South West Yorkshire Partnership NHS Foundation Trust

Minutes of the Trust Board meeting held on 30 March 2021
Microsoft Teams Meeting

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Non-Executive Director
	Mike Ford (MF)	Non-Executive Director
	Chris Jones (CJ)	Deputy Chair / Senior Independent Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Rob Webster (RW)	Chief Executive
	Tim Breedon (TB)	Director of Nursing and Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance and Resources
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Dr.Subha Thiyagesh (ST)	Medical Director
Apologies:	Members	
	Sam Young (SYo)	Non-Executive Director
	Attendees	
	Carol Harris (CH)	Director of Operations
In attendance:	Charlotte Cummings	Perinatal Mental Health Team Peer Support Worker
	Claire Lowe	Perinatal Mental Health Team Leader
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary) (author)
	Sean Rayner (SR)	Director of Provider Development
	Sue Threadgold (ST)	Deputy Director of Forensic Services (in attendance on behalf of Carol Harris)
	Salma Yasmeen (SY)	Director of Strategy
Observers:	Laura Colby	Member of the public
	John Laville	Public governor – Kirklees (Lead Governor)
	Tom Sheard	Public governor – Barnsley
	Tony Wilkinson	Public governor - Calderdale

TB/21/16 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/21/17 Declarations of interests (agenda item 2)

Name	Declaration
Chair	
MONAGHAN, Angela Chair	Chair of Corporate Trustee for EyUp! and linked charities Creative Minds, Spirit in Mind and Mental Health Museum. Spouse – Non-Executive Director, National Association for Neighbourhood Management.
Non-Executive Directors	
DYSON, Charlotte Non-Executive Director	Independent Marketing Consultant, Beyondmc (including consultancy for Royal College of Surgeons of Edinburgh). Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional). Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Bradford Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee. Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE.
FORD, Mike Non-Executive Director	No interests declared.
JONES, Chris Deputy Chair / Senior Independent Director	Director, Chris Jones Consultancy Ltd. Consultancy work in the Education and Skills sector.
MAHMOOD, Erfana Non-Executive Director	Non-Executive Director for Riverside Group. Non-Executive Director for Omega / Plexus part of Mears Group. Sister – Employed by Mind in Bradford.
QUAIL, Kate Non-Executive Director	Director of The Lunniagh Partnership Ltd, Health and Care Consultancy.
Non-Executive Directors	
YOUNG, Sam Non-Executive Director	Owner / Director, ISAY Consulting Limited. Transformation Director, Irwell Valley Homes (none voting).

Chief Executive	
WEBSTER, Rob Chief Executive	Chair, Stakeholder Advisory Board for Rapid Service Evaluation Team, Nuffield Trust. Visiting Professor, Leeds Beckett University.

	Honorary Fellow, Queen's Nursing Institute. Honorary Fellow, Royal College of General Practitioners. Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System). Member of the NHS Assembly. Member of the National People Board. Member of the Equality and Diversity Council. Member of the Advisory Board for National Centre for Creative Health. Former CEO of NHS Confederation. Son – Mencap Ambassador. Son – Parkrun UK Ambassador.
Executive Directors	
BREEDON, Tim Director of Nursing and Quality / Deputy Chief Executive	Son – works in the Trust's Occupational Health Service as a Registered Nurse.
BROOKS, Mark Director of Finance and Resources	Trustee for Emmaus (Hull & East Riding) Homelessness Charity
DAVIS, Alan Director Human Resources, Organisational Development and Estates	No interests declared.
THIYAGESH, Dr Subha Medical Director	Spouse – Trustee, Hollybank Trust; Hospital Consultant & Clinical Director CHFT.
Other Directors (non-voting)	
HARRIS, Carol Director of Operations	Spouse – Engineering Consultancy company specialising in healthcare which has involved work with local NHS Trusts including Mid Yorkshire Hospitals NHS Trust. Son – Registered with the Trust Bank.
RAYNER, Sean Director of Provider Development	No interests declared.
YASMEEN, Salma Director of Strategy	No interests declared.

There were no other comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that all Non-Executive Directors (NEDs) had signed the declaration of independence and all Directors had made a declaration that they meet the fit and proper person requirement.

TB/21/18 Minutes from previous Trust Board meeting held 26 January 2021 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 26 January 2021 as a true and accurate record.

TB/21/19 Matters arising from previous Trust Board meeting held 26 January 2021 (agenda item 4)

The following items from the action log were reviewed:

TB/21/08b – Tim Breedon (TB) updated in relation to the Ockenden review that a process had been undertaken in South Yorkshire through the chief nurse's group and this was reported back into the South Yorkshire Integrated Care System (ICS). Agreed to close.

TB/21/10b – Mark Brooks (MB) reported that the Integrated Performance Report (IPR) working group looking at the re-structure of the IPR was time limited and the work is now complete. MB suggested the action is closed as the IPR will continue to evolve over time. Agreed to close.

TB/20/66a – Chris Jones (CJ) noted demand and capacity work for tenders is a continuing piece of work. Finance, Investment and Performance (FIP) Committee will keep the issues in view and keep the Board updated. Agreed to close.

