

Minutes of the Trust Board meeting held on 28 September 2021
Microsoft Teams Meeting

Present:	Angela Monaghan (AM) Mike Ford (MF) Chris Jones (CJ) Erfana Mahmood (EM) Natalie McMillan Kate Quail (KQ) Mark Brooks (MB) Lindsay Jensen (LJ) (in attendance for Alan Davis) James Sabin (JS) Dr.Subha Thiyagesh (ST) Darryl Thompson (DT)	Chair Non-Executive Director Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Interim Chief Executive Interim Director of Human Resources and OD Interim Director of Finance and Resources Medical Director Director of Nursing and Quality
Apologies:	<u>Members</u> Alan Davis (AGD) <u>Attendees</u> Carol Harris (CH)	Director of HR, OD and Estates Director of Operations
In attendance:	Chris Lennox (in attendance for Carol Harris) Nina Preston (item 5 only) Sean Rayner (SR) Salma Yasmeen (SY) Andy Lister (AL)	Deputy Director of Operations Principle Clinical Psychologist Director of Provider Development Director of Strategy Head of Corporate Governance (Company Secretary) (author)
Observers:	Insight Candidate 2 x public governors	

TB/21/79 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies were noted as above, and the meeting was deemed to be quorate and could proceed.

AM outlined the Microsoft Teams meeting protocols and etiquette and identified this was a performance and monitoring meeting. AM reported the meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting.

AM informed attendees the meeting was being recorded for administration purposes, to support minute taking, and once the minutes had been completed the recording would not be retained. Attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

AM reminded the members of the public that there would be an opportunity at the end of the meeting for questions and comments, received in writing.

TB/21/80 Declarations of interests (agenda item 2)

Nat McMillan (NM) reported her personal business is conducting work for the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) around their leadership and behaviour framework.

It was RESOLVED to NOTE no further declarations have been made since the last meeting.

TB/21/81 Minutes from previous Trust Board meeting held 27 July 2021 (agenda item 3)

AL reported he had identified the last two agenda item numbers were incorrect and had rectified this error.

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 27 July 2021 as a true and accurate record.

TB/21/82 Matters arising from previous Trust Board meeting held 27 July 2021 (agenda item 4)

AM reported any items marked in blue (completed) or not due this month would not be discussed, unless Board members wished to make comment on them.

TB/21/73a – Priority programmes and digital interaction – Salma Yasmeen (SY) reported workstreams continue with clinical engagement to review the blended approach of working during the pandemic. Benchmarking data is being used to establish the Trust position compared to others. The team are looking at how to enhance virtual care safely but continue to give people choices. Agreed to close.

TB/21/73b – Bed numbers across WYHHCP - Chris Lennox (CL) reported the Trust is engaged in partnership work looking at psychiatric intensive care unit (PICU) beds with shared principles and approaches with clinical engagement. This is being received positively by partners. There is collaborative work taking place across the system to review occupancy levels and acuity and how any learning can be shared. The work is very positive and is benefitting from the partnership approach. Agreed to close.

TB/21/39a – New Board workplan – Andy Lister (AL) explained an updated draft is attached with this month's papers. Further work is required on the governance and assurance sections and further engagement will take place around whether the key, aligning agenda items to strategic objectives, is helpful. To remain open and move to October.

TB/21/08b – Access to public health intelligence to help plan Trust services effectively – Mark Brooks (MB) reported this is an iterative process and suggested it is closed as a Board action and monitored by Finance, Investment and Performance (FIP) Committee. Chris Jones (CJ), Chair of FIP, agreed. Agreed to close.

Sean Rayner (SR) provided an update on psychology commissioning. The West Yorkshire Mental Health Learning Disability and Autism Programme Board is to look at this as a collaborative issue. There is a proposal to create a workstream but there are a number of competing priorities. SR will update on this issue in future as part of the West Yorkshire update in the Business Developments section.

Action: Sean Rayner

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

TB/21/83 Service User/Staff Member/Carer Story (agenda item 5)

AM introduced Nina Preston (NP), a principal forensic psychologist with the Forensic Child and Adolescent Mental Health Service (FCAMHS).

