of Strategy Head of Corporate Governance (Company Secretary) (author)
Observers:	Bill Barkworth John Laville (until 10am) Tom Sheard	Public governor – Barnsley (Deputy Lead Governor) Public governor – Kirklees (Lead Governor) Public governor – Barnsley

TB/21/01 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/21/02 Declarations of interest (agenda item 2)

AM reported Erfana Mahmood (EM) had updated her declarations of interest to reflect the end of her Non-Executive Director position with Chorley and District Building Society and her starting a new Non-Executive role with the Riverside Group, a housing association.

AM declared her spouse is no longer a Director of the Bradford Culture Company.

It was RESOLVED to NOTE the changes to the declarations of interest of the Chair and Non-Executive Director Erfana Mahmood.

TB/21/03 Minutes from previous Trust Board meeting held 1 December 2020 (agenda item 3)

It was RESOLVED to NOTE and APPROVE the minutes of the public session of Trust Board held 1 December 2020 as a true and accurate record.

TB/21/04 Matters arising from previous Trust Board meeting held 1 December 2020 (agenda item 4)

TB/20/91 – AM proposed to nominate Elaine Powell for a British citizen award. Agreed by the Board.

TB/20/97b – Mark Brooks (MB) reported ongoing work to incorporate Integrated Care System (ICS) metrics into the Integrated Performance Report (IPR) is paused due to the pandemic response. The Board agreed to defer for the action for two to three months.

TB/20/69d – Alan Davis (AGD) reported “Project search” is paused due to the pandemic vaccination programme. It will be resumed soon. The Equality and Inclusion Committee will pick up this action. It was agreed to close the Board action.

Action: Equality and Inclusion Committee

Mike Ford (MF) offered to pick up this work with the staff disability network.

Action: Mike Ford

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

TB/21/05 Service User / Staff Member / Carer story (agenda item 5)

Carol Harris (CH) introduced the item. Three perspectives on Covid-19 outbreaks had been obtained in the Forensic Unit from a service user, ward orderly and ward manager:

Service user reflections

- I had a feeling of isolation.
- Staff worked well but some agency / bank staff were not professional around timeliness and communication.
- It was frustrating and boring being stuck in a room.
- The second week was more difficult.
- I had a constant headache, no temperature, but was breathless and had an upset stomach.
- Observations were taken regularly, three to five times a day.
- Food was not always warm, small portions, no real chance for seconds, this improved as time progressed.
- Drinks were limited (hot / cold) as we were waiting on staff to provide them.
- There were problems with the patient call system.
- My volunteer role with the ward orderly team stopped due to isolation. This normally helps me with fitness and boredom.
- There was no leave, no cooking and no sessions.
- I was involved in projects like Captain Tom pictures and artwork to say thank you to the NHS.
- I was proud to be involved with the artwork. Comms were involved to promote this.

- I would like to go further, using my experiences (kitchen work) when I move on, perhaps as a peer support worker to help other people.
- It's been tough but we got through it! It's a learning curve!

Ward Orderly

- Working during a Covid-19 outbreak was not easy, but we have strived to achieve a safe and clean environment.
- Anxiousness was a common feeling in the team, mainly due to the worry of passing Covid-19 onto family members and the initial lack of knowledge around the virus itself. This eased once staff had completed their first shift.
- Disposing of infectious waste at all levels was a concern. There were communication issues and concerns regarding the lack of correct equipment.
- Removing Personal Protective Equipment (PPE) after every room clean in an outbreak area raised concerns regarding resources. This initially left ward orderlies feeling exposed and undervalued with no protection while working in a ward area, but PPE was found to be readily available and made the ward orderlies feel more at ease.
- Working with ward staff (when staffing levels permitted) and other members of the ward orderly team, promoted teamwork and a feeling of safety.
- Updates from Infection Prevention and Control (IPC) and senior members of staff were helpful to disseminate information quickly.
- Home testing kits were well received, and weekly testing continues.
- The team pulled together and continues to provide an impeccable service across the unit despite the challenges.
- Team members classed as higher risk were relieved not to have to enter infectious areas but were vital in keeping the service running.

