

**Minutes of Trust Board meeting held on 27 April 2021**  
**Microsoft Teams meeting**

<b>Present:</b>	Angela Monaghan (AM) Charlotte Dyson (CD) Mike Ford (MF) Chris Jones (CJ) Kate Quail (KQ) Erfana Mahmood (EM) Sam Young (SYo) Rob Webster (RW) Tim Breedon (TB) Mark Brooks (MB) Alan Davis (AGD)	Chair Non-Executive Director Non-Executive Director Deputy Chair / Senior Independent 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)	
<b>Apologies:</b>	<u>None</u>	
<b>In attendance:</b>	Carol Harris (CH) Andy Lister (AL) Tim Mellard  Dr. Richard Marriot  Sean Rayner (SR) Salma Yasmeen (SY) Claire Wilkinson	Director of Operations Company Secretary (author) Lead Matron Trustwide Inpatient Services (item 5 only) Guardian of Safe Working Hours (item 10.3 only) Director of Provider Development Director of Strategy Matron Unity Centre Wakefield (item 5 only)
<b>Observers:</b>	Daz Dooler Csilla Fabian John Laville Raymond Rowles	Public Governor - Wakefield Corporate Governance Manager (designate) Public Governor – Kirklees (Lead Governor) Member of the Public

**TB/21/32 Welcome, introduction and apologies (agenda item 1)**

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. There were no apologies, 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/21/33                      Declarations of interest (agenda item 2)**

It was **RESOLVED** to **NOTE** there were no changes to the declarations of interest register since March 2021.

## **TB/21/34            Minutes from previous Trust Board meeting held 30 March 2021 (agenda item 3)**

Kate Quail (KQ) requested an amendment to the minutes. KQ asked for the wording in paragraph two of page twelve (Diligent) to state:

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

This will replace the wording: “Kate Quail (KQ) reported she was on the IPR sub-group and questioned how more detailed service performance information and issues were identified and highlighted.

**Action: Andy Lister**

KQ confirmed the correct action was noted in the action log from 30 March 2021 and no further actions were required.

It was **RESOLVED** to **NOTE** the amendment and **APPROVE** the minutes of the public session of Trust Board held 30 March 2021 as a true and accurate record.

## **TB/21/35            Matters arising from previous Trust Board meeting held 30 March 2021 (agenda item 4)**

**TB/21/20** – Mark Brooks (MB) updated the Board that the information had been provided to the perinatal team as requested. To close.

**TB/21/23a** – Alan Davis (AGD) updated on RIDDOR (Reporting of injuries, diseases, and dangerous occurrences regulations) incidents. There are no Covid-19 related cases. In the main the incidents relate to violence and aggression. Each individual case has been reviewed in the Trust’s Reducing Restrictive Practices and Interventions (RRPI) TAG (trust action group). A report is provided regularly to the Clinical Governance and Clinical Safety Committee (CGCSC). To close.

**TB/21/25a** – AM reported the Equality Impact Assessment (EIA) for the Green Plan forms part of the strategy and needs to come back to Board for approval. To remain open.

**TB/21/25a** – reusable PPE - Tim Breedon (TB) is taking this into the next regional meeting for an update.

**TB/21/25c** –MB provided a brief update on the action. Salma Yasmeen’s (SY) team are working on the easy read version, health and safety risks regarding the use of digital equipment is being addressed and the updated EIA will be complete by the end of May. To be covered in the six-monthly report to Board.

**TB/21/27** – RW reported Sean Rayner (SR) attended a meeting on the programme board. SR will take ownership of this action.

**Action: Andy Lister**

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

## **TB/21/36            Service User/Staff Member/Carer story (agenda item 5)**

AM introduced Claire Wilkinson (CW) and Tim Mellard (TM) and their story, “a life in the day of a matron”

CW presented a typical working day as a matron:

9.00 am - coffee and check emails, catch up on incidents from overnight and the prioritisation of clinical follow up with the ward teams.

9:30 am – Matrons’ operational call, matrons are committed to patient safety, staff safety and wellbeing, and providing staff with the support they need to provide the best possible care to service users, carers, and families. This daily meeting is a review of clinical and inpatient pressures with the general manager. Matrons can focus on the operational priorities for the day and highlight areas of concern. The peer support within the matron team is excellent and in line with Trust values, making sure matrons are ready for today and relevant for tomorrow.

10.00 am – CW visits the Unity centre and male acute ward. Violence and aggression incidents have taken place over the weekend, including assaults on staff. CW has one to one meetings with staff, including those assaulted. The Reducing Restrictive Practices and Interventions (RRPI) team are contacted, and bespoke support sessions are arranged for the ward later in the week.

12.00pm - CW gets lunch and goes back to the office for the Unity centre staffing meeting which takes place every Monday and Thursday to review resources across the unit. Where there are gaps in numbers, or skill mix, conversations are held with the staff bank, with a view to deploying staff across the wards, dependant on acuity and clinical need. CW states the Unity centre is aptly named as the ward teams, led by managers, all work together.

2.00pm – CW attends the safer discharge meeting which is built into the patient safety strategy and involves learning from incidents and working with community colleagues to improve outcomes from service user discharge. Current workstreams are Care Programme Approach (CPA) process, staying well plans, community referrals and in-reach, and leave and discharge follow up support.