CL commented that NP is going to explain how the service works in a trauma informed way, and this approach is in development across the Trust.

NP stated she is principal forensic psychologist with Forensic CAMHS service (Tier 4) and the service operates a hub and spoke model due to the size of the Yorkshire and Humber area. SWYPFT is the lead provider in partnership with Humber Teaching NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

The team works with children and adolescents under the age of 18 who present as high risk, high harm and high need. These children will have usually tried to access CAMHS services or lower tier services, but their risks and need require higher level input.

The service is mainly operated on a consultation-based framework and we work with the system and professionals around the young person, and this is the focus of our resource. This supports service efficiency, but when required we provide direct input to service users and their families and offer assessments and interventions.

NP reported service user A (anonymised initial) was referred into service in December last year and has had extensive input through forensic CAMHS. This example highlights the work isn't just with the service user but equally weighted with family, the professional network including social care and the youth offending team, amongst others.

A and his parents felt they were struggling to get their voice heard, prior to engaging with Forensic CAMHS.

NP then played an audio clip of a phone call between herself and A's parents about their experience of the service.

A's parents described A's presentation and behaviours prior to his referral. A's parents reflected they had been given proper insight into A's behaviours and the reasons behind it and knew help was there if they needed it.

In future A's parents want to be able to do more activities with A and be given respite when they needed it, knowing A is with someone who is professional and understands A's needs and behaviours.

A's parents reported the service had been excellent and they had been given a full opportunity to share their concerns about their son's needs and would recommend Forensic CAMHS as a service to others.

NP then presented A's care plans reflecting what his expectations had been about the work he had undertaken with Forensic CAMHS, and his aspirations for the future and the next steps for his pathway of care.

MB thanked NP for her presentation and for the work that the team carry out. MB identified A's parents' issues about awareness of the Forensic CAMHS service within general practice

and the specialism our service can provide. He asked if the Trust should consider the promotion and awareness of the service to enable referrals and interventions to take place at an earlier stage.

NP agreed and reported the promotion of the service is on the agenda with the senior leadership team.

ST asked NP about transition pathways from the team, to make sure that all the good work the team had conducted continues into future care.

NP reported the transition pathways needed work, especially the transition from youth to adult services as this could be very impactful on future care and outcomes. The service is working on developing and improving transition pathways.

KQ stated she had heard excellent feedback about the service. KQ reflected on the benefits of earlier engagement with service users similar to A, to prevent escalation.

NP reported that historically the age range of referrals had been between thirteen and eighteen years of age. In the last year this had reduced to between the ages of eight and ten. An early intervention service focussed on prevention could have a huge impact at such a developmental stage in a young person's life and could change the trajectory of children such as A. A service of this nature would require significant investment and resource.

AM thanked NP for presenting A's story and asked her to pass on thanks to A and his family for sharing their story with the Board today.

Sean Rayner reported transition arrangements to adult services had been the subject of a discussion yesterday afternoon led by Beate Wagner (Corporate Director of Children's Services) in Wakefield. Trust colleagues had presented the transition protocols that are in development for moving from CAMHS to adult mental health services. These were well received by other partners in the meeting.

AM noted SR's comments and suggested transition pathways may be something the Board may wish to consider for a future meeting.

Action: Andy Lister

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

TB/21/84 Chair's remarks (agenda item 6)

AM highlighted the following points:

- Significant pressures continue to be present across all areas of the Trust and AM noted the fantastic leadership being provided by the Executive Management Team, especially with all the changes that have recently taken place.
The difference between the relaxation of Covid-19 restrictions in wider society and the maintenance of restrictions in healthcare services is causing tensions in some areas.

It was RESOLVED to NOTE the Chair's remarks.

TB/21/85 Chief Executive's remarks (agenda item 7)

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

- This has been reported as the busiest summer ever in the NHS.
- There has been consistently high demand for services over the summer months and increasing acuity levels.