Ward Manager

- Working on Hepworth ward with Covid-19 was challenging but brought the staff on Hepworth ward together.
- Contact with other colleagues outside of the ward continued through telephone / Microsoft Teams calls.
- Implementing IPC guidance was challenging with service users due to Hepworth being an acute admission ward.
- We developed new ways of working, such as taking medication and meals to patient bedrooms.
- Service users found staff wearing full PPE challenging as they struggled with communication and not being able to see staff's expressions.
- Staff spent time with service users and explained the use of PPE to alleviate concerns.
- IPC regularly attended the ward, explaining guidance to staff and the service users which had a positive impact.
- Staff found it difficult changing their PPE every time they went into a service user's bedroom. With IPC guidance we changed where PPE was located so it was easier to access.
- We increased staffing vigilance on the ward, and management, all grades came together.
- Staff appreciated senior management coming to the ward to help with cleaning bedrooms and supporting service users to move bedrooms to keep everyone safe.
- It was challenging not being able to have the Multi-Disciplinary Team working, but telephone and Microsoft Teams calls were used instead.

Tim Breedon (TB) highlighted the effect of PPE masks on communication. Staff are trained in relation to non-verbal communications and are aware of the issues wearing a mask creates.

Rob Webster (RW) noted the sense of support and learning. The IPC support is noteworthy. The Board can take assurance from the practical solutions and Trust values being demonstrated.

A discussion followed regarding community patients. CH reported community patients are being monitored. Digital technology allows more regular contact where required, to check the person and their support network. This helps staff maintain contact with people on their caseloads and assess the level of intervention and type of visits required dependant on need.

It was RESOLVED to NOTE the Service User / Staff Member / Carer Story.

TB/21/06 Chair's remarks (agenda item 6)

AM highlighted the following:

- Members' Council elections are currently open and we are seeking nominations.
- A new Non-Executive Director is to be recommended for appointment at Members' Council on 29 January 2021.
- This is Charlotte Dyson's (CD) last board meeting as Deputy Chair / Senior Independent Director. Chris Jones (CJ) takes over on 1 February 2021. AM thanked CD for all her work as Deputy Chair / Senior Independent Director.

The Private Board session this afternoon will include items that are excluded from the public Board for commercial, privacy or other considerations set out in the constitution:

- Commercially confidential risks on the Organisational Risk Register.
- Consideration of the Chief Executive's dual role.
- Business developments in both ICS areas.
- An update on the West Yorkshire Adult Secure Provider Collaborative.
- Attain (consultancy company) will discuss options for the South Yorkshire and Bassetlaw ICS Mental Health, Learning Disability and Autism Alliance.
- Verbal update on serious incident investigations.
- Updates on finance and planning.
- Maintaining high professional standards.

It was resolved to NOTE the Chair's remarks.

TB/21/07 Chief Executive's report (agenda item 7)

Chief Executive's report

RW highlighted the following points from his report:

- The report highlights major changes since "the Brief" was produced.
- New variants of Covid-19 have been identified which are up to 70% more transmissible.
- From November 2020 – January 2021 prevalence escalated in London, the South East, North East and Cumbria.
- Increased prevalence and pressures changed Christmas arrangements initially outlined by the Government. Gatherings were limited to one day, rather than five.
- This was problematic for Trust staff. To maintain staff cover over Christmas the Trust increased pay rates and £100 was provided to Christmas day workers in recognition of their response to the changes.
- RW thanked CH and the operations team for managing this and maintaining the staff base.
- Prevalence in South and West Yorkshire is currently lower than the rest of country but is still too high.
- National restrictions are creating a fall in prevalence and in time will reduce pressure in the system.
- Local peak hospitalisation rates are expected in the coming days.

RW asked to take the report as read and temporarily left the meeting due to internet connection difficulties.

TB reiterated the response of both operational and support staff to the changes over Christmas was “phenomenal”. TB stated it is a tribute to the value base of the people working throughout this organisation.

AM highlighted the staff wellbeing agenda and queried if the Trust has any areas of concern.

AGD reported significant support is going into staff wellbeing. The staff vaccination programme is a morale boost for staff. A discussion at Workforce and Remuneration Committee (WRC) noted the long-term impact of Covid-19 and this remains an issue. Staff side and Occupational Health are being consulted about long term planning.

AGD informed the Board that asymptomatic testing is voluntary, as is the vaccination. Uptake for asymptomatic testing is high. AGD noted defining “frontline” staff is not always straightforward, as many staff are working outside of their normal function, e.g. administrative staff marshalling vaccination clinics.

TB reported work to clarify the meaning of asymptomatic testing figures is ongoing. The number of positive tests is very low, less than 0.5%. There is good uptake which is being evidenced through Silver command.

RW re-joined the meeting. MF referenced potential delays regarding ICS legislation. RW reported there is no conclusion around timescales. Work is continuing around the response to the ICS consultation. Further information should be available in three to four weeks’ time.