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

TB/21/20 Service User/Staff Member/Carer Story (agenda item 5)

Sue Threadgold introduced the item, a story relating to perinatal services. Charlotte Cummings, a previous service user and now peer support worker, with baby Rupert, would provide today's story supported by Claire Lowe, the Perinatal Team Leader.

Charlotte introduced herself and reported she is currently on maternity leave. She initially came to the team after the birth of her second daughter Madeline. Charlotte was very poorly but frightened to ask for help for fear of her baby being taken away. Her husband reassured her to speak to someone.

Initially Charlotte saw her GP who sent her to A & E. Charlotte was referred to the crisis team who after some day to day support referred her to the perinatal team. Charlotte states the service saved her life, there was support for her and her husband, eldest daughter Milly and baby Maddie.

When Charlotte recovered, she reflected how amazing the team was and was asked to bring Maddie to help conduct interviews for nurses for the team. Charlotte asked her mental health nurse if there were any job vacancies to let her know. She was told about the peer support role and applied.

Rupert is Charlotte's third child and is 12 weeks old. Charlotte reported a totally different experience with Rupert to that of having Maddie.

Charlotte will always be grateful to the team and stated it is amazing to be able to help other mums.

AM thanked for Charlotte for her story and stated she is thrilled she has joined the team.

Claire Lowe (CL) reported the team started with a model with one peer support worker across the Trust. There are now six and it has transformed the service offer. The recovery model works very well. More peer support workers are needed if more funding becomes available.

AM noted the Equality and Inclusion Committee has recently received a report on peer support workers and how important they are.

TB asked how helpful Charlotte's personal experience had been in helping her in terms of her support worker role.

Charlotte stated others can see that she didn't have her children taken away and so an honest conversation can take place. Charlotte understands the service user fear and knows where it comes from. It can be overwhelming.
She is now able to signpost friends of friends to get help and tells them not to be afraid. There are instances where things have to happen to safeguard individuals, but these are rare.

Charlotte Dyson (CD) noted the importance of signposting. Has signposting improved with GPs so they know where to send people in need?

CL reported things have definitely improved. There is consistent periodic training with primary care and third sector services. Referrals are rare now from Mental Health Liaison at A & E. The service now has its own four-hour crisis response.

Dr Subha Thiyagesh (ST) asked what learning from working during the pandemic would she want to keep?

Charlotte reported being open and honest, and communication has been key, and it needs to remain that way. Her husband has been able to advise his colleagues from their experience.

Rob Webster (RW) stated it is a fantastic story to hear. RW has read the report about peer support workers and asked how we are making sure we can communicate with our diverse communities.

CL stated since the team started, it has been looking at this. It takes a lot of expertise and the team don't know the birth rate for the BAME population. Commissioners can't tell CL what it is and so she can't judge what the intake level should be. At ground level the team has a peer support worker who is part of a diverse community. They have been able to get an educational piece into a magazine and speak to different generations.

CL is involved in working across the ICS and looking at barriers to accessing specialist services for different populations. Speaking to women from deprived and BAME communities can be difficult, but this is work in progress and the team is looking at how to engage better with these communities.

AM thanked Charlotte and CL for their time and they left the meeting.

RW noted the birth rate data from diverse communities should be available from commissioners and CL needed support to obtain this. TB also believed the data does exist.

Action: Mark Brooks

It was RESOLVED to NOTE the Staff Member Story.

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

AM highlighted the following:

- Voting is open for new governors and will close on 6th April 2021.
- New governors whose appointments are uncontested will start on 1st May 2021.
- Natalie MacMillan has been appointed as the new Non-Executive Director by the Members' Council starting 1st May 2021.
- AM congratulated RW for being voted number one Chief Executive in the NHS in the Health Service Journal awards.

- RW reported the award was a surprise and is pleased the judges noted the focus on staff wellbeing, underrepresented groups and collaboration, this reflects the focus of the Board.

It was RESOLVED to NOTE the Chair's remarks.

TB/21/22 Chief Executive's remarks (agenda item 7)

RW asked to take his report as read and presented the following additional updates:

- Some restrictions have been eased. The stay at home requirement has been lifted. People are expected to proceed with caution.
- Restoration of services and return to work is being reviewed with the executive directors, considering Trust buildings which have been altered to accommodate social distancing.
- Yorkshire and Humber still have the highest prevalence of Covid-19 in the country.
- Calderdale and Kirklees and other areas adjacent have had some level of restriction in place since March 2020.
- Vulnerable groups such as over 65s now have much lower prevalence.
- The second round of vaccinations for staff has started. There is a strong focus on changing appointments for Ramadan, Eid and to accommodate childcare arrangements where required.
- It is one year since the first lockdown and over 120,000 people have passed away. We reflected last week on the people we have lost and how the pandemic has touched everybody's lives.
- We have reflected on the magnificent effort from staff who have exceeded expectations for a substantial period of time.
- The resilience of staff, the command structure, the support, the communications and our systems in South and West Yorkshire has been strong.
- It is positive to see staffing and staff wellbeing being the first item of focus in the planning guidance.
- Pay can make people feel valued or devalued and there are current political debates about pay for NHS staff. The Trust is focusing on the things we can control, examples being the additional days leave and vouchers for staff.
- Improvements are still being made and today's Board story is a good example.
- We are at a pivot point, the weather is getting warmer and restrictions are easing. Planning guidance for the next phase is here. It is time to take stock and refocus our efforts and give our staff a break.