- There has been regular staff absence of between 100 and 180 due to Covid-19 since July.
- The Trust hasn't met all of its performance targets but is still performing well in a difficult environment.
- There have been some outbreaks of Covid-19 on our wards and infection, prevention and control measures have been reinforced.
- MB highlighted a report released concerning the death of three young adults with learning disabilities in Cawston Park in Norfolk. This is a report the Clinical Governance and Clinical Safety (CGCS) Committee may want to consider from a learning perspective
Action: CGCSC
- CO2 availability has been a recent reported issue. The estates team are working closely with suppliers and positive responses have been received.
- Fuel and energy shortages are a concern for Trust staff as 90% of Trust work is in the community CL and her team have been reviewing business continuity plans.
- Increased energy costs could lead to increased energy poverty in the winter, which could exacerbate inequalities.
- The abuse of NHS staff has been discussed in place-based meetings and there needs to be a collective zero tolerance response to both verbal and physical abuse of NHS staff.
- Consultation has commenced on the potential compulsory vaccination of NHS staff for flu and Covid.

A discussion took place around the fuel shortage and the impact on staff and services. At this time Trust services are unaffected, but this is being monitored closely.

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

TB/21/86 Performance reports (agenda item 8)

TB/21/86a Integrated performance report month 5 2021/22 (agenda item 8.1)

Strategic Objectives and Transformation

SY highlighted the following points:

Improving health:

- A strong focus remains on safety and quality.
- Work on transformation programmes continues to address longer term issues.
- Improving Access to Psychological Therapies (IAPT) - "moving to recovery" is an area of focus.
- The learning disabilities measure of having a completed assessment, care package and commenced service delivery within eighteen weeks is an area of challenge and work continues to improve performance.
- Work with partners in places in response to the national white paper is ongoing.
- Integrated community models of care to provide early help and support at a primary care level are in development.
- We are enhancing creative and cultural offers to people through our linked charities in places.

Improving care:

- The number of incidents is within normal range and tolerance.
- The CAMHS friends and family test has deteriorated in month and is being reviewed.
- Recovery and reset work continues.

Improving use of resources:

- finances are healthy at the moment, with further information about H2 planning to follow.
- Digital opportunities are continuing to be developed, and shared care records work continues and is being led by the integrated care systems (ICS).

Making SWYPFT a great place to work:

- Staff turnover is similar to last month and recruitment and retention work is ongoing
- Workforce-wellbeing and safety is a priority and the staff survey starts next month. Equity guardian roles have now been appointed to.

CJ acknowledged the current pressures but noted a number of metrics appear to be starting to deteriorate.

MB noted CJ's comments as a reasonable observation. The Trust dashboard contains some metrics that were selected to help achieve our objectives, and we are not meeting all of those. We continue to perform well against the majority of quality metrics, national metrics and finance metrics given the current pressures. The prevalence of Covid-19 continues to have an effect on the Trust and the performance against some metrics reflects this.

MB reported significant focus on maintaining safety, and recruitment and retention. These are key in order for the Trust to achieve its objectives. There are current national and regional shortages, and we need to improve on our ability to recruit into certain services.

CJ noted some improvement objectives have been set and the Board may wish to consider if these objectives remain achievable, or whether a review should take place given current circumstances.

MB stated there has been intense pressure in our inpatient units and the Trust has made conscious use of out of area (OOA) beds to reduce this pressure. The Trust's main priority is always safety, and some priority programmes have been slowed to allow the Trust to respond to the pandemic.

CL reported there is a need to balance the provision of safe, quality environments, with care as close to home as possible. The current workforce challenges are unprecedented both regionally and nationally. Acuity has been increasing for the last year. The prevalence of Covid-19 in the community is impacting on inpatient environments.

CL added that as part of our priority programmes, learning from Covid-19 is being utilised with skill mixing on shifts, and collaborative working across units to manage pressures. It is challenging and on occasions it feels like delivering services "under siege".

SY noted that, despite the pressures, credit has to be given to Trust staff that have managed to maintain progress in transformation of services, such as the integrated community transformation programme, which will help with pressure in the medium and long term.