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

TB/21/08 Risk and Assurance (agenda item 8)

TB/21/08a Board Assurance Framework (BAF) strategic risks (agenda item 8.1)

MB reported:

- The Board agreed the strategic risks at the October meeting and the BAF has now been populated to reflect any changes.
- Controls and assurances have been identified against each risk. MB suggested further review of controls and assurances, particularly on the new risks.
- The Board needs to consider if the actions in place are sufficient to mitigate the gaps identified and also whether the gaps highlighted against each risk are comprehensive.
- MB stated The Executive Management Team (EMT) has completed an initial round of scoring each risk. This can be used as a base for discussion and challenge by the full Board.
- In particular MB asked the Board to consider the RAG (red, amber, green) ratings of the following strategic risks:
 - 1.1 Changes to commissioning arrangements – amber. EMT debated as to whether this is yellow / amber.
 - 1.4 Accessibility to services – amber.
 - 2.3 Demand for services and increased acuity – amber.
 - 3.3 Capacity and Capability Gaps – yellow. We are currently managing the vaccination programme against other pressures.
 - 4.3 Staff wellbeing – yellow. We have a good offer but may need to do more given the ongoing impact of the pandemic.

AM stated today’s Board discussion should discuss and confirm if the ratings are correct, and address gaps in control and assurance.

CD noted the strong narrative and supported the RAG ratings. CD highlighted that she felt a significant amount of risk remains regarding workforce, despite all the work carried out, and

suggested this could be amber. CD stated the capacity and capability gap carries a higher level of risk and could also be amber.

MF noted the yellow and amber definitions on page 3 of the BAF appear to be the wrong way around.

MF compared strategic risk 1.1, noting the controls, assurance, gaps, and amber grading against strategic risk 2.1, graded as yellow. MF suggested some controls and assurances appear to be being judged as more effective than others.

CJ noted strategic risk 2.2 is green and queried if innovation is a well-developed strength. CJ noted in relation to strategic risk 4.1, the Trust continues to struggle to recruit staff, and the long-term impact of Covid-19 may escalate the level of risk. The actions being taken are appropriate, but the operating environment is challenging.

RW noted the Trust has two hundred more staff than last year, which is positive, given the operating environment. RW added that EMT had differences of opinion in relation to strategic risks 1.1 and 2.1. On balance strategic risk 1.1 is graded amber because of the uncertainty regarding likely changes to commissioning.

The paper provided an opportunity to obtain Board perspectives on this new version of the BAF. The Board agreed the structure of the evidence can be reviewed after the discussion.

Sam Young (SYo) felt the amber rated risks were graded correctly and represented where the Trust has less control over external factors. Yellow as an overall grading for strategic risk 4.1 felt questionable given some of the staffing issues in areas such as forensic services.

In response to a query, MB outlined the meaning of the different RAG ratings for Board members.

AM summarised the Board's observations on the BAF and asked if any ratings needed to be changed.

EM queried if the long-term impact of Covid-19 is reflected in the risks.

RW reported the main purpose of the BAF is to help assess the strategic risks and focus the energy of the Board. From today's conversation the Board focus will be the impact of commissioning changes, the inability for different communities to access services and demand for Trust services in recovery. The Board is already focussed on workforce. RW asked the Board to agree these are the key focus points.

CD supported RW's comments noting strategic risk 3.3, capability and capacity, needs to be a focus and one of the workforce risks should be escalated to amber.

AGD stated the availability of workforce is one of the largest limiting factors across the NHS and the focus needs to be in the right areas.

CJ supported one of the workforce risks becoming amber. In reference to strategic risk 1.1, CJ stated the Board needs to be clear about the meaning of this strategic risk as differences in service provision to serve different communities may be encouraged as a result of ICS developments and place-based focus.

Salma Yasmeeen (SY) reported that EMT are confident a robust process is in place to ensure capacity is available for Trust priorities. In response to CJ's earlier query about innovation, SY reported innovation and change continues to take place during the pandemic, despite the difficult working environment.

AM summarised Board comments noting one workforce rating needs to move from yellow to amber. AM noted strategic risk 1.1 is amber due to the level of uncertainty and future recruitment and retention is uncertain as is the impact of Covid-19. On this basis strategic risk 4.1 could be changed to amber due to level of uncertainty. The Board is accepting the other risk grading recommendations.

RW agreed workforce strategic risk 4.1 should move to amber, this is no reflection on work being done, but reflects the current environment.

AGD reported the Trust should not accept staff shortages and should put challenge into the system to do everything possible to fill gaps.

