

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

Present:	Angela Monaghan (AM)	Chair
	Chris Jones (CJ)	Deputy Chair / Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Sam Young (SYo)	Non-Executive Director
	Mark Brooks (MB)	Interim Chief Executive
	Tim Breedon (TB)	Director of Nursing and Quality / Deputy Chief Executive
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Dr.Subha Thiyagesh (ST)	Medical Director
Apologies:	Natalie McMillan	Non-Executive Director
	Kate Quail	Non-Executive Director
In attendance:	Carol Harris (CH)	Director of Operations
	Lindsay Jensen (LJ)	Deputy Director of Human Resources and Organisational Development
	Lisa Kelly (LK)	Mental Health Liaison Team Practitioner
	Sean Rayner (SR)	Director of Provider Development
	Darryl Thompson (DT)	Deputy Director of Nursing and Quality
	Julie Williams (JW)	Assistant Director of Corporate Governance, Performance and Risk
	Salma Yasmeen (SY)	Director of Strategy
	Andy Lister (AL)	Company Secretary (author)
Observers:	Robert Storr	360 Assurance
	John Laville	Public Governor - Kirklees (Lead Governor)
	Tony Wilkinson	Public Governor - Calderdale

TB/21/64 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies were noted, 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 introduced attendees Lindsay Jensen, Darryl Thompson, Julie Williams and Robert Storr from 360 Assurance, the Trust's internal auditor, who was attending to observe the public Board meeting.

Apologies were received from Natalie McMillan, Kate Quail and Chiara DeBiase, the Insight Programme candidate.

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/21/65 Declarations of interest (agenda item 2)

Name	Declaration
Chair	
Monaghan Angela Chair	Spouse is Associate Consultant with Project Rome. Consultancy projects may include NHS clients.
Non-Executive Directors	
Natalie McMillan Non-Executive Director (appointed 1 May 2021)	Director/owner of McMillan and Associates Ltd Chair of Kyra Women's Project, York

It was RESOLVED to NOTE the changes to the declarations of interest.

TB/21/66 Minutes from previous Trust Board meeting held 29 June 2021 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 29 June 2021 as a true and accurate record.

TB/21/67 Matters arising from previous Trust Board meeting held 29 June 2021 (agenda item 4)

TB/21/52 – This action relates to last month's Board story and mandatory training. AGD reported there is a detailed process for agreeing mandatory training through specialist advisors. AGD explained the governance process and that it concluded with sign off through the Extended Management Team (EMT). To close.

TB/21/55 – The Friends and Family test review. TB reported an update has been included in this month's Integrated Performance Report (IPR). Noted and to close.

TB/21/55 – TB reported the Clinical Governance and Clinical Safety committee will monitor the transition to the FIRM risk assessment and this is included on the Committee agenda setting schedule. Noted and to close.

TB/21/55 – Non-Executive Director (NED) involvement in reset and recovery work. AM noted a discussion with the Non-executive directors (NEDs) still needs to take place. Action to remain open.

TB/21/58b – Serious incidents annual report, MF agreed to have an introductory meeting with Darryl Thompson and follow up outside of the Board meeting. To close.

TB/21/39a – The new Trust Board workplan is in progress. To remain open.

TB/21/25a – The green plan Equality Impact Assessment is complete and is coming to Board in August. To Close.

TB/21/27 – Psychology Commissioning, Sean Rayner (SR) updated this item will be on the Mental Health, Learning Disability and Autism programme board agenda in August and SR will update September Board.

TB/20/74 – The publishing of Public Board meeting recordings on the Trust website. Andy Lister (AL) reported a national consultation on the recording of meetings through the company secretary network has taken place. The current practice of informing all parties the Board meeting is being recorded to support the minutes and is to be deleted once the minutes are approved is recommended to continue at this time. This approach was agreed. To close.

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

TB/21/68 Service User/Staff Member/Carer story (agenda item 5)

AM introduced Lisa Kelly, a Mental Health Liaison Team clinical lead nurse in Calderdale.

Lisa introduced the MARSIPAN (Management of Really Sick Patients with Anorexia Nervosa) pathway which is for patients with very serious anorexia nervosa. The pathway involves the Mental Health Liaison team, the medical ward at Huddersfield Royal Infirmary (servicing both Kirklees and Calderdale), and the Eating Disorders Unit in Leeds. These services came together following a review of a number of patient deaths that were considered to have been preventable.

The pathway identifies a number of standards and interventions designed to keep patients safe, to educate clinical medical staff, and get patients access to the correct psychological support.

Lisa used the example of Penny (name changed) who is a 42-year-old woman with anorexia. Penny had never engaged with mental health services previously, but following the isolation experienced during Covid-19 Penny became very ill. This was identified by her GP during a routine check-up.

Penny's Body Mass Index (BMI) was 11. A BMI under 13 requires a patient to be on a medical ward. Penny refused admission to the medical ward and tried to take her own life, but was found by her family, treated, and referred to the MARSIPAN pathway.