3.00pm – CW goes to the Unity centre to meet the wife of a service user who has concerns regarding her husband’s admission and care. CW assures her the team want a positive recovery for her husband and CW will address her concerns with the clinical team. CW feels the concerns relate to a breakdown in communications given the acuity over the weekend but acknowledges the wife doesn’t want excuses, she wants to see improvement.

7.00 pm – CW has finished today’s tasks and is ready for home. CW receives information there is a phone line fault that she now needs to deal with and realises her journey home may be delayed.

AM and other Board members thanked CW for her story.

TM reported the story reflects a typical day and summarises everything matrons are trying to achieve.

Carol Harris (CH) stated the Board could take assurance from CW’s story that things discussed at Board are being checked operationally on a daily basis and leadership is in place seven days a week.

Dr. Subha Thiyagesh (ST) noted the challenging working environment and valued the insight into the role and queried the difference between TM’s role and CW’s role.

TM reported the lead matron role was identified to implement standardisation across the Trust following a CQC report. With an overview TM can influence culture and take the best elements

of practice from wards and standardise them across the Trust to the benefit of service users and carers.

RW thanked CW and TM for the story and asked about the impact of Covid-19 on the wards in relation to visiting and leave.

CW reported the impact has been significant for service users and as a matron she has supported the team to be adaptive around the regular changes in guidance. The team had to learn quickly, and CW noted that clear communication was key in a such a dynamic environment.

RW reinforced CW's and TM's values-based approach and summarised the Trust values. RW noted the matron roles are new. CW and TM are in these roles because they are the right people for the job.

RW gave context to the operational environment reporting in March 2021. There were over 350 incidents of violence and aggression against staff. 330 of those were in an inpatient unit and over 250 involved physical aggression and 24 incidents involved a weapon.

RW noted the tough work environment and the need for the Trust to support staff to help them continue to provide the level of service they do. RW thanked CW and TM for their hard work.

*CW and TM left the meeting.*

**It was RESOLVED to NOTE the Service User/Staff Member/Carer Story and the comments made.**

#### **TB/21/37 Chair's remarks (agenda item 6)**

AM asked the Board to note it was Charlotte Dyson's (CD) last Board meeting. AM praised CD's fantastic contribution to the Board as a Non-Executive Director and in her roles as chair of the Clinical Governance Clinical Safety (CGCS) Committee and as former Deputy Chair and Senior Independent Director.

CD has been a member of the Board for six years and will be very much missed. CD was key in transforming the Trust's linked charities and the branding of "EyUp!".

AM thanked CD for her commitment, enthusiasm, and energy during her time as a Non-Executive Director.

**It was resolved to NOTE the Chair's remarks.**

#### **TB/21/38 Chief Executive's report (agenda item 7)**

##### Chief Executive's report

- RW firstly added thanks to CD for her positive support and challenge during her time as a Non-Executive Director.
- RW asked for his report and attachments to be taken as read.
- Prevalence of Covid-19 continues to fall but West Yorkshire and South Yorkshire continue to have higher prevalence rates than other parts of the country.
- Public Health colleagues report there now appears to be a break in the link between prevalence and serious illness and death following the vaccination programme.
- The Government road map out of restrictions has four tests. Progress of the vaccination campaign, effectiveness of the vaccine, the capacity of the NHS to deal with Covid-19 related surges in pressure and Covid-19 variants of concern.
- In Europe the "Kent" variant is causing substantial pressure.

- In India the situation is very difficult. Public Health England describe the variant first identified in India as a current variant of interest. Travel to and from India is now restricted.
- This is a good example of why we can't become complacent about Covid-19.
- There is a national relief effort, but it is recognised that a number of members of staff and their families have contacts with India and those staff are being supported.
- RW noted the information about suicide in his report. Current evidence suggests there has not been a significant increase during the Covid-19 pandemic, but the Trust will remain vigilant with proactive prevention measures given the economic impact of the pandemic.
- There is a significant increase in children and young people needing help and support, and self-harm has increased.
- Child and Adolescent Mental Health Services (CAMHS) are linking with councils and schools around an emotional wellbeing offer and this is a Trust priority with our partners in our places and systems.
- Staff and services continue to perform well, , and the Trust continues to improve.
- The accreditation of the RRPI team is a good example of this, as well as the number of innovations staff are delivering.

A discussion around the staff survey results followed. RW noted the staff survey results are linked to the actions of workforce strategy, and these will be discussed later in today's board meeting.

A query was raised in relation to progress against the eight actions on inequalities and what progress is being made in the Trust to support people with learning disabilities (LD).

RW reported in each of the places our LD teams are supporting primary care and acute organisations in different ways. In Calderdale and Wakefield there is specific work around supporting health checks which is producing positive results. There has also been targeted support for vaccination clinics for people with a learning disability. Further work has taken place with acute teams and matrons to identify people with Very Important Person (VIP) passports and digitise this information so that records are ready if they need to go to hospital.

In Calderdale and Huddersfield, and Mid Yorkshire acute trusts, work has taken place to prioritise people with a learning disability on waiting lists.

Carol Harris (CH) reported in Barnsley the LD team, community health team and mental health teams have come together to look at how services can be maximised and work better together across the neighbourhoods and teams. Learning from Calderdale is being used to improve access for people on waiting lists with learning disabilities.