MB noted the Board approval of the BAF with the changes identified. The actions to reduce risk gradings can be the focus of the next Business and Risk Board meeting.

AM confirmed strategic risk 4.1 will change to Amber and all other risk ratings will remain the same.

AM recognised and thanked the team for the amount of work done on the BAF given the current pressures.

It was RESOLVED to AGREE the proposed risk ratings for each strategic risk, subject to changing 4.1 to amber, to NOTE the controls and assurances against the Trust's strategic objectives for Quarter 3 2020/21, to AGREE to an ongoing target for addressing gaps in control and assurance given the nature of the gaps and risks identified and to NOTE the progress against the internal audit recommendations in relation to the Board Assurance Framework.

TB/21/08b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)

MB highlighted the following from the Organisational Risk Register:

- Two 15+ score risks remain for cyber security and demand and acuity.
- The overall risk score is up slightly.
- Two new risks have been added. One for the competing demands of responding to the second wave of the pandemic, and the second, seclusion room availability.
- Risks around the vaccination programmed are in development.

Committee updates:

MF noted from Audit Committee there is positive work ongoing for the cyber security risk and supported the current risk grading.

CJ reported the Finance, Investment and Performance (FIP) Committee met yesterday and current financial risks are appropriately reflected and being controlled. The main future risk is the financial environment for next year.

CD reported Clinical Governance Clinical Safety (CGCS) Committee is focused on Covid-19 risks. The new seclusion risk is going to the next Committee for review on 9 February 2021.

SYo stated WRC is discussing risks in detail on 9 February 2021. This includes the vaccination programme risks.

AM updated the Equality and Inclusion (E&I) Committee focussed on the risk of the disproportionate effect of Covid-19 on service users with protected characteristics. Access to vaccines for people with learning disabilities remains an area of concern.

AM noted in the cover paper the wording is different for risk 1530. MB noted the error and will amend.

Action: Mark Brooks

AM noted a further risk might be “Lack of a clear and consistent strategy for community health services”. This is something the Board may wish to focus on.

CJ noted in reference to risk 1531 the Office for National Statistics (ONS) is reporting data in relation to Covid-19 impact. Our risks and responses need to remain agile and reflect scientific evidence as it emerges so the Trust can act upon it.

RW noted in response to AM's comment, there isn't a national strategy around physical health community services. We do have strategic ambitions and objectives to join up services in places. EMT has assessed the Trust role in each of our places, and this should come to the Board for review and what this means for our services, including community services.

Action: Salma Yasmeen

RW continued, in reference to CJ's comment about data, as work through our systems changes, there should be more public health support and insight into the work the Trust does. Dr Andy Snell, consultant in public health in Barnsley, has demonstrated the benefits of having this expertise embedded in a trust, with access to data to effectively manage services.

As we work through the changes in our systems, we need to know how we are going to access the public health intelligence and information needed to plan Trust services effectively.

Action: Salma Yasmeen

RW stated these actions are linked to the future of ICSs, places and provider collaboratives and should help to manage the risks identified by AM and CJ.

CD referenced the potential risk of Covid-19 aftercare and long Covid-19. CD identified these as two different issues and should be identified as two different risks should they become substantive.

It was RESOLVED to NOTE the key risks for the organisation subject to any changes / additions arising from papers discussed at the Board meeting around performance, compliance and governance and to AGREE that the target risk levels that fall outside of the risk appetite are acceptable.

TB/21/08c Infection Prevention and Control Board Assurance Framework (IPC BAF) (agenda item 8.3)

TB introduced the item and highlighted the following points:

- The framework was brought in last year by NHS England / Improvement (NHSEI).
- It was reviewed by the Board and the Care Quality Commission (CQC) in 2020.
- The tool has been updated, as has the IPC BAF.
- It has been reviewed by IPC specialist advisors to provide appropriate assurance and evidence.
- The CQC are regularly updated as to progress.
- All guidance is being considered and implemented.
- Isolation on admission to inpatient wards is an area of focus.
- The IPC BAF will be reviewed by CGCS Committee on 9 February 2021.

TB confirmed the IPC BAF existed before Covid-19 but an additional framework was introduced in response to the pandemic. The CGCS Committee review the evidence in detail. Updated metrics are being considered to feed into the IPR as routine assurance.

RW reminded the Board that TB is the Director for IPC with statutory responsibility for the Trust. These frameworks give the Board, and also the centre, assurance during a pandemic. The Trust's approach is based on an IPR that allows EMT to monitor compliance, CGCS Committee have oversight of the detail and the Board receive assurance through a set of indicators and effective escalation of risks.