On admission, Penny was fed through a tube in her nose, under the best interest criteria of the Mental Health Act. This was emotionally draining for Penny, her family and the staff involved in her care.

Penny improved well through the treatment and necessary interventions, and engaged with psychological support. She has now gone to the specialist Eating Disorder Unit in Leeds. She remains in treatment today and has written a card to Lisa and her Psychiatrist, Dr Rasha:

“You have both played a vital role in transforming my tsunami wave of illness and despair into a tsunami wave of recovery and hope. I am deeply grateful for your professional care, skill and compassion. You both definitely went above and beyond for me. During my stay in hospital poetry has been hugely healing for me and I came across a poem on gratitude which I have written out for you. Heartfelt thanks and warmest wishes.”

Lisa explained the poem was about gratitude and explained the context as “if you accept help when you need it, you get a better sense of self”.

Carol Harris (CH) thanked Lisa for her story and asked her to tell Board about how the team works with acute trusts and any pressures that arise.

Lisa explained the pandemic had brought pressure as had the lack of available beds. Patients on the MARSIPAN pathway need a medical admission. If there is no bed available on the gastronomic ward (where the pathway is familiar to staff) it can be hard to implement on wards where staff aren't aware of the pathway. Staff throughout Huddersfield Royal Infirmary are now being trained so that they are aware of what is required for patients on the MARSIPAN pathway.

Ongoing training is available to the medical ward and weekly reviews are taking place. Pathway meetings take place and recent patients are discussed and areas of good practice and learning are identified. Contingency planning also takes place in case patients require admission again.

Patients on this pathway are normally very unwell with acute behaviours, and compliance with treatment is low. The psychological impact on staff on the medical ward is a key priority and staff are provided support through clinical supervision and additional support, as required.

ST questioned if there is increasing demand for adult eating disorder patients, noting a considerable increase in the referrals for children and young people.

Lisa reported adult referrals have increased by 80% in last two years and the degree of illness has increased. The number of adults requiring medical admission has quadrupled in the last ten years.

Lisa stated the MARSIPAN pathway has produced clear lines of communication between the Liaison Psychiatry team, the medical ward and the Eating Disorder Unit, and this has been a significant improvement.

MB stated the story clearly illustrated the team's dedication to help others, demonstrating the Trust's values in their work. MB noted the impact of the pathway on staff along with rising demand and asked if the Board can do more to support the staff and the team.

Lisa reported one of the desired goals is to provide one-to-one mental health support for patients during their admission to medical wards but there is some way to go before this can be achieved.

AM thanked Lisa for her story and the work conducted by Lisa and her team and asked to pass on the Board's thanks to Penny for allowing her story to be told today.

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

TB/21/69 Chair's remarks (agenda item 6)

AM made the following comments:

- Tim Breedon (TB) and Sam Young (SYo) are attending their last Board meeting today.
- SYo is leaving after three years as a Non-Executive Director (NED), and has brought a large amount of energy, drive for improvement and skills for transformational change, particularly in relation to digital aspects of Trust work. Sam has brought a rich perspective and often diverse opinion to Board discussions which has been extremely valuable. AM thanked SYo for her contribution to the Trust.
- TB joined the Trust in 2006, became Director of Nursing and Quality in 2013, and more recently has been the Deputy Chief Executive. He has made an enormous contribution to the Trust and has been instrumental in leading the change from the CQC rating of 'Requires improvement' to 'Good'.

- TB is highly regarded throughout the Trust, and across the region, for his improvement work. He has led with calmness and compassion throughout the pandemic and has held safety at the forefront of everything the Trust has done. He is always supportive of new nurses and developing new staff, and is a great leader and role model. AM thanked TB on behalf of the Board for all that he has done.

It was resolved to NOTE the Chair's remarks.

TB/21/70 Chief Executive's report (agenda item 7)

Chief Executive's report

MB highlighted changes that have occurred since the report was written on 19th July:

- MB noted that, in his first month as interim Chief Executive, the key focus has been the increase in prevalence of Covid-19, and the increase in demand across the Trust and other health settings.
- System pressures are coming to the fore, and as a result most organisations and systems have reintroduced their command structures, including the Trust.
- Staff absence has increased due to themselves or family members being symptomatic and test and trace procedures.
- The Health and Care Bill has had its second reading at parliament and should feature in a future Board agenda.

Action: Andy Lister

- The Trust is part of an anti – racism campaign and has responded to the recent events at the European football championship final.
- A recent report has highlighted the impact of Covid-19 on people with a learning disability. This has drawn the Trust's focus to the heightened risks of the pandemic to those with learning disabilities.
- MB reported TB and SYo would be very much missed by the Board and thanked them for their contributions to the Trust over the years.
- MB noted there is consultation taking place around mental health standards which the Trust will be invited to engage with.
- A further consultation is in progress around the requirements of NHS staff visiting care homes and the need for them to be double vaccinated.
- Further guidance has been received around the new hospitals programme, and mental health trusts are being encouraged to apply for available monies.