RW reported the Trust had conducted an assessment against the eight inequalities measures and for each place we are involved with we had to provide a map of what each place was doing for the eight measures. That assessment has come to the Executive Management Team (EMT) and there is also benchmarking work being progressed around data for ethnicity and other protected characteristics and access to Trust services.

TB reported the Equality and Inclusion Committee (EIC) is where the action plans are monitored. Current key focuses are the engagement toolkit and data collection and analysis. These will help us understand our local populations and issues in relation to access to services.

Salma Yasmeen (SY) reported substantial work is taking place looking at CAMHS waiting lists and access to services in deprived areas. Charities are conducting insight work in communities. This will be brought together with the data to help inform priority areas. We are looking to develop something that can be used by every service.

AM requested two actions to be allocated to the EIC:

What are we doing for people with learning disabilities outside of our specialist services including our workforce?

**Action: Equality and Inclusion Committee**

Monitor the eight urgent actions in relation to inequalities.

**Action: Equality and Inclusion Committee**

Erfana Mahmood (EM) noted from the section 106 agreement, money has been received from Barnsley council and asked how this could be used to benefit the Trust?

RW stated the agreement is specific about what the money can be used for by the council. There are provisions for green space and woodland around the Mount Vernon site, for example, before any development can begin. The money received by the Trust from the sale of Mount Vernon will be invested in Barnsley.

Alan Davis (AGD) confirmed the Mount Vernon sale was completed yesterday.

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

**TB/21/39 Risk and Assurance (agenda item 8)**

**TB/21/39a Board Assurance Framework (BAF) strategic risks (agenda item 8.1)**

Mark Brooks (MB) highlighted the following updates and changes:

- Controls and assurance have been updated as proposed.
- The inclusion of target dates has been increased.
- Workforce risk 4.1 has been changed to Amber as agreed at the last Board meeting.
- The front sheet highlights where most EMT discussion took place around the appropriateness of risk ratings:
  - 1.1 – commissioning function and how this progress over the next 12 months.
  - 1.4 – Digital solutions and digital inclusion.
  - 3.1 – Future financial arrangements are uncertain beyond September 2021.
  - 3.3 – Resources and the impact of the white paper.
  - 4.1 – Clinical workforce is driving the Amber rating.
  - 4.3 – Staff wellbeing measures are good, but we have greater ambition.

EM queried where bullying and harassment, in particular for BAME colleagues, was shown in the BAF?

MB reported it is covered in general terms under strategic risk 4.2 and is covered in more detail in the Organisational Risk Register (ORR).

A discussion followed in relation to Amber gradings being reflective of being off trajectory, but some Amber risks had numerous controls and assurance. The process for getting Amber risks back on trajectory was raised.

RW reported the BAF shows where we have concerns. For 4.1 we have controls and actions to recruit and retain enough staff and working in the right culture. If we believe despite this we cannot recruit and retain enough staff then we have to make a strategic decision about what we do, i.e. restriction of beds or services. If things are persistently amber strategic decisions need to be taken.

MB reported that national staff supply is not within our direct control. We have investment but there are concerns as to how we can fill all roles given local and national staffing numbers.

AGD noted there are clear links between the BAF and the workforce strategy. There is a national shortage of doctors, nurses, and allied health professionals. We need to look at the supply issue in a different way, considering international recruitment, new role development and staff retention.

Chris Jones (CJ) noted amber gradings represent the high-risk challenges. If risks cannot be managed how are they being mitigated, more discussion could take place around mitigation. The BAF informs the Board about risk, it doesn't mean we have to manage all risks to yellow, because this isn't always possible.

RW noted the relevance of the group reviewing the workplan for the Board. They should look at scheduling the right conversations based on what the BAF is highlighting as areas of risk.

**Action: Board Workplan Group**

The Board also needs to consider if the Workforce strategy is mitigating the strategic risks.

**Action: Trust Board**

**It was RESOLVED to APPROVE the updates to the Board Assurance Framework as NOTED and ACTIONS for future discussion around strategic risk and mitigation.**

### **TB/21/39b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)**

MB highlighted:

- New risks have been added regarding the Covid-19 vaccination programme
- A change in the NHS capital regime has added a risk recommended by the Finance, Investment and Performance (FIP) Committee
- A new risk in relation to clinical staff shortages
- A new risk if the 'great place to work' actions are not delivered
- Workforce committee is looking at merging the workforce risks
- Three risks are recommended for closure:
  - Decommissioning of services leading to redundancies
  - Tender activity
  - Provision of the right IT equipment for staff to perform their role
- The total level of risk is increasing, this is expected given we have added more risks.
- MB asked for Committee chairs to comment about their allocated risks.

Mike Ford (MF) reported he had nothing to add from Audit Committee and noted the summary page and heat map appears to be missing. (AL circulated during the meeting).

CD reported Covid-19 risks had been discussed at Clinical Governance Clinical Safety (CGCS) Committee including the risk regarding Child and Young Adult Mental Health Services (CAMHS).

KQ noted the Mental Health Act (MHA) Committee had no current allocated risks.

Sam Young (SYo) updated the Workforce and Remuneration Committee (WRC) had reviewed allocated risks and these were now more specific and detailed.

AM noted one equality risk was allocated to the Equality and Inclusion Committee (EIC). This has been discussed at the committee and is an area of focus.