Priority programmes continue and identifying which of these are critical is a priority. Inpatient services is one of these critical programmes and the integrated change team are providing support, in addition to operational solutions being identified.

SY noted further credit was due to the clinical and operational staff who are involved in integrated care developments in places.

ST agreed with the comments reporting high pressure on the front line. Staff continue to horizon scan and look at how they can fill the gaps. Staff are still focussing on how to change ways of working and to maintain innovation, despite the pressures.

Covid-19

MB highlighted the following points:

- There have been between one hundred and one hundred and eighty staff absent at any one time due to Covid-19 over the summer (through symptoms, household symptoms or test and trace).

- This is in addition to staff already absent for non-Covid related reasons.
- Personal Protective Equipment (PPE) provision is in good order.
- Staff vaccination rates have remained similar for the last eight weeks - 88% first dose - 87% second dose.
- The booster vaccination programme will be commencing shortly.
- We have reintroduced the command structure, due to the increasing prevalence of Covid-19. Silver command is meeting twice a week, Gold command once a week.
- A Bronze command meeting is being held to focus on inpatient services and staffing.
- We continue to follow all national guidance, keep this under review and feed into place-based arrangements.
- The Trust remains at OPEL 3 (operational pressures escalation level).
- The Trust continues to seek opportunity for improvements and learning.
- The Infection Prevention and Control team are working with the Communications team to improve accessible information for staff.

Quality

Darryl Thompson highlighted the following points:

- Staff attitude is featuring as the third highest theme in our complaints. A lower number of complaints in total, means this is reflecting as a higher figure when presented as a percentage.
- Staff are the biggest factor in compliments received, but we are receiving a lower level of compliments.
- FIRM (Formulation Informed Risk Assessment) – data quality work is being carried out but the roll out is progressing slower than expected.
- Care plans – there are layers of nuance in the system. System improvements are being investigated to improve performance against this metric, but the issues are quite complicated.
- Staffing is the primary challenge, and safer staffing fill rates. We have a lower figure for registered staff and a higher figure for non-registered staff.
- Pressure ulcers - some are attributable but not avoidable meaning no declared problems in care within the Trust.
- Acuity in some wards has seen an increase in the number of restraints over three minutes.
- Fifty-six falls in July was a notable spike, this was largely attributable to two patients who have now been discharged and levels have returned to normal rates.
- People dying in a place of their choosing is showing some variance but remains above target.
- The number of children waiting for CAMHS has increased, which is expected. This hasn't impacted on our eighteen-week target yet.
- There is a subtle trend in the increase of bank staff and overtime.
- Friends and family test figures have gone down slightly, and this is being investigated.

KQ asked about Trust performance against the eighteen-week target for child and adolescent mental health services, especially in relation to eating disorders and crisis referrals, and queried, given the current national pressures, if more detail is required in the integrated performance report (IPR).

DT reported a number of these children are within our acute hospitals, and although not in a CAMHS inpatient bed they still require a CAMHS overview, which is putting pressure on CAMHS community teams.

Dr Subha Thiyagesh (ST) reported she and DT have some actions in relation to this issue. Conversations are taking place nationally with NHSE/I to escalate this issue, especially in

respect of eating disorders. There is additional pressure being placed on CAMHS community teams as they are having to provide an additional service through supporting acute services.

On the national medical directors call with the Royal College of Psychiatry (RCP), the RCP president did mention an increase in the budget for young people's social care. This will help.

AM suggested a review of CAMHS performance against the eighteen-week target in Clinical Governance and Clinical Safety Committee.

ACTION: CGCSC

MF raised the continuing red metrics for care plans and risk assessments in the quality section on the IPR. MF noted DT has reported the reality behind the data is more positive than figures suggest.

MB suggested a review of these metrics at the Finance, Investment & Performance Committee to see if there is an opportunity to present more balanced data reflecting the positives and negatives.

ACTION: Darryl Thompson

James Sabin (JS) reported, in relation to the care plan issue, operationally we have now identified some resource to conduct a manual review of the data quality issue and close down some care plans where clinically appropriate. This is expected to increase performance against this metric over the next few months.