AM noted there had been public protests over the weekend and comments made may have been distressing to health and social care staff. AM reported she strongly supports all staff in everything they are doing and wholeheartedly rejects and condemns comments made at the weekend.

A discussion followed about staff feelings to changes in the Board and leadership, and if this has had any impact on morale.

It was noted the retirement of TB and Alan Davis (AGD) had been planned for some time. On reappointment AM had asked for a review after one year and as such appropriate succession planning has taken place.

MB reported he is looking to visit as many services as possible in the forthcoming weeks to offer an executive presence and reassurance about the stability of the organisation. In future weeks and months work will take place to assess any impact on staff morale so the Trust can respond accordingly. Some issues have already been identified in individual teams and these are being addressed.

AGD reported the Trust has a number of insight events planned taking a 360 degree view of recent changes. There is a weekly meeting with staff side. Cherill Watterston, the Workforce Race Equality Standard Organisational Development (WRES OD) lead, is speaking to services as is Estelle Myers the lead Freedom to Speak Up Guardian.

AGD noted the strength of the Executive team and Board and reported the Trust values remain unchanged.

EM made reference to the Health and Care Bill and the need for future scrutiny by the Board and asked if the Covid enquiry and the review of the Mental Capacity Act (MCA) and Mental Health Act (MHA) need to be addressed at Board level.

MB reported a governance process is already in place for the Covid enquiry, and the consultation around the MCA and MHA will go to the MHA Committee first for scrutiny and will then be presented to Board if required.

AM thanked MB for his report.

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

TB/21/71 Risk and Assurance (agenda item 8)

TB/21/71a Board Assurance Framework (BAF) strategic risks (agenda item 8.1)

Julie Williams (JW) highlighted the following updates:

- A significant review of controls, assurances and target dates for actions took place in April 2021
- The Executive Management Team discussed the BAF in July to consider the impact of any changes in circumstances and the impact of these on any Trust strategic risks.
- EMT concluded that assurance levels had been maintained throughout the pandemic. The Trust has demonstrated strong mitigation against its risks as demonstrated in controls and assurances.
- EMT have considered the scoring of the strategic risks and no changes in assurance have been recommended at this time.

Chris Jones (CJ) reflected on papers presented at the Finance Investment and Performance (FIP) Committee and the demand paper that features later on the agenda and queried what circumstances would cause Risk 2.3 (Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care) to move to red.

CH reported the Trust is generally managing demand, but it is putting pressure on services and there is significant pressure on staffing.

JW reported an intelligence tool has been developed to look at demand across each of our services and places, and will be critical in assessing demand and whether we are moving from amber to red. Reports regularly go into the Operational Management Group, and there is a working group now in place around waiting lists.

Weekly reports are going into Business Development Units (BDUs) who all have access to data showing their performance against key indicators. JW reported there is still work to do, but the foundations are being put in place to build on this work.

MB noted these are strategic risks, and different services are experiencing different demands, which may not affect all services in the same way. The Board needs to consider what specifically would need to happen for the assurance level to change to red.

Action: Julie Williams

Mike Ford (MF) noted risk 1.4 (Services are not accessible to, nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy). MF reported the gaps in assurance look fairly small, and asked could this move from amber to yellow? Does the Board need to reflect on the changes in leadership in relation to risk 4.2 (Failure to deliver compassionate and diverse leadership and a values-based inclusive culture meaning not everyone in the Trust is able to contribute effectively)?

Action: Julie Williams

MB noted MF's comments on risk 1.4 and stated the Board needs to understand what is within the scope of our control and what requires greater system change. It is at the forefront of the Trust agenda, but we need to work closely with commissioner colleagues, stakeholders and across our integrated care systems (ICSs) and consider what we can influence externally.

Salma Yasmeeen (SY) reported each of our places and partners, including both ICSs, is aware of the pressures and demands across the system. Discussions are taking place about joined up responses.

The weekly West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) briefing now includes system pressures and any mutual aid requirements.

Internally, we have the Operational Pressures Escalation Level (OPEL) and the framework we have developed, which will be a good indicator for areas of significant demand that need greater focus through our command structure.

CH referenced risk 2.3 and reported it does not just relate to an increase in demand but also the impact on the quality of care. Current indicators show we are maintaining the quality of care. The measures SY has talked about can be used to monitor this. When considering the move from amber to red, the move should happen when the quality of care is significantly impacted by demand.

JW reported each BDU reports against the OPEL level framework on a weekly basis in Operational Management Group (OMG). Should OPEL levels be seen to be increasing by OMG this could then be escalated to EMT to be considered for escalation to Board.

TB felt that some of the answers to accessibility in Risk 1.4 lie in the Equality and Inclusion action plan that is being monitored by the Equality, Inclusion and Involvement Committee. If some key metrics can be identified within the action plan, progress can be reviewed, and used to determine whether sufficient progress has been made to move from amber to yellow.

CJ noted a presentation that went to FIP committee yesterday from Child and Adolescent Mental Health Services (CAMHS). CJ did not feel it was common practice yet to review access data by protected characteristics. When this becomes common practice, the Trust will make progress on understanding accessibility to services from different groups.