CJ noted the capital risk has been added from Finance Investment and Performance (FIP) Committee to make sure the Trust can access sufficient capital for all its needs. The financial forecast is also uncertain due to only having interim financial planning arrangements and review of the risk has shown the relevant foresight is in place.

MB explained the capital allocation for 21/22 was in place and sufficient for our needs. The challenge may come if the Trust wants to conduct major capital investment in the future, as it will need to be prioritised by the Integrated Care System (ICS). Under previous circumstances if we had our own financial resources and/or access to borrowing, we could spend to that amount. Under the current capital regime, we need to spend within the ICSs capital envelope.

AM asked for clarity of what had changed in the risk description for 1157.

TB noted the Workforce Disability Equality Standard (WDES) has been added to the description. AM will pick up outside of the meeting. Changes need to be reflected in the risk report.

**Action: Mark Brooks**

In relation to risk 1368 KQ asked if care, education, and treatment reviews (CETRs) are recorded as control measures. KW reported in eight out of ten cases admission is prevented where a review is done. CH agreed to check with the team and update.

**Action: Carol Harris**

**It was RESOLVED to NOTE the updates to the Organisational Risk Register with the comments made.**

### **TB/21/39c Consultation on the System Oversight Framework and Trust Response (agenda item 8.3)**

MB introduced the item and asked to take the paper as read and reported a response was required by 14<sup>th</sup> May 2021.

Comments from Board members to go to MB by the end of next week.

**It was RESOLVED to AGREE to invite COMMENT on the proposed Trust response to the consultation outside of the meeting.**

### **TB/21/40 Business developments and collaborative partnership working (agenda item 9)**

#### **TB/21/40a Integrated Care System developments – white paper update (agenda item 9.1)**

SY highlighted the paper sets out the approach that both ICSs have taken to respond to the white paper. It is still going through parliamentary processes. The South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) recruitment process for a chair is underway.

RW added there are four ICSs in the North East, Yorkshire and Humber and each has been contributing on the thinking around ICSs and the future. A paper has been produced that sets out how the four ICSs and the region should work together. This will be published in the next few days.

EM asked about public engagement and was there to be one accountable officer?

RW confirmed in each ICS there will be one accountable officer. Where there are currently numerous Clinical Commissioning Groups these will transform into broader place-based



arrangements. A governance mechanism is needed where places can hold money and deliver against local place-based plans. Work is required in this area and is being developed by the ICSs.

SY confirmed public engagement was happening in all the Trust places in preparation for the next stage.

RW noted that, as a Foundation Trust with many members and governors, we are built on engagement and we need to use that to feed into the new arrangements. Both ICSs are very committed to this, even though it is not prominent in the white paper.

**It was RESOLVED to NOTE the update on the local ICS approaches to respond to the White Paper.**

### **TB/21/40a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.2)**

AGD asked to take the paper as read and highlighted:

- AGD noted there is a return to business as usual
- SY added the Mental Health Learning Disability and Autism (MHLDA) Alliance memorandum of understanding (MOU) is going through partner boards and is being supported.
- The Trust is establishing its role within partnership collaboratives in the South Yorkshire region.

RW noted from the Integrated Care Partnership Group in Barnsley work is looking at how provider collaboratives will work in places with a focus on community-based services.

**It was RESOLVED to NOTE the SYB ICS update and NOTE the MHLDA Alliance and programme update.**

### **TB/21/40b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.3)**

SY asked for the paper to be taken as read, highlighting:

- Continued focus on a joined-up response to Covid-19.
- Movement towards planning, recovery and reset.
- Work on learning disabilities continues in each of our places.
- Work streams are strengthening clinical leadership across the system.
- Working with partners continues in preparation for the changes coming through the white paper.

Sean Rayner (SR) updated:

- The West Yorkshire adult secure lead provider collaborative is to review options with NHS England about what a “go live” for 1<sup>st</sup> July 2021 may look like.
- The team working on the Learning Disability Assessment and Treatment Unit (ATU) reconfiguration gave the final report for a “go live” date to the West Yorkshire Committees in Common. There is more work to do, but it is effectively now in a “go live” position.

A conversation followed querying the strength of partnerships in Kirklees and SY reported partnerships in each place are at different levels of maturity.

RW noted Jo Webster now has a formal role on Wakefield council, as an example of differences in maturity. He went on to note the role of the Trust may be different in each of our places.

**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.**

#### **TB/21/40c Receipt of Partnership Board Minutes (agenda item 9.4)**

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

**It was RESOLVED to RECEIVE the minutes of relevant partnership boards.**

#### **TB/21/41 Performance reports (agenda item 10)**

##### **TB/21/41a Integrated performance report (IPR) month 11 2020/21 (agenda item 10.1)**

TB highlighted the following points:

#### Covid-19

- Significant Infection Prevention and Control (IPC) activity continues across the Trust, from a work-based perspective nothing has changed.
- Personal Protective Equipment (PPE) is in good supply.
- Fewer than 0.1% of results from staff lateral flow tests are positive.
- The vaccine roll-out has gone well, and further work is taking place around uptake from specific groups.
- The command structure of gold and silver now meets once a week. The Trust is ensuring the learning from the command structure is being absorbed into everyday work.