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

TB/21/23 Performance reports (agenda item 8)

TB/21/23a Integrated performance report month 10 2020/21 (agenda item 8.1)

MB highlighted the work that has taken place in relation to the IPR:

- Review of IPR structure by the time limited sub-group of the Board.
- The group met twice and looked at a number of options.
- The team responsible for the IPR have also been busy with the vaccination process. Further developments will likely be seen in May.
- The new dashboard shows each strategic objective with agreed metrics and also highlights key priority milestones.
- Areas for development include further streamlining of the quality section and more metrics to be completed for the workforce section.
- There may be additional metrics developed for sustainability and as a result of the planning guidance.
- MB recognised John Laville's (Lead Governor) input into the development of IPR.

AM asked for a briefing for governors on the IPR and to train them on the new format after May 2021. This should be added to the Members' Council work programme.

Action:Andy Lister

TB noted the following:

Covid-19

- The Infection Prevention and Control (IPC) team continue to work across the Trust, providing support and guidance.
- There are no current outbreaks within the organisation
- Personal Protective Equipment remains in good supply.
- Lateral flow tests are continuing well with the Trust benchmarking well against others.

Quality

- Complaints management continues to be monitored.
- There is pressure on some responses due to capacity for investigations. Timescales are being agreed with individuals dependent on the circumstances. The Clinical Governance Clinical Safety Committee (CGCS) is getting briefed on progress next week
- Under 18 admissions to adult wards continues to be a pressure. Numbers are low but they are still significant events.
- There is pressure on our 136 suite
- We have had three avoidable pressure ulcers which is unusual. This has been reviewed and investigated and there is a change in training for Waterlow assessments as a result.
- Incident reporting remains within normal levels but categorisation has changed dramatically. There is to be a team discussion on Thursday.
- Staffing is pressured. We are undergoing a trial of the "safe care system" in the Unity centre, which is going in the right direction. The safer staffing report will include this work which is going to CGCS, then to Board.
- Monitoring of self harm and suicide during Covid-19 continues. We will change the way we report this to a graph in future.
- Quality needs to be maintained; we need to increase the pace on the improvement agenda without losing the focus of the main piece of work around IPC in relation to Covid-19.

Erfana Mahmood (EM) noted restraints had increased and asked if we investigate each instance?

TB reported the IPR provides a slimmed back version of restraint information. A more detailed report is received in CGCS. The Reducing Restrictive Practice and Intervention (RRPI) team monitor all incidents, debrief teams and then share any learning.

CD noted the IPR summary. Under delivering improvements in CAMHS and forensic services CD asked if the information presented will really demonstrate improvements. CD did not feel forensic staff turnover was a key marker. The threshold for contacts is useful but there is no context as to whether the numbers are showing an improvement.

TB reported we look at Trust figures compared to benchmarking information in the IPR or elsewhere. For the CAMHS figures there is a decision to be made as to what is in the IPR and what goes to CGCS.

CJ asked when IPR targets are refreshed and agreed benchmarking is something we need to look at. CJ queried the incident report, noting a dip in February, as a possible concern and asked for progress on the community safer staffing work. FIP had looked at benchmarking data which suggested the Trust has less registered than unregistered staff and asked how we compare to other trusts.

TB confirmed there is a dip in incident reporting, but it is within normal range. Incidents are being reviewed due to gradings, but there is nothing specific to a ward or area to note.
The community staffing trial is ongoing in Barnsley and the feedback is coming to the safer staffing group with recommendations in May.
Registered nurse levels do not suggest we are an outlier. This will be one of the benefits of the safe care model and review of the establishment.

Kate Quail (KQ) reported she was on the IPR sub-group and questioned triangulating information from a range of sources including service user and staff experience about risks, so that we understand the totality of risk by service.

TB reported that performance data is coordinated and reported to the Operational Management Group (OMG). Incident levels, staffing and sickness data is triangulated at OMG. A decision would be made here as to whether things needed to be added to the risk register. TB reported he would speak to KQ separately about some other items to confirm where they are reviewed.

Action: Tim Breedon

Mike Ford (MF) stated the IPR is heading in the right direction and will continue to evolve but items showing as red must not be overlooked. He added that regarding safer staff reporting, there was a suggestion of grouping wards together to provide an overview and classifications of staffing? He asked if this would still be meaningful.

TB noted the six-monthly report to Board on safer staffing will include the points raised by MF.

MB explained the rationale for metrics for CAMHS and forensics which the sub-group agreed needed to focus on staffing metrics given some of the challenges previously highlighted at Trust Board. This could evolve and change in the future.

In response to KQ's question MB reported there is a performance management framework in place, which means at service level there is a performance dashboard which provides a range of metrics to individual services. There are monthly meetings within business delivery units (BDU) that monitor performance and discuss any issues. From there, items are escalated as required to the IPR and additional reporting is made to OMG and Executive Management Team (EMT) and ultimately Board.

MB noted the question of what level of depth Board members should know and understand compared to the role of operational teams and management. This could perhaps be discussed at the next time out strategy session.