NM noted the data on pressure ulcers, and the training that was to be put in place from a previous Board action. There is a notable downward trend which is good to see.

NM noted staff attitudes in the complaints data and suggested further analysis should take place given the Trust focus on values. This should be aligned with the work around complaints and desire around informal resolution. DT agreed to explore this with the customer services team. NM suggested further analysis of this through CGCSC.

ACTION: CGCSC

CJ noted unfilled shifts are now at 22% and asked for an explanation about what this data means and the impact on patient safety and quality of experience. CJ also asked for assurance around community staffing levels.

DT explained unfilled shifts data is where a request is made from the staff bank or overtime as a result of an increase in acuity or observations requiring additional staff on a ward. The data presented is the staff that have been requested in addition to those already on shift to cover higher acuity.

CJ suggested further narrative is required to support the explanation of this metric within the IPR. AM suggested in addition to further narrative, a trend indicator may be helpful.

Action: Darryl Thompson

CL noted the unfilled shift metric doesn't allow for skill mixing or migration of staff between wards but does show acuity.

CL reported there are gaps within the community teams and at present there isn't a safer staffing model for community teams, but work is being progressed on this.

Where agency staff are being used it is in a localised and specific way to address waiting times. The safer staffing modelling taking place in operations will help the modelling of the community teams and how they should be working.

SY reported the increase in prevalence of CAMHS eating disorders has been picked up by both West and South Yorkshire ICS Mental Health Learning Disability and Autism programme boards and emerging alliances.

SY reported a large amount of work had taken place within the Trust around the quality of risk assessments and has been part of the Trust's quality improvement (QI) work. This could be shown in a statistical process control (SPC) chart in the IPR and treated as a QI project to be taken into CGCSC for further review.

ACTION: Salma Yasmeen

EM noted safer staffing in the community teams and the creation of appropriate metrics has been a problem for some time.

DT reported there is a group to be established to look at community safer staffing. DT to report back to Board on the timeline for establishing a group to review community safer staffing.

ACTION: Darryl Thompson

National Metrics

JS reported performance against national metrics remains largely positive and highlighted:

- There have been two young adults on adult inpatient wards.
- IAPT treatment to recovery performance has deteriorated for the second month.
- OOA bed spend has increased but this is due to a conscious decision to reduce pressure on inpatient wards, and is being managed.

Locality

CL highlighted the following points:

Child and adolescent mental health services (CAMHS)

- The approved neuro-developmental assessment waiting list initiative will support improved diagnostic assessments in Calderdale and Kirklees.
- Services in Wakefield, Calderdale and Kirklees are under pressure from increased referrals.
- Increase in crisis referrals for eating disorders as already discussed.
- Tier 4 bed access and associated pressures continues.

Barnsley general community services

- Neighbourhood nursing is under significant pressure in terms of acuity and activity but the team are highly valued as partners in the wider system.
- The service has recently commenced the vaccination of twelve to fifteen-year-olds.

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

- Similar pressures are present in LD community teams as with other community teams in terms of staff vacancies.
- This is having an impact on the provision of speech and language therapy (SALT) and psychology.
- This is creating increased pressure in SALT provision generally from a mutual aid perspective.
- There have been improvements in medical staffing in the Horizon centre, but nursing staff vacancies continues to be an issue.
- There has been an increase in referrals into the Attention Deficit and Hyperactivity Disorder service (ADHD).
- Forensic service staffing vacancies remains an issue.

- The forensic service community team is helping to balance service user need in the community.
- A review of occupancy levels in Newhaven and Newton Lodge is taking place with a view on care closer to home in terms of clinical appropriateness and people in OOA forensic provision.

Trust-wide Inpatient Services

- Staffing challenges continue to be an issue as already discussed.
- We are trying to find the balance between acuity and demand.
- Fire safety - concordance with mandatory training is being addressed and reported into the operational management group (OMG).