#### Quality

- There is concern around under-18 admissions to adult beds.
- The Medical Director (MD) and Director of Nursing (DON) regional call expressed the same concerns. It has also been referenced nationally by Amanda Pritchard, Chief Operating Officer of [NHS England](#); and Chief Executive and Chief Operating Officer of [NHS Improvement](#).
- Staffing pressures remain challenging.
- Incident levels remain within the usual parameters.
- Prone restraint continues to be a focus.
- The Reducing Restrictive Practice and Interventions (RRPI) team has achieved a strong accreditation from the British Institute of Learning Disabilities for their restraint reduction programme.
- Self-harm levels continue to be monitored.
- Safeguarding remains critical, maintaining attendance at local panels.
- The Care Quality Commission (CQC) action plan is being fully progressed.
- There is high demand and acuity in the system, and we need to maintain vigilance on early warning signs.
- The Serious Incident accreditation process has gone through the Royal College of Psychiatry on first submission which is a great achievement.

AM noted clinical supervision targets have now been met, which is positive.

A discussion followed about the potential of bladed articles getting onto wards. TB reported there is a clear policy about what can/cannot be brought onto wards. The challenge is where

people don't want to surrender things and the vigilance of staff. Search procedures have been recently reviewed, as have banned items.

CH reported there is a banned items list. People are more distressed, and wards are more acute. In the forensic unit a boss chair has been purchased, to detect concealed items. This is less intrusive than a physical search and has proved very successful. Detection wands are also being used. These will be rolled out in acute wards in due course.

CD noted the impact staffing is having on achieving clinical Care Programme Approaches (CPAs), which is an area of focus for the CQC action plan. This was discussed in Clinical Governance and Clinical Safety (CGCS) Committee

CJ felt that TB had articulated some emerging risks and noted they are Amber in the BAF, which shows we have highlighted the right things. CJ asked for assurance that quality of supervision was being maintained as well as quantity.

TB reported a key focus of the CQC improvement plan is the FIRM risk assessment process. In reference to supervision, the first part is making sure it's happening, the next is the quality. We now have an identified lead for this with audit and checks in place through clinical supervision.

RW commented that issues around inpatients' acuity and demand have been discussed at executive management team (EMT). This needs to be a priority within the priority programmes work. There is a request from the National team that Out of Area (OOA) beds are to be eliminated that may be hard to achieve in the short term.

RW noted the LD target is green when the three previous indicators are red and asked for clarity about the figures.

**Action: Tim Breedon**

#### NHSI national Indicators

MB reported there was nothing further to add from discussions already held. There were no comments or questions.

#### Locality

CH highlighted the following points:

#### Trust-wide CAMHS (child and adolescent mental health services)

- Waiting numbers for Autistic Spectrum Condition (ASC) and Attention Deficit and Hyperactivity Disorder (ADHD) diagnostic assessment in Calderdale have significantly increased.
- The CAMHS Tier 4 business case is under consideration by those CCGs who are looking at waiting list initiatives.
- In the last month there has been an increase in referrals into crisis pathways and eating disorder pathways.
- Eating disorders in CAMHS are seeing staffing pressures, options are being looked at to maximise capacity.
- Access to tier 4 CAMHS beds remains a challenge.

#### Barnsley General Community Services

- There is an operational risk in Urban House. It is a nurse-led service, but it has been difficult to recruit into the nurse prescriber role as it is defined, which presents an ongoing delivery pressure.
- Mobilisation work for the new BREATHE contract has now started.
- Improvements are being made in the integration of physical and mental health services in Barnsley.

### Forensics

- Staffing levels remain challenging and are under constant review.
- Staff wellbeing remains a focus.
- There were noted improvements from the results of the staff survey.

### Learning Disability (LD)

- Consultant psychiatry provision has been difficult recently. Contingency measures are in place, but this is not a long-term solution.
- The Quality Monitoring Visit report is now with the team and the outcome is being reviewed.

### Trust-wide Inpatient Services

- Acuity remains high and there is a high demand for beds.
- Use of OOA beds is being kept to a minimum, although there has been an increase in numbers over the last month.
- Psychiatric Intensive Care Unit (PICU) beds are under pressure.
- The patient flow team is now fully recruited into a seven-day service.
- There are higher levels of occupancy and acuity on the wards.
- Difficulties have been compounded by staff absence.

### Mental Health Community Services (all areas)

- Reducing OOA beds work takes place in the community to find alternatives to admission.
- There have been developments in the trauma-informed personality disorder pathway where the intensive treatment teams have improved gatekeeping.
- CPA review work continues. Performance across the west teams has now exceeded the target.
- There is increasing demand in Single Point of Access (SPA) teams.

CH noted the seclusion room problem still exists, but the level of damage has reduced. A group from estates and service have established a set of standards for seclusion. No recent incidents have resulted in a seclusion room not being available.

KQ asked for an update about the autism friendly environment work. CH updated that sound boards had been ordered and work was now ongoing to repair previous damage with the specialist that has been recruited into the unit.

Estates have been very quick in getting repairs completed and making the environment specific to the individual. Actions are in progress.

AGD noted the work is a partnership between estates and operations. AGD will visit the centre to check the report book. We have spent £0.5m on Horizon in last two years. We need a wholesale look at it, rather than the piecemeal approach that has been used. Everything we install meets the appropriate standards. The seclusion rooms reflect the standards, but they are not standing up to the task.