AM noted to explore further in a strategic Board the point at which information comes to Board from the operational domain.

Action:Andy Lister

RW stated the approach should be based on risk. For example, a recent operational risk involving seclusion was escalated through the Organisational Risk Register (ORR) to the Board.
RW would expect that as the Finance, Investment & Performance (FIP) Committee matures such issues will get escalated through FIP.

MF queried if there could be an additional report in the IPR that cuts the data by service/ward.

AM queried if this report could be discussed at FIP and any issues be escalated to Board by FIP as required.

RW queried if the locality report in the IPR needs more structure. FIP could consider a locality report and threshold outliers go to FIP and then to Board. CJ and MB could consider this.

CJ noted the difficulty is determining which performance elements to focus on. One driver may be red items on the IPR, the other may be benchmarking. CJ is aware of pressure on the Performance and Information team.
The question of how the Trust Board sees emerging risks, before they are a problem, and an escalation process, is the next challenge.
CJ liked RW's idea of using what is going on in the Trust to highlight ideas for FIP to focus on and would take this to FIP for discussion.

Action: Chris Jones

AGD noted the Trust needs to focus on the good as well as the bad. Benchmarking is not always useful as a performance tool, but it is about providing insight to provoke questions and learning. If we understand how others are doing well, we can bring this into the organisation.

RW agreed and stated the Board should note the recent strong performance on people dying in a place of their choosing, particularly during the pandemic.

National Metrics

MB stated there is nothing further to add that hasn't already been discussed. The Trust continues to perform well against national metrics.

Locality

Sue Threadgold (ST) highlighted the following points:

Trust wide Inpatient Services

- Acute wards continue to see high levels of acuity and occupancy.
- Maintaining patient flow remains challenging.
- There has been increased use of the Psychiatric Intensive Care Unit (PICU) out of area bed placement in March.The reasons being gender specific beds and safeguarding rather than routine bed availability.

Trustwide Community Mental Health Services

- Demand to single point of access (SPA) is increasing.
- Staff continue to engage with service users via various means and ensuring face to face contacts are made where clinically indicated.
- Space is being optimised across the Trust so group work and face to face work can be delivered.

Barnsley general community services

- The team is working closely with Barnsley hospital to reduce the length of stay of patients by identifying early discharge with community support.
- Covid-19 related issues remain a key challenge within the service.
- Continued support to GP practices and vaccination hubs.

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

- Forensic staffing levels remain a challenge, registered nurse levels are a concern.
- Covid-19 and non Covid-19 sickness remain high.
- Staff wellbeing is a key focus.

- Supervision levels remain positive and have done so throughout the pandemic.
- Supervision levels have improved in LD.
- LD continues to work with Bradford and Leeds for the collaborative inpatient assessment and treatment offer (IATO). This is expected to go live in the summer.
- Calderdale have committed to some investment for a strategic health facilitator to help LD clients access primary care. This has already been rolled out in Kirklees and Wakefield with good results.

Child and adolescent mental health services (CAMHS)

- Access to Tier 4 beds remain problematic, in relation to both standard CAMHS and the forensic estate in Wetherby.

KQ noted the splitting of inpatient and community LD service reporting may be helpful. KQ asked about the structure of the new (ATU) reconfiguration, governance arrangements, key risks for the Trust, staff, and the impact on our staff and how are we engaging them?

ST stated the Assessment and Treatment Unit (ATU) work has been ongoing for a couple of years. ATU provision will move from three units to two. Sites will be in Bradford and Wakefield and share a common clinical and operational model. Both units will have eight beds. Bradford is the lead provider and the service will include Leeds patients.

There is outstanding work around governance and structure, and the collaborative could benefit from seeing the forensic collaborative work that has taken place.
Bed capacity is a risk and one option is to have a shared operational manager and clinical lead across the two units.

An operational risk is that SWYPFT's Horizon Centre is the only unit to have a seclusion room. In the short term this this will mean SWYPFT get people who may be more likely to reguire a higher level of support. Staffing is generous in the model, but recruitment is a challenge which may bring pressure in the future.

AM reported West Yorkshire Mental Health, Learning Disability and Autism Committees in Common cover the collaborative in terms of governance.

RW noted the locality report included good examples of the benefits of collaboration for people and demonstrated how organisations are working differently across the systems.

AM noted the communications and engagement report. The team continue to perform well in helping to support staff with information about the pandemic.

Finance and Contracts

MB highlighted the following points:

- There will be a substantial underspend in 2020/21 compared to the income received.
- The income received this year is very different to a normal year.
- We are delivering surpluses every month, this is a combination of the level of income received,the time it takes to fully recruit into services i.e. Mental Health Investment Standard, strong operational performance e.g. out of area bed placements and a number of non-recurrent savings/income
- Capital expenditure forecast is lower than the original budget
- Cash balance is extremely strong but will reduce by circa £25m in the last month of the year. This is due to receiving an advance payment, earlier in the year.
- The year-end process is going to be challenging due to current uncertainties with the treatment of some transactions which is being determined nationally.