RW drew the Board's attention to systems and processes in place under "arrangements around antimicrobial stewardship are maintained" and referenced the Electronic Pharmaceutical Medicine Administration (EPMA), the Trust electronic prescribing system. RW confirmed this system has been successfully live in one ward for one week and the rollout will now continue. This was evidence that developments continue despite the pandemic.

Subha Thiyagesh (ST) informed the Board a lot of work had gone into getting the system to a "go live" position. The system will deliver a reduction in risk during Covid-19 and the aspiration is to complete the rollout by July 2021.

AM asked about surveillance of rates of infections/transmission and the criteria around reporting on nosocomial infections.

TB stated nosocomial infections are those acquired when in hospital and after eight days of admission. A report goes into EMT on a regular basis. Regular reports are submitted regionally and centrally. Concerns come through IPC to EMT. The IPC report also goes to CGCS Committee. The figures include staff and patient infections.

RW stated it was useful to triangulate the board story earlier on the impact of IPC with the content of this report.

AM noted the excellent work of the IPC team during the pandemic.

It was RESOLVED to RECEIVE the Infection Prevention and Control Board Assurance Framework as assurance that the appropriate standards are in place, to NOTE the report will go to Clinical Governance and Clinical Safety Committee and to NOTE the highlighted areas for further work.

TB/21/08d Ockenden Review (agenda item 8.4)

TB asked to take the report as read and highlighted the following points:

- The report is focused on maternity services.
- The three main points following an incident are:
 - Partnership working.
 - Knowledge and understanding.
 - Compassion.
- There is good evidence through recent safeguarding reviews and actions that our Perinatal teams are strong partners in this area.
- The report is going to CGCS Committee in February 2021.

RW reported in West Yorkshire and Harrogate the System Oversight and Assurance Group (SOAG) took a paper on the report and the required response from the Local Maternity System (LMS). This was based on acute sector organisations with some links into perinatal services. All providers confirmed they had taken the necessary actions outlined in the report and the LMS was confident of this. The SOAG wanted to ensure trust Boards also understood the position.

TB and AGD reported they are not aware of discussions in South Yorkshire but will request an update.

Action: Tim Breedon / Alan Davis

CJ asked if the report identified any cause for the deterioration in services at the trust in question.

TB reported significant changes in leadership over a short period of time had a big effect on culture and it drew focus to stability in leadership message and values base.

It was RESOLVED to RECEIVE and to NOTE comments on the Ockenden review.

TB/21/09 Business developments and collaborative partnership working (agenda item 9)

TB/21/09a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)

AGD asked to take the paper as read and highlighted:

- Current focus is the Covid-19 response and partnership working.
- Partnership working and the mutual aid response across the system has been very positive.

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

TB/21/09b 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:

- SY asked for the Board to formally receive the action plan which is the ICS response to the black, Asian and minority ethnic (BAME) and inequalities review. This will be discussed at the next E&I Committee.

Action: Equality & Inclusion Committee

- Sean Rayner (SR) highlighted transformation funding for community mental health services. The submission has been made following the aggregation of place-based plans. This links into the BAF conversation about demand and how we work with partners.

RW fully supports E&I Committee having oversight of the actions of the BAME review. EMT will take the actions forward and assurance can be sought through the Committee.

RW noted the staff suicide awareness campaign and asked the Board to be aware of the actions the Trust is taking by signing up to this. An update should go to the next WRC.

Action: Alan Davis

AM referenced the list of submissions for the response to potential ICS legislation and noted the Trust's submission isn't there.

SY confirmed the Trust has made a response and that our response was not included in the papers. SY will circulate to Board members and put it on the Trust website.

Action: Salma Yasmeen

It was RESOLVED to RECEIVE and to NOTE the updates of the West Yorkshire and Harrogate Health and Care Partnership and place-based arrangements, in particular the action plan for the black, Asian and minority ethnic (BAME) review and the submission for transformation funding for mental health community services.

TB/21/09c Receipt of Partnership Board Minutes (agenda item 9.3)

AM asked for the minutes to be received and noted updates from partnership boards.

SR reported the Wakefield Health and Wellbeing Board was due to meet on 21 January 2021. Due to technical reasons the meeting did not go ahead in public. A private meeting took place but items listed in the paper have been deferred and are still to be discussed.

It was RESOLVED to RECEIVE the minutes from partnership boards and to NOTE the verbal update regarding Wakefield Health and Wellbeing Board.