Subha Thiyagesh (ST) reported in addition to TB's comments on risk 1.4 there are work streams in progress through the ICSs regarding accessibility to services. She added that public health teams are looking at the gaps in services. Some services are increasingly provided on a regional basis and so the Trust does not always have an immediate influence as a result.

It was RESOLVED to APPROVE the updates to the Board Assurance Framework and NOTE the discussions and actions raised for 1.4 and 2.3 and review 4.2 in relation to the leadership changes.

TB/21/71b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)

JW highlighted:

- This is the report for Q1 2021/22
- There are two new risks in relation to speech and language therapy and access to single storey roofs
- Risk 1076 (cash risk) is recommended for closure.

AM asked Board members to note the Trust risk appetite statement is being reviewed in September.

AGD reported the Workforce and Remuneration Committee (WRC) has been reviewing its risks and looking at how they can be consolidated. The updated risks will be presented to the next business and risk Board meeting. This has been approved by EMT.

SYo reported the risks have been reviewed to make them more relevant to the current climate. These will need to be reviewed closely at the next risk Board meeting.

Action: Trust Board

A discussion followed in relation to the new risk concerning access to roofs of single-storey buildings.

CH reported the risk has been escalated to the ORR due to the large blanket restriction across the Trust. The Care Quality Commission (CQC) perspective is that we are removing patient choice.

Patients cannot access garden areas or leave the ward without consulting a member of staff and it is dependent on their risk assessment whether they will be allowed out without staff supervision.

A number of different options are being considered to resolve the problem and a definitive timescale for resolution is being developed.

EM referenced risk 1530 – Covid-19 leads to a significant increase in demand. EM stated the Trust needed to be mindful of “Covid-19 demand” becoming “normal demand” and queried how this could be monitored.

CH reported the learning from Covid-19 is still ongoing. A tool has been developed to look at demand increases on mental health services over time. A request has been made for this to be compared against actual activity to understand how we are responding to that demand.

CH referenced the service demand paper later in today’s agenda. CH explained work is ongoing in places looking at how to deliver services differently to address the demand. Conversations with commissioners are taking place to try and tackle these issues.

JW noted in future, where risks are escalated to the ORR, the rationale for escalation will be included in the risk report.

Action: Julie Williams

AM referenced risk 1368 – demand and capacity for CAMHS beds. Commissioners have agreed to additional resources to support young people in the secure estate who are waiting for a bed. Is the problem a lack of resources or is the problem something different, and will the increased resource reduce the risk?

CH reported additional resources had been agreed in the Young Offenders’ Institute (YOI). It has not always been a good experience for the service users. Our care team are doing everything they can, but the position is not ideal.

TB stated resources can create capacity but providing the capacity from a workforce perspective can be difficult as there are national shortages. The current position has been escalated to NHS England through our Trust, Leeds Community Healthcare Trust and the governor of Wetherby Young Offenders' Institution because the waiting time for beds is unacceptable.

A discussion followed about the level of movement of risk ratings in the ORR over the last 15 months, and if the Board is comfortable with the level of movement.

MB explained the ORR is regularly reviewed by EMT, Board and board committees and as such is considered a good reflection of our current position. Committee chairs could assist the wider Board by providing a recount of recent discussions at committees and whether the Trust has responded quickly enough to actions identified. Committee chairs can be asked to report back on the level of movement in their committee allocated risks for the next risk Board meeting, to be included in the ORR executive summary.

Action: Julie Williams

SYo reflected on "aged vacancies" where there has been a vacancy for a long time. Long term vacancies in individual roles need looking at in WRC and the associated risks then need escalating into the Board report.

Action: Workforce and Remuneration Committee

AGD noted this links into the workforce strategy and the zero approach to clinical vacancies. Some vacancies are long-term, and we need to consider alternatives. Some of the work will be to consider new roles and new models of care. We need to increase supply and look at new roles which can add to the therapeutic environment.

It was RESOLVED to NOTE the key risks and ratings for the organisation and comments made by the Board, to AGREE to the removal of risk 1076, regarding cash resources, from the organisational risk register, and add Committee Chairs' comments about allocated risks to the cover paper at the next Board meeting.

TB/21/72 Business developments and collaborative partnership working (agenda item 9)

TB/21/72a Integrated Care System developments – white paper update (agenda item 9.1)

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

- The Health and Care Bill is expected to be at Committee stage by September and there are expected to be a number of changes and amendments before then.
- The Trust has been working closely with both ICSs in all of our places, looking at partnership arrangements and what is required in the future.
- Our involvement in places is important and will be critical in the Trust having a voice through the system at place level and system level.

AM noted further discussion on this paper and the Bill will take place as it progresses through parliament, considering its impact on the Trust and the Trust's role within systems. An earlier action had been raised to this effect.

It was RESOLVED to NOTE the update on national policy/legislative update and the update on local ICS response to the white paper.