AM asked that the next estates report to Board includes an update on seclusion rooms and the autism friendly environment work programmes.

**Action: Alan Davis**

### Priority Programmes, Communications, Involvement and Engagement

AM noted today's discussions around a new priority programme to look at acuity.

**Action: Salma Yasmeen**

SY noted the community transformation work funded by both ICSs is ongoing as part of priority programmes.

AM asked about progress on our sustainability work. AGD noted it was part of the 'great place to work' priority programme, and this work is progressing.

### Finance

MB highlighted the following points:

- This has not been a typical financial or operational year.
- The Trust has received and spent more money than in the past.
- Initially there was a planned deficit of £2.1m.
- Partly as a result of national funding changes the Trust has produced a surplus of £4.6m, a £6.7m difference to the original projection at the start of the year.
- We have performed better than anticipated on OOA beds which has also contributed to the improved position.
- Additional income has been received from local commissioning sources and, national sources and policy or guidance from the centre was updated towards the end of the year. For example incremental annual leave accrual for up to five days per individual has been funded nationally.
- Non-NHS income that wasn't received as a result of Covid-19 has been compensated for and we received a contribution for the "Flowers" adjudication.
- Cumulatively, this means we have spent less than our income.
- Our cash balance is over £50m at the end of the year, up significantly on the previous year.
- The capital plan although lower than target has spent £5m.
- In March 2021, 14 days is the average time to pay invoices.

A discussion followed about transparency disclosures and a number of invoices from Dell.

MB noted the invoice amounts were likely to be in relation to delivery timescales but would double check and confirm the position to MF.

**Action: Mark Brooks**

RW gave thanks to MB and his team for all the work that has taken place throughout the year including switching financial systems in the year. It is testimony to the skills of the team. RW referenced the planned income and actual income profile in the paper being partly the reason for the shift in our financial position. If there is an opportunity for things to change, it should be that resources become available earlier in the year rather than notified later on. Board members noted this issue was apparent in previous years with the Provider Sustainability Funding at the year end.

### Workforce

AGD highlighted:

- Vaccination clinics are now being reduced
- 83% of staff have had their first dose
- There remains a difference between different BAME groups' and white colleagues' uptake. Opportunities are being created for people to have access to first and second doses.
- An absence exercise has taken place across the region. We will need to reset some of the targets in the workforce strategy.

SYo queried if there is management of staff returning to work as infections fall.

AGD reported a risk assessment will be completed before staff return. The return to work must be safe. Before staff return to work there have to be conversations with individuals too. There

are mixed feelings amongst staff and managers. We know that agile working has been a strategy for the Trust for some time and how we will work in future, using lessons we have learned. We have a digitally enabled workforce.

RW asked that the workforce strategy looks at sickness levels and how we maintain the step change seen. What is it that CAMHS and Calderdale/Kirklees/Wakefield are doing to maintain these positive levels?

AGD noted we need the ability to make reasonable adjustments. Work is an important part of people's wellbeing.

SY noted the recovery and reset work is considering estate and the benefits it can bring. The reasons behind the low sickness levels need to be identified.

**Action: Alan Davis**

ST reported the Trust needs to have conversations with different groups. There may be anxiety about returning to work and a blended approach is required. Flexibility has improved sickness levels and the feeling that working from home is accepted.

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

### **TB/21/41b Safer staffing report (agenda item 10.2)**

TB highlighted the following points:

- This is the routine six-monthly report that has been through CGCSC.
- Fill rates remain similar.
- An issue remains around skill mix dilution to maintain staff/patient ratios.
- The response to the pandemic has had a significant impact on staffing.
- Although the challenge has eased, we still have vacancy pressures.
- There is a need to understand how we are performing against identified need. The Trust is piloting "Safe-Care". This is a unique daily staffing software matching nursing staffing levels to patient acuity, in real time, allowing informed decision making on staffing levels.
- CGCSC identified the report included everything needed in the data but wasn't highlighting key points in the narrative.
- Visibility of key messages from staff working on the frontline is required, as heard in the Board story at the meeting today.
- There is to be a refocus of the safer staffing group, not just to the numbers but the impact of the numbers in front of them.

**It was RESOLVED to NOTE the report and the assurance taken by the Clinical Governance & Clinical Safety Committee. In the future reports will cover lived experience of staff.**

### **TB/21/41/c Guardian of safe working hours annual report on safe working hours: doctors in training (agenda item 10.3) (taken at 12:30pm)**

Dr Richard Marriot (RM), the Guardian of safe working hours, highlighted the following points:

- The numbers of exception reports have stayed low.
- There has been an impact on the rota's from the pandemic.
- Gaps have been covered well in light of the challenge.
- RM and Professor Curran continue to meet trainees and receive feedback on work pressures.
- Trainees are happy with the rota's, hours and education delivered through MS Teams.

AGD reflected on the triangulation of the staff survey results and how the Trust ensures we are gaining the right information.

RM reported new induction trainees are encouraged to speak up about any concerns. The junior doctors' forum and discussions at other meetings appear to be providing a good level of feedback.

ST thanked RM for his work and being the independent person trainee doctors can go to. ST assured the Board that she is confident feedback is coming through and any concerns raised by trainee doctors are being addressed.

AM suggested a future Board story from a trainee Doctor.