TB/21/10 Performance reports (agenda item 10)

TB/21/10a Update on Emergency Preparedness, Resilience and Response (EPRR) arrangements in place for the management of Covid-19, winter planning and EU exit (agenda item 10.1)

AGD highlighted:

- This will be the last report to Board in this format as future updates will be integrated into the IPR.
- As of 26 January, 3,700 staff have been vaccinated. This was acknowledged as an incredible effort by all involved.
- The Trust is now preparing to vaccinate 800-900 social care staff.
- A governance group has been established.
- Questions are arising regarding which staff should be identified as “frontline”.
- The Trust has reviewed the guidance in detail and also sought confirmation of the approach other trusts have taken in order to determine prioritisation for vaccinations.
- We have looked at our risk stratification and Gold command will review this week.
- The EU exit group meets weekly. No issues have been identified of any material significance. The group is likely to be stood down in the next two weeks.
- No significant additional costs have been identified on parcels and fresh food was coming through as normal.

AGD reported Gold command are monitoring a detailed picture of different staff groups’ uptake of the vaccination. Age, ethnicity, location and gender are factors being considered. AGD has met with the BAME health and wellbeing taskforce. Further insight is required into any hesitancy within certain groups and work is ongoing to focus on groups where uptake is relatively low.

AGD stated vaccine supply is dealt with nationally and can be uncertain. The Trust has been efficient in dealing with this. The Trust is using the AstraZeneca vaccine and no issues are anticipated. The Government reports supplies are in place for the second vaccine dose.

ST stated it was a national decision to move from two to 12 weeks between vaccinations. The decision is based on scientific evidence.

EM noted the potential effect of Ramadan on second doses as it fell in April to early May this year. This may need to be picked up through the ICS group overseeing vaccinations.

AGD reported second vaccinations are being scheduled for the end of March but this was worthy of note.

RW supported EM’s point and stated this will be picked up through the West Yorkshire and Harrogate ICS team as well as in the Trust.

Action: Rob Webster

RW reported MB’s team are doing live reporting on the vaccination programme providing insight into further actions where disproportionate uptake exists. RW provided some unvalidated figures in relation to vaccinations. WRC is reviewing these data. Focussed action is required in some communities and with some staff.

The Board discussed the need for trusted voices and individuals to have the vaccine. In the most recent Covid-19 update, ST was highlighted taking a clear lead across the organisation getting her vaccination.

RW reported that Local Authorities in most of our places will receive funding for “engagement champions” in communities who can help communicate the correct information around vaccinations.

AM thanked all staff involved in delivering the staff vaccination programmes. AM reported detailed actions were being followed up in terms of equality aspects of the vaccine. These actions were being monitored through the WRC.

It was RESOLVED to NOTE the Emergency Preparedness, Resilience and Response report and comments raised in discussion.

TB/21/10b Integrated performance report (IPR) month 9 2020/21 (agenda item 10.2)

TB highlighted the following points:

Covid-19

- Many Covid-19 updates had already been covered.
- The IPC team continue to give guidance across the Trust and manage outbreaks as they occur.
- PPE remains within acceptable levels
- Visitor guidance is in place and is in line with national guidance in relation to face-to-face contact.

Quality

- Under-18 admissions to adult wards are down but remain a concern.
- Out of area beds position has improved but is still challenging.
- Staffing pressures continue across the Trust in all areas.
- There has been a decrease in restraint, but this continues to be monitored.
- Self-harm and suicide monitoring continue.
- Focus on the CQC improvement plan continues despite the pandemic.
- Safeguarding remains a critical service and we remain well engaged locally in a period of heightened risk.
- The metrics are holding up well but there are pressures across the system.
- The IPR work has been very helpful in sharpening focus on what quality measures matter.

CD asked for an update on delayed transfer of care figures and pressure ulcers.

TB stated pressure ulcers are monitored through clinical risk panel. There have been changes in reporting thresholds and there are discussions in place with acute partners. No lapses in care have been attributable to the Trust but other contributory factors are to be considered.

CH reported there is focus on delayed transfers of care through the “care closer to home” work. Recent investment from the ICS has enabled support for patients to be safely discharged from mental health inpatient care. This includes work with housing departments. The Trust is working with partners in West Yorkshire to progress this work.

CJ asked for an update regarding safer staffing in community services.

TB reported a pilot is taking place and work around caseload weighting is to be completed at the end of this month.

EM asked about Duty of Candour (DOC) in the current environment and if there are any streamlining options available to help reporting.

TB stated DOC is closely monitored by the risk panel on a quarterly basis and it is normal for numbers to fluctuate. There are regular drives through the system on reporting and good evidence that this is taking place. The Datix form has been shortened in response to the pandemic.