TB/21/72b South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.2)

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

- The prevalence of Covid-19 demand particularly in acute hospitals is an area of focus.

- Further to the decision that Bassetlaw will no longer be part of this ICS, any implications for the Trust will need to be considered by the Board separately. **Action: Andy Lister**
- Most aspects of the development of the ICS are in the design stage currently and progress is expected to increase after the summer.

A query was raised in relation to the QUIT programme, what it means for our staff in Barnsley and if this impacts Trust community staff.

ST reported the QUIT programme is focussed on inpatient admissions and service users in Barnsley, so the work takes place through the South Yorkshire ICS, but the focus is hospital care. The wider aspects of smoking cessation are dealt with in the community.

EM queried the children and young people transformation programme and noted the impact of this could be influential in relation to inequalities. EM noted how different places may have different issues in relation to inequality, and asked how the Trust is ensuring we are raising these correctly?

SY reported the Trust has representation in each place through an alliance specifically for children and young people. Issues identified by place in relation to inequalities will be addressed looking specifically at that place.

It was RESOLVED to NOTE the SYB ICS update and boundary changes and NOTE the MHLDA Alliance and Barnsley Integrated Partnership programme update.

TB/21/72c 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:

- Work on monitoring the ten big ambitions is ongoing. EMT are reviewing the document to assess what areas the Trust is directly contributing to and how it can be shown through the Integrated Performance Report.
- There is an ICS anti-racism campaign, and the Trust is a strong partner in this work.
- We continue to work with partners regarding the Covid-19 response.

SR highlighted section 6:

- The West Yorkshire Adult Secure Lead Provider Collaborative earliest go live date is now 1st October 2021. The final financial offer is still to be received from NHS England (NHSE).
- The Leeds and York Partnership Trust is to develop a West Yorkshire central commissioning hub. Until this is developed, contingencies have been put in place to make sure the adult secure collaborative has sufficient capacity in key areas, particularly in quality monitoring
- A risk has emerged in the short term with the resignation of Dr Berry as clinical lead. Interim arrangements and urgent actions are being taken forward to address this.
- Sarah Ives is the current head of commissioning but won't continue in that role past September. This role will be part of the West Yorkshire Commissioning hub and a replacement is being sought.

AM raised the ongoing discussions around the commissioning hub, noting there are different approaches across the country. The Board needs to have greater understanding of what the new arrangements will look like and what it means for the Trust, and the Trust's role in the West Yorkshire commission hub, particularly as a lead provider.

Action: Sean Rayner

AM thanked SR for a comprehensive update, and noted this would be part of discussions at the Strategic Board in August, looking at our focus in each place.

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 West Yorkshire Commissioning Hub.

TB/21/72c 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/21/73 Performance reports (agenda item 10)

TB/21/73a Integrated performance report (IPR) month 11 2020/21 (agenda item 10.1)

TB highlighted the following points:

Covid-19

- Although there have been changes in guidance for the public, guidance and restrictions remain the same for staff at work in healthcare settings and the difference between home and work has to be managed.
- There is new guidance for staff who have had two vaccinations, which will allow staff to come into work under certain conditions, but they will still need to isolate whilst not at work.
- PPE remains in good supply and asymptomatic staff testing continues with results now going into the national system.
- The Trust command structure has been re-established due to the increase in prevalence of Covid-19 and impact on both the wider system and the Trust.
- Given the pressure in the system the likelihood of future mutual aid options will continue to increase.

Quality

- Two consecutive months of low Friends and Family Test (FFT) results have been recorded. Many responses have been received by text, with a lack of free text and detail. A URL link is now being sent out so that responses include more detail and significant work is taking place.
- Under-18 (U18) admissions on adult wards remains an area of concern.
- Wetherby YO1 is an area under constant review.
- Pressure remains in the Out of Area (OOA) bed position and acuity is high across the system.
- There are staffing pressures due to the high levels of acuity and activity.
- Significant numbers off staff are absent from work as a result of test and trace, and family member isolation. In previous stages of the pandemic our wards weren't as full as they are now, and this is a change adding to the pressure in the Trust.
- The safer staffing group is reviewing metrics and looking at demand and capacity and the impact on quality.
- There has been a noticeable increase in restraint, which may be linked to acuity. This is being checked by the Reducing Restrictive Practice and Interventions (RRPI) team.
- The risk assessment position, relating to Formulation Informed Risk Management (FIRM) only, is being monitored through Clinical Governance Clinical Safety (CGCS) Committee and progress is to be discussed at the next Committee meeting.
- Self-harm and apparent suicide levels continue to be monitored closely.
- Safeguarding remains a key focus and the Trust maintains strong links into local safeguarding panels.
- The CQC action plan has recently been refreshed.

- In summary, performance metrics are holding up well but there is significant demand and high levels of acuity. We need to maintain vigilance on early warning signs through risk panel, OMG and Trust Board. All these processes have served us well during the pandemic and we need to keep a focus now on emerging risks.

NHSI national Indicators

JW reported performance against national targets remains largely positive.