- One example is the Trust has received some national funding to compensate for the loss of NHS income. Final accounting treatment will be confirmed. There is also updated guidance regarding the annual leave accrual and accounting for the Flowers adjudication.
- In summary we are more than achieving against our financial target. This is partly due to underspends that have arisen following the higher prevalence of Covid-19 over late autumn and the winter months.

CJ, as chair of FIP, reported the Trust is solvent and will deliver an outturn favourable to the plan. OOA beds has been positive but there is some disappointment with achievement against our capital programme.

AGD note this has been a very unusual year in relation to capital spend. The estates and facilities team have seen a significant impact of Covid-19. The Trusts has a good track record in previous years of spending money in the right way.

RW noted when financial planning took place with the integrated care system, we weren't in the second or third waves of Covid-19. Some of costs of service delivery we would have incurred haven't materialised. There has also been substantial change in the financial regime. We have typically reported our position in lieu of provider sustainability funding (PSF) in the past, for example, with the PSF leading to surpluses. MB and his team have done a good job in challenging circumstances.

Workforce

AGD highlighted the following points:

- Covid-19 and non Covid-19 absence are starting to merge, and the team are looking at how to manage this in the longer term.
- Outstanding trusts are great places to work which ties into quality, safety and compassionate care.
- AGD reported the issue with food safety training has been the training was historically face to face, which due to Covid-19 had created challenge which has now been resolved.

RW asked the Board to note most indicators are green including supervision.The reporting issue has been resolved and with the revised figures, we are now over target.

RW noted 14 RIDDOR (reporting of injuries, diseases and dangerous occurrences regulations) incidents, which is significantly higher than other quarters.

AGD reported there was a detailed process which went through the health and safety TAG with staff side. AGD did not believe there were any issues of concern but would check the context of the incidents to ensure there are no themes or trends.

Action:Alan Davis

AM thanked all staff on behalf of the Board for their continued performance over the last year,noting improvements have continued to be made despite the enormous challenges the year has presented.

It was RESOLVED to NOTE the Integrated Performance Report and COMMENTS made during its presentation.

TB/21/23b Staff survey results and Workforce Race Equality Standards (WRES) report (agenda item 8.2)

AGD asked the paper to be taken as read and highlighted the following:

- This is an important document and to note it relates to October/November.
- In 5 of the 10 key themes we have improved.

- Staff engagement has improved again.
- The results place us as “average” in most indicators, there is still work to do.
- 7.5 % more staff would recommend the Trust as a place to work than last year.
- There are lessons to learn from other trusts, both locally and further afield.
- We are comparing our Trust to outstanding Mental Health, Learning Disability and Community Trusts to see what the differences are.
- These trusts excelled in four areas; staff engagement, staff health and wellbeing, immediate managers and teamworking.
- These four areas are a future focus for us and will influence the workforce strategy.
- Forensic services have undertaken much work and received good support Theyhave improved in all ten key themes and although not yet where they aspire to be it is good sign that the support is working.

AM noted staff morale has held up well, and there have been improvements in the workforce disability standards which has previously been an area of concern.

EM noted the metrics for BAME colleagues and bullying and harassment. There are signs of improvement for service users, but we are still in the position where bullying and harassment exists for colleagues.

AGD agreed there was further work to do and “Race forward” should help to drive the initiative for bullying and harassment for service users and carers. The freedom to speak up guardian’s role in relation to bullying and harassment is being reviewed. A model around civility and respect is being considered and built upon.

The “great place to work” will look at what creates a healthy team. It is a team where people feel safe and bullying and harassment aren’t tolerated.
BAME colleagues are more likely to be subjected to bullying and harassment and if we can get it right for them, we will get it right for everyone.

AGD stated the bigger issue is whether behaviour is being tolerated within teams. The figures from the staff survey are much greater than the formal cases being processed. Creating team cultures is important. Formal processes involving bullying and harassment are dealt with seriously. AGD stated he was confident in the formal process.

The Trust is learning and has just created an independent review panel for any incident with a racial element is reviewed by the Workforce Race Equality Lead (WRES) OD lead, Freedom to speak up guardian and deputy director of HR.

CJ reported it is great to see areas of improvement, but five of the ten key themes are below average. Are the actions focussed enough and working quickly enough to address these issues in order to meet our objectives?

AGD reported we need to focus on local ownership with BDUs, action, support around the “immediate manager”, and learning from the best organisations.

RW stated we have a report that says we are getting better in tough times with more to do. Generally, we are average with a degree of variance. The Board hasn’t identified where it wants to be in relation to certain indicators. This is something we should consider in the workforce strategy and action plan. Focus needs to be on immediate line manager, WRES indicators and bullying and harassment. These indicators should be reported to the Board.

Action:Alan Davis

KQ stated in relation to bullying and harassment staff to staff, in addition to sanctions there is a need to roll out in-depth training for all staff including intersectionality and power dynamics. E-learning will not change hearts and minds behaviour and there is a need to celebrate positive examples and approaches.

CD agreed the focus on immediate managers was vital

It was RESOLVED to NOTE the report and high-level actions and next steps, and comments made.