**Action: Andy Lister**

**IT was RESOLVED to RECEIVE the Guardian of Safe Working Hours' annual report on safe working hours: doctor in training and CONFIRM their assurance that the Trust has met its statutory duties.**

### **TB/21/41d Serious incidents report Q3 (agenda item 10.4)**

TB noted the report has been reviewed by CGCSC. The Committee considered:

- the low number of no-harm incidents in Kirklees
- Incidents in CAMHS
- Trends around green incidents

TB noted the full report needed to be circulated.

**Action: Andy Lister**

RW asked about triangulation with the safer staffing report and this report and is there a correlation.

TB noted one aspect was acuity and if this was impacting on people having the time to record incidents, and the second is the changes made in Datix (incident management system) around recording of green incidents. There is now an enhanced risk scoring matrix available. This asks people to look at the risk and the consequence and not just the severity. The correlation between incidents and staffing is being explored.

CD updated from CGCSC that the triangulation of the information is important, and this had been highlighted during quality monitoring visits.

**It was RESOLVED to NOTE the comments of the Clinical Governance and Clinical Safety Committee on the quarterly report.**

### **TB/21/42 Strategies and Policies (agenda item 11)**

#### **TB/21/42a Workforce Strategy (agenda item 11.1)**

AGD introduced the item and highlighted the following points:

- The Strategy has been part of a large engagement process which started in 2019.
- Staff messages are key to this document.
- The Strategy needs to be responsive; the pandemic has shown that and needs to be a live document.
- The Equality Impact Assessment (EIA) will use the workforce equality report.
- We will be updating the measures and process as we go through the reset phase of the pandemic.

SYo noted the strategy has been through Workforce and Remuneration Committee (WRC) and discussion held about it being a good working live digital document.

CJ likes the way it's presented, and it reflects the feedback staff have given. Metrics are about survey results, should we have some aligned to quality improvement for service users. "More staff" is also about having the "right staff". "Zero approach to vacancies" could be a difficult message to uphold.

MF noted in the Trust objectives there is "healthy resilient and safe" workforce and this needs to flow through the strategy. In the staff survey there is reference to immediate managers, and should there be more focus on them in the strategy?

RW noted the strategy is a good piece of work and connects to the national strategy. RW welcomes the focus on measures of progress which need to be consistent and timely. The Board need to look at what are the highest priority issues we want to measure and how does this link to the numbers we have to provide for the workforce plan?

AGD noted acceptance of vacancies has become tolerated. If we can't recruit into positions, we need to look at the alternatives. The 'great place to work' programme is all about immediate managers. We are looking to put every immediate manager (500 staff) through a training programme in the next eighteen months.

The strategic workforce plans show the details of what we want to do and how we model this. Ultimately, we want a more flexible workforce with four dimensions, our substantive staff to work more flexibly, a more flexible workforce, smaller but more active bank and agency workforce.

AGD noted if the Trust wants to be outstanding, outstanding trusts excel in staff engagement, team working, immediate managers and health and wellbeing. This is our ambition. Our results from the staff survey are not far from outstanding trusts, we need to raise some profiles of our work and offers to make sure staff know what is available.

AM asked if the Board were happy to approve the strategy and can this be done without an EIA?

AGD noted it will be a comprehensive EIA and ready for WRC on 18<sup>th</sup> May 2021. RW asked that the final targets for the workforce strategy are tested against the EIA to make sure that any issues that arise are addressed in the actions that we are taking.

**Action: Alan Davis**

The Board approved the strategy in principle, the WRC should receive the EIA in May and then come back to Board for sign off.

**It was RESOLVED to APPROVE the Workforce Strategy 2021–2024 in principle subject to the comments made and its development into a digital format.**

**TB/21/43 Governance Matters (agenda item 12)**

**TB/21/43a Draft Annual Governance Statement (agenda item 12.1)**

MB highlighted:

- The statement has been through EMT, Audit Committee and RW for comments.
- The finished article needs to be ready for the May Board.
- Any comments to AL by the end of Thursday.



It was **RESOLVED** to **REVIEW** the draft Annual Governance Statement and **COMMENT** accordingly as requested.

### **TB/21/43b Going concern report for annual accounts (agenda item 12.2)**

MB highlighted the following points:

- The requirements have been simplified
- The evidence required is limited this year

CJ queried if the change in status of CCGs affects our going concern declaration?

MB reported that these changes are not effective until April 2022, so not for the forthcoming year. He also expects existing contractual arrangements to transfer into a different commissioning body and as the funding comes from public finances, he does not believe this will impact on the going concern statement the Trust is required to make

It was **RESOLVED** to **APPROVE** the preparation of the 2020/21 annual accounts and financial statements on a going concern basis by adopting the following statement:

*‘After making enquires, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury’s Financial Reporting Manual.’*

### **TB/21/43c Committee Membership Changes (agenda item 12.3)**

AM introduced the item and highlighted the following points:

- This report sets out the forthcoming committee membership changes that are to take place in May 2021 and August 2021, in advance of the Audit Committee report.
- Charlotte Dyson leaves the Board at the end of April 2021 and Natalie McMillan joins on 1<sup>st</sup> May 2021.
- TB is stepping down later in the year.
- SYo will not be seeking re-appointment at the end of July 2021.
- The paper recommends changes to Committee memberships at two stages, May 2021, and August 2021.
- From 1<sup>st</sup> May 2021 it is proposed that:
  - Natalie McMillan (NM) will assume chair of CGCSC, become a member of WRC and attend Finance, Investment and Performance (FIP) Committee as a supernumerary Non-executive director.
  - CH will replace SY as a member of the MHA Committee.
  - SY will assume lead director status for EIC.
- When SYo steps down at the end of July, it is proposed her replacement will become Chair of WRC and become a member of the Audit and MHA Committees. At this point NM will become a full member of FIP.
- AM noted a question had been raised around the new Director of Nursing and the heavy committee burden they would take on from TB.