- There were three U18 admissions to adult wards in June which is a deteriorating position.
- OOA beds usage has decreased from May.

Locality

CH highlighted the following points:

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

- Waiting numbers for neurodevelopmental diagnostic assessments remain high, but business cases in Calderdale and Kirklees have been approved to address this.
- High number of referrals for children in crisis and with an eating disorder are placing pressure on waiting times.
- Performance against the 18-week target is good but is under pressure and this may not be maintained if current demand continues.

Barnsley General Community Services

- CH reported the sad death of a colleague, Ruth Donoghue. This has had a significant impact on the leadership team, but service provision has been maintained.
- Different ways of managing demand and services that need face to face and direct care input are being reviewed.
- First contact physiotherapy has commenced in the musculoskeletal service, which is joint work with the primary care network and GP practices.
- Supervision remains a challenge, but the leadership team have action plans in place.

Forensics

- Staffing remains a challenge.
- Absence, both in relation to Covid and Non-Covid absence, remains high.
- The psychology service will be fully staffed by October 2021.

Learning Disabilities (LD)

- Referrals rates are 20-30% higher than in 20/21 and are above pre-pandemic levels.
- Medical cover across LD remains a key concern.
- Consultant positions are hard to recruit into in LD.
- Plans are in place to keep the service safe.

Trust-wide Inpatient Services

- Blanket restrictions for access to gardens and courtyards are in place.
- OOA beds have reduced but this remains challenging.
- Wards are experiencing high levels of acuity.

Mental Health Community Services (all areas)

- The impact of Covid-19 prevalence rates for Improving Access to Psychological Therapies (IAPT) has seen a sustained increase in referrals.
- There has been an increase in referrals to Single Points of Access (SPA), which requires increased staffing.
- In Barnsley, some non-recurrent recovery investment money has been obtained to help manage this demand.

AM expressed sincere condolences to Ruth Donoghue's family, friends, and colleagues on behalf of the Trust Board.

A discussion followed about cardiometabolic assessment and treatment figures.

CH reported work is ongoing with the Performance and Information team to make sure the Trust gets accurate data on internal performance in the context of the overall figures, which are subject to external factors outside of the Trust's control.

A query was raised about OOA beds, and a revised plan that had been put in place pre-Covid-19, and if further review is now required.

CH reported the plan has been further reviewed since the pandemic began, the Trust continues to work with partners across the ICS and she explained some of the current challenges. There is a quarterly partnership meeting with commissioners, a monthly steering group and a daily report that monitors discharges and admissions on each ward to identify hotspots.

CJ queried how quality of care is being maintained considering increased demand, increased acuity and staffing fill rates being down. CJ referenced his earlier query in relation to the BAF on quality of care and asked about the impact on staff welfare.

CH reported staffing levels in inpatient wards are a key concern and work continues to maintain staff safety. Isolation due to track and trace has had an impact. Operations has welcomed the new guidance that if staff receive a negative PCR test, they can return to work, but this must be done safely and appropriately.

CJ raised community staffing and noted it is hard to track the impact of the shortfall in community staff in the IPR and asked if this is affecting the quality of care and queried safer staffing in the community teams.

CH reported agency staff have been brought back into community services to improve waiting times.

TB stated the safer staffing work in community teams was paused during Covid-19. Two pieces of work are ongoing, Safecare in the community and a caseload management tool. An update was provided in the recent six-monthly safer staffing report.

TB reported skill mix changes have to be discussed with the CQC as they have to be within framework the CQC provide. The CQC have made some alterations to Trust proposals. This is being managed through the quarterly CQC engagement meetings.

AGD reported one of the reasons we have brought back silver command is because of the workforce pressures and this is being monitored closely.

MB reported the ICS section is being added to the IPR, as per the request from the Board. We are liaising with each ICS to ensure we can populate this section in a meaningful way.

AM suggested using the triple-A process to escalate ICS items for Board discussion.

Action: Julie Williams

Priority Programmes, Communications, Engagement and Equality

- SY noted that Priority Programmes' highlights have already been covered.
- Communications continue to support work across the Trust in relation to priority programmes, Covid briefings, vaccination programmes in places, and collaborative work on partnership arrangements in places.

- A substantial amount of work is ongoing in relation to equality and engagement and the increased profile of this agenda has increased the workload. A suite of materials is in progress to support the dissemination of our Equality, Involvement, Communication and Membership Strategy. A presentation on our approach went to the ICS and was well received.
- The Equality Impact Assessment process work continues.
- We are in the early stages of embedding the use of data to address inequalities.

AM asked that highlights from the ICS section and Communications, Engagement and Equality sections are included in the executive summary for the IPR.

Action: Julie Williams

Finance

MB highlighted the following points:

- Financial performance is strong, partly due to the current number of staff vacancies.
- There is a current £1.7m surplus year to date, and this is forecast to achieve £2.3m by the end of H1. This increase has been communicated to the West Yorkshire ICS and NHSE/I.
- Our cash position is healthy.
- Capital is currently in line with plan, and capital expenditure on major projects is being reviewed to ensure the programme remains a key priority and can demonstrate value for money.