TB/21/24 Business developments (agenda item 9)

TB/21/24a Integrated Care System developments white paper update (agenda item 9.1)

SY introduced the item and highlighted the following points:

- Both West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) and South Yorkshire Integrated Care System (SYBICS) continue to develop their operating models and are moving to supporting the changes required of Clinical Commissioning Groups (CCGs).
- There is a common change framework in use across the ICSs
- In WYHHCP there is a leader's design team which will be chaired by RW
- In SYBICS we are represented through place and through sector through the provider collaboratives.

AM updated that the chairs and leaders reference group has just been established in WYHHCP and has nominated sector representatives from each of the provider collaboratives. AM is not the nominated representative from the Mental Health Learning Disability and Autism (MHLDA) collaborative, however, all chairs and leaders are welcome to join the reference group at any time.

MF queried the new provider selection regime.

RW reported this is an important part of the Government's consultation on new arrangements. It replaces the arrangements around the requirement to tender and more on collaboration. From the WYHHCP board meeting public concerns were raised about how we would continue to drive improvement and what safeguards are in place to make sure the right providers are selected.

The WYHHCP response to the white paper will welcome the arrangements and set out a range of things we need to safeguard such as "value for money" and other public concerns. RW noted as a Trust there is a need to consider whether to submit a Trust response or rely on the WYHHCP response and the response of our representative bodies, particularly NHS Providers.

AM felt the Trust could get its views heard through the WYHHCP response and also has the opportunity to influence the response of NHS Providers. MF agreed.

RW noted the planning guidance requires ICSs to have a development plan. By April 2021 systems should have a broad view of what they want to do, by September/October should be operating in shadow form and staff from CCGs should be being told what their destination is going to be. By 1st April 2022 statutory legislation should be implemented.

Work across North East, Yorkshire and Humber is being coordinated collectively. The four ICSs are working with NHSE for the region and looking at what this means for the system,

places, provider collaboratives, primary care networks and neighbourhoods. WYHHCP are leading on place developments, SYBICS have been leading on system developments. RW reported the Board should be assured that there is collaborative work taking place to make sure there is a common framework even if the ICSs all have subtle differences.

It was RESOLVED to NOTE the contents of the white paper and proposed changes to integrated care and update on progress through ICS.

TB/21/24b South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.2)

AGD highlighted the following in addition to the report:

- Priorities continue to be Covid-19 and response.
- New variants of Covid-19 are being monitored.
- RW welcomed the report stating it is good to the see the progress on the MHLDA collaborative. The Trust has been significantly involved in the development of the memorandum of understanding (MoU). RW fully supports the MoU
- AGD reported at an operational level there has been some great collaboration and engagement in the MoU

It was resolved to NOTE the update for South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS).

Barnsley integrated community and primary care agreement

- SY reported the agreement has been to private Board and discussed the draft MoU.
- It has the full support of Barnsley CCG, Barnsley Healthcare Federation and the Primary Care Network.
- Today we are looking to approve the agreement and work towards mobilising with the Primary Care Network and the Barnsley Healthcare Federation.
- The aim of this is to enable our staff to work in a structured way to deliver joined up care in neighbourhoods.

CJ and AM noted that the “Barnsley Pound” reference has been embedded in the work from the beginning.

RW feels it is a positive signal to partners in Barnsley. One aim is to ensure the monies allocated to community and primary care are spent in the best possible way to improve care.

SY reiterated this agreement is reflecting where we want to head in a point in time and is not the end product. We will continue to develop the partnership.

It was RESOLVED to formally SUPPORT the agreement and SUPPORT the approach to continue to work with partners in developing the integrated care model.

SYB Mental Health Learning Disability and Autism Alliance Memorandum of Understanding

Sy highlighted the following points:

- The document has previously been discussed at private board.
- It sets out the ambition but collectively we are looking to ensure we have a strong voice, as a sector in the ICS.
- Work is already underway and access to transformation funding to support joined up integrated community services is a good example of this.
- This has been supported through all partner private Boards and is for formal approval today.
- The lead Chair and lead Chief Executive is still to be agreed.

It was RESOLVED to APPROVE the establishment of a MHLDA Alliance of the five providers that will operate under the attached MoU. REVIEW and NOTE that the MoU is not legally binding and does not replace any of the statutory duties that Boards currently hold, SUPPORT the three phases of the development as set out in the MoU Annex 1, NOTING the phases need to align with the white paper timelines, SUPPORT the establishment of a Board, made up of the provider organisations, to in the first instance provide oversight of the three Provider Collaborative enterprises and AGREE to be a formal signatory to the MoU.

TB/21/24c West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.3)

SY highlighted the following points:

- Work in Wakefield is setting the benchmark in respect of ensuring that people with learning disabilities and enduring mental illness access physical health checks and are supported with a joined-up approach.
- Work on race equality has won an award and been recognised for the speed at which the work took place.
- An anti-racism campaign has started which is likely to have broader implications than just the public and health sectors.
- WYHHCP posted a three-day event on trauma informed care, as a joint piece of work with the violence reduction unit. The Trust is already doing substantial work in this area and a paper will be going to EMT.
- Through transformation funding we are continuing to work with our partners in place to co-design models of care and to stop people falling through the gaps between accessing primary care and not meeting the threshold for secondary care.

SR reported in Wakefield the Integrated Partnership board received a report on support for people with learning disabilities. Fiona Sharp and Catherine Horbury from our Trust gave a presentation which really raised the profile for people in Wakefield with learning disabilities.