MF noted there are a small number of items tracking at red, but those have been red for some time. MF queried when numbers might reduce, referencing section 17 leave, and Care Programme Approach (CPA) care plan figures in particular.

TB reported regular reviews of IPR metrics took place so that items are progressing and not static. TB agreed that Section 17 leave and CPA care plan figures are areas of focus going forward.

MF further noted the steady growth in numbers of restraints.

TB reported increased numbers of restraints is linked to the level of acuity. Prone restraint is a focus due to the associated safety risks.

ST reported the IPR monitors the completion of Section 17 leave forms at the time the Mental Health Act office receives them. At the end of the process 100% of forms are complete in keeping with the code of practice.

CH reported some indicators were red due to the impact of Covid-19. CH, TB and ST should look at the grading of these indicators and when they could be expected to reduce.

RW reported the Trust is in a process of refining the IPR. RW suggested the FIP Committee looks at the overall indicators and review items that remain red and identify whether it is a recording, structural, or performance issue.

Action: Finance, Investment & Performance Committee

NHSI national Indicators

MB reported no further updates in addition to those discussed already.

Locality

CH highlighted the following points:

Barnsley General Community services

- The stroke inpatient unit has received an "A rating" which is the most positive rating from the Sentinel Stroke National Audit Programme.
- Barnsley Community remains at Operational Pressure Escalation Level (OPEL) 3.

Barnsley Mental Health and Trustwide Child and Adolescent Mental Health Services (CAMHS)

- Pressure is evident in the Single Point of Access (SPA) team in Barnsley, referral numbers and acuity continue to increase.
- In CAMHS, Autism Spectrum Disorder (ASD) and Autism Spectrum Condition (ASC) referral numbers in Calderdale and Kirklees continue to increase and work is ongoing with Commissioners.
- Access to Tier 4 CAMHS beds is still problematic across West Yorkshire. A collaborative Board is now in place for the provider collaborative and looking at creating capacity within the bed stock.
- Work continues with Barnsley Commissioners to agree the finances required to fund the new model of care for CAMHS.

Trustwide Inpatient Services

- There have been challenges in relation to staffing and acuity.
- This has been added to by wards having to isolate due to the pandemic.
- There is pressure in all inpatient services across the Trust

Mental Health Community services

- Memory Services in Kirklees have been accredited by the Royal College of Psychiatrists.

Forensics, Learning Disability (LD), Attention Deficit and Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD)

- Staffing levels in forensic services are still under pressure and filling shifts can be a problem. Action is taking place to ensure that this is managed – in line with safer staffing
- Mandatory training and supervision levels are high.

RW reminded the Board a guide has been put together for places on how to access our services during this period. It is called “The Choose Well Guide for Mental Health”. Local MPs have been very positive about this guide and other positive feedback has been received from partners. The Board noted that it will be interesting to see if this changes patterns of access over coming months. This will be reviewed over time.

SYo noted “LD clients are not engaging again” and asked for more detail.

CH explained that this was clumsy drafting and that teams are supporting LD service users and families as they are scared to go out, due to the risk of infection. Teams are supporting clients over the phone and engaging in virtual activities to explain how the teams use PPE to maintain clients’ safety.

CD asked for an update on clinical supervision in Barnsley community.

CH reported improvements were being seen. An action plan is in place to record and monitor these improvements.

Priority Programmes, Communications, Involvement and Engagement

SY asked for the paper to be taken as read.

AM noted the positive feedback that is being received on communications during the pandemic.

Finance and IPR development

MB gave the following highlights:

- Strategic objectives and their key metrics have been agreed for the updated version of the IPR
- Much of the development of the IPR is paused while the team supports the vaccination programme, which is resource intensive
- A draft of the metrics for the priority programme points for strategic objectives is now available. MB will circulate this to Board members outside the meeting.

Action: Mark Brooks

Finance

- MB reminded the Board this is not a typical year in relation to spending and income.
- The Trust should exceed its agreed target for the second half of the year.
- The year to date shows a surplus of £1.3 million.
- Savings compared to plan are being made where all staff are not yet engaged for the service expansions associated with the Mental Health Investment Standard.
- Out of Area bed costs have been lower than anticipated.
- Covid-19 response costs have been lower than expected.

- December performance figures include premium payments to staff over Christmas and the staff recognition vouchers. This still gives a surplus of £0.6m.
- Capital expenditure is lower than expected and FIP Committee agreed yesterday a lower forecast submission for the year end.
- Payments in December were made on average in 15 days.