Workforce

AGD highlighted:

- Turnover figures are red and represent an annualised figure so are not the yearly rates. These need to be closely monitored over the next couple of months.
- Covid-19 absence figures have decreased. Nearly 40% of staff not attending work because of Covid-19 are working from home.

MB responded to finance queries noting income was lower than plan in the first four months due to timing. The majority of mental health investment standard funding will be realised in the second half of the year. The Trust has followed national guidance in relation to the NHS pay award and it is assumed there will be income received to offset the cost.

An action was raised to identify what roles are included in the category “other” in reference to staffing numbers

Action: Julie Williams

CJ queried priority programmes and digital interaction and the four measures included in the IPR.

MB reported the level of digital interaction differs by service and this will be a focus of recovery and reset work.

CJ noted the Trust needs to set some targets and ambitions for digital interaction in addition to benchmarking against national figures.

AM asked that Non-Executive Directors are involved in the reset and recovery discussions.

Action: Salma Yasmeen

ST reported there needs to be an underlying clinical perspective about contact and what is best for the patient. ST uses all mediums to speak to patients, dependant on need, and this has to be balanced against benchmarking and clinical need.

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

TB/21/73b Focus on report – Service Demand (agenda item 10.2)

AM noted that the purpose of the paper is to set the scene for the strategic board in August.

CH asked to take the report as read and emphasised to the Board that an increase in demand is not always easy to count and measure.

SR noted the mitigation section of the report and suggested there are opportunities as part of community mental health transformation that include the voluntary and community sector. We can look at how we can simplify access to services. There are also opportunities with the Trust's involvement in mental health alliances.

MF noted there is no data about length of stay and questioned whether this is important when looking at demand.

CH reported the Trust benchmarks well against length of stay. This is usually measured on discharge and so the data is only recorded when the patient leaves. The length of time a patient has been in a bed locally is monitored regularly to keep this in view.

AM noted demand needed to be viewed in respect of protected characteristics. Demand is not just about high referrals. Low referrals from some aspects of the community can highlight inequalities and this needs to be monitored too. The report references the demand tool developed by Mike Garnham and AM queried if a further update will be coming to the August Board?

CH agreed to check whether a further update on the demand tool would be available for August Board.

Action: Carol Harris

CJ queried if there was any work taking place across the system around bed capacity or is this purely internal?

CH reported the developing estates strategy covers the work required in the Dales (Halifax) and Priestley Unit (Dewsbury). CH reported when inpatient services are referenced in the report, they include older people's services.

MB noted bed numbers may be considered in individual places but did not think they are being considered across the system. This is something the Board may want to consider. MB will determine how best to access this information.

Action: Mark Brooks

It was RESOLVED to NOTE the information and actions set out in the report and NOTE the actions highlighted through discussion for the Strategy Board in August 2021.

TB/21/74 Governance Matters (agenda item 11)

TB/21/74a Motion to Amend the Trust Constitution (agenda item 11.1)

AM reported the item has emerged through discussion that took place in the Nominations Committee on 13th July 2021 regarding recruitment of the Chair. Following those discussions, it was agreed a proposal would come to the Board and then to the Members' Council on 17th August 2021.

The proposal is to extend the "Rest of Yorkshire and the Humber" constituency to the area outlined in the paper. If agreed this would mean that the area from which the recruitment of future Non-Executive Directors and Chairs would be extended to the area as described.

The Trust Constitution was reviewed pre-pandemic and a number of amendments were made. Further amendments were then delayed due to Covid-19. Further work has just started on a review of the Constitution as a whole, as recently reported to the Audit Committee.

If agreed by the Board today the proposal to amend the constituency boundary will go to Members' Council for approval on 17th August following a consultation event with the governors on 9th August 2021, where any comments or questions can be raised.

MF queried the pros, cons and current constraints of the constitution and asked what discussion had taken place at Nominations Committee.

AM reported there had been good, detailed discussion at the Nominations Committee. The current western boundaries meant a candidate living just over the border in Lancashire/Manchester would be ruled out.

AM reported other trusts have a "Rest of England" constituency. A candidate's knowledge of the Trust area will feature strongly in the recruitment process as will their understanding of, and connection to, the region and the communities the Trust serves.

AM reported this is an extension of the Trust's current boundary, not the previous boundary. There may be a difference of opinion on the extension of the boundary, and this can be amended if required.

CJ queried if Cumbria and Durham were close enough to the Trust areas to be relevant. Under the proposed update there is potential for all future Non-Executive Directors to recruited from outside the Trust's current area.

SY expanded on comments from CJ and MF in relation to commitment to local communities, especially from Board members. The Trust would not want a whole board from out of the Trust area and there is a need to consider diversity in this process.

AGD reported the world has changed, people work in our area but live nearby and therefore broadening the boundaries feels more inclusive. Nominations Committee have been very keen to look at the right dimensions of who to recruit and the balance across the Trust board and where we might want to recruit from, in addition to the right skills and values.