It was **RESOLVED** for Trust Board to **RECEIVE** the attached proposals from the Chair as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through committees meeting the requirements of their Terms of Reference and **APPROVE** the proposed changes to the Membership for the:

- **Audit Committee;**

- **Mental Health Act Committee;**
- **Clinical Governance and Clinical Safety Committee;**
- **Workforce and Remuneration Committee;**
- **Equality and Inclusion Committee;**
- **Finance, Investment & Performance Committee.**

**TB /21/43d Audit Committee Annual report 2020/21 including updated terms of reference for Trust Board Committees (agenda item 12.4)**

MB introduced the item and highlighted the following points:

- All committees have conducted a thoughtful and thorough review of their effectiveness

MF reported he is impressed with everything the Committees have done in light of the year that has taken place. Evaluation surveys did not receive a full return, but all matters have been discussed at relevant Committees.

TB noted it is proposed that in future the EIC will have “involvement” in the title, so it will become the Equality, Inclusion, and Involvement Committee.

**It was RESOLVED to RECEIVE the annual report from the Audit Committee as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through:**

- **committees meeting the requirements of their Terms of Reference;**
- **committee work programmes are aligned to the risks and objectives of the organisation within the scope of their remit; and**
- **committees can demonstrate added value to the organisation.**
- **APPROVE the update to the Terms of Reference for the:**
  - **Audit Committee;**
  - **Mental Health Act Committee;**
  - **Clinical Governance and Clinical Safety Committee;**
  - **Workforce and Remuneration Committee;**
  - **Equality and Inclusion Committee;**
  - **Finance, Investment & Performance Committee**

**It was RESOLVED to APPROVE the change of title to Equality, Inclusion and Involvement Committee.**

**TB/21/43e Compliance with NHS provider licence conditions and code of governance self-certifications (agenda item 12.5)**

MB introduced the item:

- MB reported this is a key component of the AGS and although it no longer needs to be submitted to the regulator it does need to be placed on the Trust website.
- This year the impact of the pandemic has been taken into account.

**It was RESOLVED to NOTE the outcome of the self-assessments against the Trust’s compliance with the terms of its Licence and with Monitor’s Code of Governance and CONFIRM that it is able to make the required self-certifications in relation to compliance with the conditions of its Licence.**

**TB/21/43f Data Security and Protection Toolkit (DSPT) (agenda item 12.6)**

MB introduced the item:

- This is an annual process.
- Appropriate controls and assurances are in place around data protection.
- The audit has been completed by the Trust internal auditor.
- This the first substantial assurance audit since MB has been with the Trust and asks the Board to recognise the work undertaken.

RW added his thanks and asked if it affected our risk in relation to cyber security. MB agreed to review the risk and take this into account.

**Action: Mark Brooks**

**It was RESOLVED to APPROVE the Trust submits the final assessment of the DSPT of “standards exceeded”.**

**TB/21/44 Assurance and receipt of minutes from Trust Board Committees (agenda item 13)**

AM asked the Non-executive director chair of each Committee to provide an update:

Audit Committee (minutes 26<sup>th</sup> February 2021)

MF highlighted the following points:

- Overall the draft annual Head of Internal Audit Opinion is showing significant assurance.
- Data quality for commissioner reporting audit has received limited assurance, and this is being reviewed.

Clinical Governance Clinical Safety Committee (minutes 9<sup>th</sup> February 2021)

CD had nothing further to add from today's discussions.

Finance, Investment and Performance Committee (minutes 25<sup>th</sup> January 2021)

CJ highlighted:

- Received the final finance report for 2020/21.
- Received the national community services benchmarking data, some work to be conducted by the internal benchmarking group.
- A paper on provisional mental health investment standard and recovery funding.
- A performance report on perinatal services.
- The above performance report was used as template as to how to receive performance reports in the Committee in the future.
- Adult Secure Lead Provider update.

West Yorkshire Mental Health Services Collaborative Committees in Common (minutes from January 2021)

CJ highlighted:

- Agreed the Memorandum of Understanding.
- Discussion around learning disability challenges and service improvements.
- Detailed update on ATU transformation plan.
- A presentation on the mental health and wellbeing hub for NHS staff experiencing issues after Covid-19.
- Discussion in relation to investment in core team structure.

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

**TB/21/45 Trust Board work programme (agenda item 14)**

AM noted this is accepted in draft and a small working group has been extended to May 2021. Future iterations to include strategic board meetings.

**Trust Board RESOLVED to RECEIVE the draft work programme.**

**TB/21/46 Date of next meeting (agenda item 15)**

The next Trust Board meeting held in public will be held on 29 June 2021.

**TB/21/47 Questions from the public (agenda item 16)**

No questions were received.

Signed: 

**Date: 29 June 2021**