AM reminded Board members they are being asked to support the IPR development by receiving a draft electronically outside the Board meeting and providing feedback, with a view to go live in March 2021.

Workforce

AGD highlighted:

- Data gaps are due to focus and pressure around the vaccination programme.

AM noted the development work on the IPR and a number of actions that would be picked up in committees. AM thanked the team for all work done on the IPR.

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

TB/21/11 Strategies and Policies (agenda item 11)

TB/21/11a Scheme of Delegation (agenda item 11.1)

MB introduced the item and highlighted the following points:

- MB reported the Scheme of Delegation is usually updated annually.
- It was not updated last year due to the possible impact of work with partners.
- The pandemic then delayed further work.
- Work conducted in this version recognised changes in the intervening period.
- FIP Committee has been introduced since the last review.
- A new finance system is in place.
- The Trust needs to recognise the potential impact of partnerships.
- The document recognises the role of the Board in future partnerships.
- The Board may need to review the Scheme of Delegation again later in the year if there are implications from changes in legislation or partnership arrangements.
- The document has been through EMT and Audit Committee.

AM noted the Scheme of Delegation may need to come back to Board and should be added to the work programme.

Action: Andy Lister

MF confirmed the scheme of delegation had been reviewed at the Audit Committee and stated he was happy to support it.

It was RESOLVED to APPROVE the proposed changes to the scheme of delegation.

TB/21/12 Assurance and receipt of minutes from Trust Board Committees (agenda item 12)

AM asked the Non-Executive Director chair of each Committee to provide an update:

Audit Committee (13 October 2020 minutes received)

MF highlighted the following points:

- New format used for report to Board – Action, Alert / Advise, Assure.
- Timetable for committee effectiveness released.
- Scheme of Delegation reviewed and supported.

- Year-end timetable reviewed.
- Actions in progress for internal audit of patients' money.
- VAT is no longer chargeable on lease cars taken via salary sacrifice. A reclaim is being made for prior VAT charged which will be repaid to staff net of any costs such as employers' national insurance and professional costs.
- Assurance provided around legal risks.
- Positive update in relation to cyber security.
- General update received from the internal auditor.

Finance, Investment and Performance Committee (24 November 2020 minutes) December
CJ highlighted:

- Noted current year financial performance and agreed to support a revised forecast to be submitted to the ICS and regulator in due course.
- Considered and agreed proposed financial risk share arrangements for the West Yorkshire and Harrogate ICS for the current year.
- Looked at the need for a similar less formal arrangement with South Yorkshire and Bassetlaw ICS.
- Received and endorsed the revised capital expenditure forecast.
- Considered in the detail the proposals for the adult secure lead provider role in the provider collaborative.
- Still considering meetings being every other month. Next Committee will be March 2021.
- Discussed the emerging risk for the capital programme.

West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common (22 October 2020 minutes received)

AM updated:

- The meeting was shortened due to Covid-19 response.
- The planned strategic workshop in February has been postponed.
- The Memorandum of Understanding was reviewed – amendments will come to Trust Board in March for approval.
- Detailed performance update received on programmes from Keir Shillaker, Programme Director.
- Detailed update received on work to have a single management structure for reduction of violence and aggression across the collaborative.

Workforce and Remuneration Committee (12 November 2020 minutes received)

SYo highlighted:

- Discussion on the vaccination programme.
- Early Covid-19 vaccination risks discussed.
- Workforce strategy update.
- Another meeting in early February 2021 to cover vaccination programme and risks and maintaining high professional standards.
- Wellbeing guardian role prescribed in the NHS people plan was discussed and proposed that SYo take up this role. The Board supported SYo taking the role.

The Board AGREED that SYo take up the role of Wellbeing Guardian.

Equality and Inclusion Committee 8 December (22 September 2020 minutes received)

AM highlighted:

- Detailed discussion around “Commitment to carers”, with a forward plan agreed.
- First draft of action plans to deliver the Equality, Involvement, Communications and Membership Strategy, further work to do.
- Verbal feedback on experience from staff equality networks, BDU (business delivery unit) equality forums and service user feedback.

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

TB/21/13 Trust Board work programme (agenda item 13)

AM agreed the workplan would be reviewed through agenda setting to manage deferred items.

RW reported the planning round 2021/22 has been delayed by NHSEI and the updated financial arrangements will not be in place until after the first quarter. To be reviewed by Andy Lister (AL), MB, MF, RW and AM.

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

TB/21/14 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on 30 March 2021.

TB/21/15 Questions from the public (agenda item 15)

Nil



Signed:

Date: 30 March 2021