SY reported the current policy context is about places, people, the system, and the communities it serves and this needs to be reflected in the Trust Board.

ST stated the Trust needs to achieve the right balance between being inclusive and the area the Trust serves.

AM summarised the discussion and asked for the Board to support to the motion going to the Members' Council for a decision.

MB noted Members' Council need to be informed of today's discussion to help inform their decision.

Action: Andy Lister

It was RESOLVED to APPROVE the motion for the extension of our constitutional boundaries as described above to go the Members' Council for a decision on 17th August 2021.

TB/21/74b Assessment against NHS Constitution (agenda item 11.2)

JW highlighted the change to the NHS Constitution in January 2021:

- From 1 January 2021, the rules had changed regarding UK residents' access to healthcare in the EU, Norway, Iceland, Liechtenstein and Switzerland following the UK's exit from the EU.

AM summarised the paper demonstrates we are meeting the requirements of the NHS Constitution.

MB reported the paper shows how we typically meet the Constitution but also includes the additional work that has taken place during the pandemic.

It was RESOLVED to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the Constitution.

TB/21/74c Committee Membership Changes (agenda item 11.3)

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

- From 11th August James Sabin will be the interim finance director.
- From 2nd August Darryl Thompson will be the new Director of Nursing and Quality.
- Sam Young will leave the Board on 2nd August 2021.
- The new Non-Executive Director will now replace Sam Young on 1st October 2021.

SY noted it had previously been agreed that SR would replace TB on the Charitable Funds Committee not DT as stated in the paper.

Action: Andy Lister

AM noted the Corporate Trustee will cover this change as the Charitable Funds Committee reports into the Corporate Trustee.

AM summarised all committee meetings prior to the new NED taking up office will be quorate, and MF will attend all committees at least once during the year in his role as Audit Committee chair, providing additional attendance. Once the new Non-Executive Director is appointed on 1st October 2021, they will, as chair of the Workforce and Remuneration Committee, become the staff wellbeing lead.

It was RESOLVED to NOTE the proposed change in appointment date for the new Non-Executive Director and APPROVE the proposed changes in Membership for the:

- **Mental Health Act Committee;**
- **Equality, Inclusion and Involvement Committee;**
- **Clinical Governance and Clinical Safety Committee; and**
- **Finance, Investment and Performance Committee**

TB/21/74d Quality Account Update (agenda item 11.4)

TB reported the paper summarised the approval process for the quality account and highlighted that a submission date of August has been approved.

There is no decision-making board in August and so today's paper has come to Board to ask for delegated authority for approval to keep to the previously agreed timescale.

Trust Board RESOLVED to NOTE the update provided in this report and to DELEGATE approval of the final QUALITY ACCOUNT to the Chair and Interim Chief Executive.

TB/21/75 Assurance and receipt of minutes from Trust Board Committees (agenda item 12)

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

Audit Committee 13th July 2021 (minutes from 13th April and 18th June 2021)

MF highlighted the following:

- As part of an internal audit report on payroll there was a limited assurance finding on one specific area of anti-fraud control. The recommendations have already been completed and all other aspects received significant assurance.
- The post implementation review of the Shared Business Services system has taken place and the implementation has been very positive with very few recommendations.

Finance, Investment and Performance Committee 26th July 2021 (minutes from 22nd March and 23rd April)

CJ highlighted the following points:

- The Committee is confident the Trust is on target for the financial target for the first half of the financial year (H1).
- Committee risk ratings remained the same.
- Considered the ongoing work on developing new finance arrangements around the ICS.
- Early sight of the new System Oversight Framework and clarity around how the new measures will relate to the trust.
- Received a detailed report on CAMHS pressures, the expectation is our referral to treatment target of eighteen weeks is expected to deteriorate in current circumstances.
- There is a current 8% vacancy factor that is putting pressure in the system.
- The Adult Secure Lead Provider was discussed, on which SR has provided a separate update to the Board.

Workforce and Remuneration Committee 20th July 2021 (minutes 16th March, 28th May, 29th June 2021)

- A discussion took place around Committee allocated risks and consolidation as reported earlier today.
- The Freedom to speak up guardian report was received. This used to report into CGCSC.
- SYo asked for all Board members to be overtly supportive of the freedom to speak up guardians and should complete the training.
- Vaccinations were discussed.
- The workforce strategy was discussed, SYo highlighted the WRC is looking to strengthen its role around culture and driving the great place to work agenda.
- Assurance received around the new Trust position and understanding of the new settlement process from the NHS and also around the Flowers case, regarding overtime payments and holidays position.

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

TB/21/76 Trust Board work programme (agenda item 14)

AM confirmed the Trust Board work programme is in draft form and the format is being worked on currently.

Trust Board RESOLVED to RECEIVE the draft work programme.

TB/21/77 Date of next meeting (agenda item 15)

The next public Trust Board meeting will be held on 28 September 2021.

TB/21/78 Questions from the public (agenda item 16)

No questions were received from the public.

Signed: 

Date: 28 September 2021