SY reported Kirklees are working towards what their ICS arrangements will look like. The future of general community services in Kirklees was discussed on 24th March. The current care closer to home contract terminates in September 2022. Partners met to take stock of progression in Wakefield and how this is taken forward In Kirklees.

RW reported the two CCGs in Kirklees merge on 1st April 2021. This is a step into a place-based arrangement with the Council. The Integrated Care partnership will now be considered in Kirklees.

CJ welcomed the work on the anti-racism campaign. Co-production is important, and the focus has to be on changing behaviour and impact.

SY added the intention in West Yorkshire will be to try and shift culture. SY and ST have attended a national conference involving public sector organisations where the development of inclusive cultures uses the concept of “allyship” and leaders at every operational level being aware of how to be an ally and a leader are key. This is being discussed within the Trust.

RW reported the partnership board had a good discussion on this. The anti-racism campaign is one of a number of recommendations from the Dame Donna Kinnair report.

AGD reported this is about organisational culture. Cherill Watterston is the new WRES OD lead. It is more than individual behaviours, it’s about policies procedures and much broader organisational thinking.

Adult Secure Lead Provider

SR highlighted the following points:

- We are awaiting an updated budget offer from NHSE. At the partnership board last week it was reported that this will be received shortly.
- SR is trying to ensure a good position with NHSE with a budget to come through Board before the go live date in July.
- All other aspects of the collaborative are ongoing and we are now looking at the commissioning arrangements.
- We have flagged with NHSE that we need support for the adult secure collaborative on contracting capacity. Discussions are ongoing regarding support available from NHSE and a proposal is being developed by the North East Commissioning Support Unit as to what support they can offer.

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 and update on the Adult Secure Lead Provider Collaborative.

Refreshed Memorandum of Understanding for WYMHLDA Committees in Common

AM introduced the item and highlighted a detailed review of the terms of reference had taken place noting how much the committee had evolved and the Memorandum of Understanding has been updated as a result.

It was RESOLVED to approve the refreshed MoU at Appendix 1; NOTE the use of the 'Triple A' assurance report that will be used to summarise C in C meetings to Trust Boards; an NOTE that a more substantial review of the MoU will be commissioned by the CinC when appropriate.

TB/21/24d Receipt of Partnership Board Minutes (agenda item 9.4)

AM asked for the minutes to be taken as read.

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

TB/21/25 Strategies and Policies (agenda item 10)

TB/21/25a Green plan and update on sustainability strategy (agenda item 10.1)

AGD highlighted the following points:

- The Green plan took the Trust forward. Separate work around sustainability was needed.
- The two documents may come together in time. The purpose of today is to sign off the Green plan and allow a more sustained engagement process around the sustainability strategy.

CJ reported the plan is much clearer and supports the intention. CJ queried the road to net zero and the move to green electricity tariffs.

AGD explained there are two ways to get a green tariff, to sign up to a "green tariff" or ensure we only want our electric through sustainable resources. The latter will be our approach. There will be an element of offset as well as reduction. We use carbon in travel and our buildings. We can reduce consumption through green energy and insulation methods.

CJ reported we need to understand how we will offset our residual carbon emissions.

Action:Alan Davis

AM reported we needed a Board that drives this agenda and have a governance group in place within the Trust. AM stated she does not feel a further Board committee was a requirement. There is a need to review governance arrangements.

Action:Alan Davis

AM noted there isn't a Equality Impact Assessment and asked for one to be completed

Action Alan:Davis

In response to AM's query about reusable PPE TB reported there had been talk in nursing forums, but this was in its infancy and no information had been received from the centre. TB will make an enquiry through the chief nursing officer.

Action:Tim Breedon

It was RESOLVED to APPROVE the five-year Green Plan and NOTE the update on the sustainability strategy.

TB/21/25b Estates Strategy Update (agenda item 10.2)

AGD asked to take the strategy as read.

EM noted from the discussion with the staff disability network there are some disability network basics that haven't been met and these need to be included. EM noted the overlap of the three strategies, digital, green and estates and asked if there is any duplication.

AGD stated there is a programme of work developed through the staff disability network that is built into minor capital programmes. This does need to be built into the estates strategy. Overlap is important. Estate and digital go hand in hand.

KQ queried the involvement of staff in developing the capital plan. How does NICE guidance and other national guidelines affect our capital plan?

AGD reported services are engaged, they are at the heart of the capital plan. Services have all had a chance to contribute and prioritise what is in the capital programme. Statutory and NICE guidance are built into the capital plan. The pandemic has highlighted the importance of environment for staff wellbeing.

It was RESOLVED to NOTE the update on the Estates Strategy and estate related safety arrangements in the Trust.

TB/21/25c Digital Strategy (agenda item 10.3)

MB highlighted the following points:

- The Board approved the previous digital strategy in January 2018.
- The Board has been kept updated with the considerable progress made against the strategy, which reaped dividends during the pandemic.
- We now have better infrastructure and business intelligence
- 170 staff were engaged in the strategy as well as service users and carers.
- The Equality Impact Assessment is included.
- As well as the technical facets of the strategy there is increased focus on culture and winning hearts and minds
- Further detailed plans are being developed
- There is more focus on partnership working and inclusion.
- We aim to improve our digital maturity.
- Better staff, service user engagement and training

- A focus on care records and being shared across systems, sharing information and intelligence.
- Delivery is dependent on resources as well as hearts and minds.
- The recent additions of devices, systems and licences during the pandemic has resulted in significant incremental recurrent cost.

AM noted there are health and wellbeing risks that need to be referenced such as eyecare, and musculoskeletal risks. The equality impact assessment reported no equality impacts. AM queried if older people or those with disabilities may be affected. MB agreed and stated the EIA will be updated and further thought will be given to health and wellbeing risks associated with the increasing use of digital ways of working.

RW noted we needed to reflect on digital inclusion. There is work ongoing in WYHHCP.

MF asked if a high-level summary of the strategy could be produced. MB commented that when he re-read the strategy he felt a summary of key points would help.MB added that some of the priorities in the updated strategy are determined internally by our own identified risks and objectives whilst others are part of national and regional programmes.

RW noted the strategy is coherent and comprehensive. RW proposed using the Communications team to design some infographics to go at the front of the strategy. It would also be good to make sure we note we have staff that work in Leeds, Sheffield, Rotherham and Doncaster.

Action: Mark Brooks and Salma Yasmeen.

AM reported a further action was to revisit the EIA and include some of the work going on in WYHHCP, and note comments about implementation, data and the health and wellbeing of staff in terms of digital technology use.

Action:Mark Brooks

It was RESOLVED to APPROVE the updated Digital Strategy spanning 2021-24.

TB/21/25d Trust Board declaration and register of fit and proper persons, interests and independence policy (agenda item 10.4)

MB asked to take the paper as read. All changes are highlighted in the document and we will be asking Board members to update their declarations if they haven't been already.

It was RESOLVED to APPROVE the Trust Board declaration and register of fit and proper persons, interests and independence policy.

TB/21/26 Governance Matters (agenda item 11)

TB/21/26a Interim Governance Arrangements update (agenda item 11.1)

MB asked to take the paper as read. This has been discussed at Audit Committee and the Board has received regular updates since the onset of the Covid-19 pandemic.

It was RESOLVED to NOTE the update to the interim governance arrangements as outlined in the paper.

TB/21/27 Assurance from Trust Board Committees and Members' Council (agenda item 12)

Audit Committee 26 February 2021 (minutes received from 5 January 2021)
MF highlighted the following:

- Year end audit timetable has been reviewed.
- External audit plan has been approved.

Clinical Governance and Clinical Safety Committee 9 February 2021 (minutes received from 10 November 2020)
CD highlighted the following:

- CQC improvement plan continues to progress despite Covid-19
- Waiting list improvement plan continues to progress
- There are commissioning issues with Calderdale Core Psychology
- Covid-19 risks
- Assurance reports were received on Serious Incidents and Nursing revalidation

RW noted the core psychology issue and suggested this was escalated through the partnership arrangements. This will be dealt with through the collaborative arrangements and may need to be picked up in the MHLDA Committee in Common at some point.

Action: Rob Webster

Equality and Inclusion Committee (minutes received from 8 December 2020)
AM highlighted the following:

- A shortened version of the Committee took place and some items were deferred due to Covid-19
- Feedback received from staff equality network, staff side and the BDU equality forums so we understand issues for our people across the organisation
- The equality, involvement, communication and membership action plans were agreed
- Some good progress on the performance dashboard
- We received a peer support workers report which was very positive.

Finance, Investment and Performance Committee 22 March 2021 (minutes received from 24 November 2020)
CJ highlighted the following:

- Received the finance report and noted the OOA beds performance and prompt payment of suppliers
- A discussion was held around the challenges to forecast outturn
- National benchmarking on mental health services and identified three areas for exploration around restraint, readmission rates and staff mix
- We approved the draft capital plan for 2021/22.
- Noted the (then) lack of progress on the financial challenges around the lead provider

Mental Health Act Committee 9 March 2021 (minutes received from 3 November 2020
KQ highlighted the following:

- White paper update, KQ has met twice with chairs from MHA Committee of partner trusts to conduct a joint response to consultation
- Advocacy, since the report we have had a CQC visit. We are well on with our side of things, there is an issue with providers which we are dealing with.

Workforce and Remuneration Committee 9 February 2021 and 16 March 2021 (minutes received from 19 January 2021 and 9 February 2021)
AGD asked to take the update as read.

Members' Council 29 January 2021 (minutes received from 30 October 2020)
AM highlighted the following:

- Approved the appointment of a new Non-Executive Director
- Receive the further updates and take as read.

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

TB/21/28 Use of Trust Seal (agenda item 13)

AM asked to take the paper as read. The seal has been used to renew the lease of premises in Wakefield and to obtain a car parking licence for staff in Huddersfield.

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

TB/21/29 Trust Board work programme (agenda item 14)

AM suggested the work plan would benefit from a small working group. The final version would then come back to Trust Board in due course.

Action:Angela Monaghan

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

TB/21/30 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on 27 April 2021, which will be a virtual meeting.

TB/20/31 Questions from the public (agenda item 14)

Nil

Signed: **Date: 27 April 2021**