Trust-wide Community Mental Health Services

- IAPT “moving to recovery” performance has been an area of high performance. National and regional forums suggest more people are leaving the service before they have progressed to recovery and as such performance appears to have dipped. We are linking into national work on this topic.
- This has been seen in Kirklees in August but less so in Calderdale where service provision is smaller. Work is ongoing to revert back to previous high performance.
- Wider community services continue to use a blended approach of virtual and face to face care based on individual need.
- Trust bases are being reviewed to expand group work and estates are assisting with this work.
- There is increased demand into Single Point of Access (SPA) teams.
- Working collaboratively in places continues.

System-wide monitoring

MB reported this work in progress and both ICSs are working on their performance dashboards.

Communications, Engagement and Involvement

- SY asked to take this as read.

Finance and Contracts

JS highlighted the following points:

- Finance remains in a strong position driven by vacancies and short-term workforce gaps caused by turnover.
- The current forecast is a £2.3m surplus for H1.
- The cash position remains strong at £63.3m and is expected to remain so for the rest of the year.
- Capital is slightly behind plan by £0.4m and is profiled in H2 and will be monitored.
- Better payment practice performance (to pay suppliers within 30 days) is at 95%, which is positive.

Workforce

LJ highlighted the following points:

- Workforce and Remuneration Committee (WRC) received two reports last week regarding Covid and non-Covid absence and recruitment and retention.
- The decision has been taken to no longer differentiate between Covid and Non-Covid absence.
- The current absence combined is 6.2% in total, and in inpatient services it is 10% and higher in some places. This is an area of focus through the Bronze command group.

- Positive actions are being taken around the wellbeing offer, vaccinations and other support for staff.
- Turnover is increasing, focused work is taking place and a recruitment and retention report suggested a different approach may be required. Groups are being set up to look at options.
- We need to shine as an organisation, to attract new employees and a new website is being developed.
- International recruitment has provided twenty-seven nurses who will be going into forensic services initially.
- Virtual recruitment fairs are starting in partnership with Leeds and York Partnership and Bradford District Care Trusts.
- Exit questionnaires are going to be reviewed to help determine why people are leaving. A number of staff have retired this year following staying on to deal with Covid.

EM noted the workforce pressures and how they may be impacting on quality but there wasn't a sense of this on the dashboard. In the quality section of the IPR the workforce pressures can be seen to be impacting on quality of care, but this isn't reflected the same way in the workforce metrics. LJ to review this. MB suggested that many of the impacts of workforce pressures are likely to be seen in other performance metrics.

Action: Lindsay Jensen

CJ referenced calls to the occupational health (OH) helpline, which are at approximately 100 a month, and asked if we have got this service right.

LJ reported a spike in demand for counselling and the Trust is looking at extra investment in OH. There is a waiting list for counselling at the moment. The helpline is adding value. Demand is increasing and we need to ensure the system is being used effectively.

MB noted in reference to the workforce metrics the system oversight framework will introduce some slightly different metrics for us to report against, and this might change some of the messaging in the dashboard.

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

TB/21/86ai Community Transformation Plan update

AM asked to take the paper as read.

It was RESOLVED to RECEIVE and NOTE the progress and update on the Community Mental Health Transformation Programme.

TB/21/86b Serious Incident report quarter 1 2021/22 (agenda item 8.2)

DT asked to take the report as read and noted it had been presented to CGCSC. DT highlighted the following:

- Violence and aggression is the highest record incident category in the Trust.
- A higher rate of community suicides has been identified in Kirklees which is being investigated.

MB noted the support offer to staff who are subject to violence and aggression needs to be considered. Staff safety is a key component of the great place to work agenda.

Action: Darryl Thompson

CJ asked for some clarity around the numbers of incidents reported in relation to service and BDU (business delivery unit). CJ asked if the numbers of incidents reflected in the report are within expected tolerance and if there any areas of concern.

DT reported incident number are within the expected range and there no areas of concern have been raised at this time.

AM reported a discussion had been held in CGCSC and it was suggested to report serious incidents against 100,000 of population across the BDUs.

It was RESOLVED to RECEIVE the quarterly report on incident management.

TB/21/86c Financial Planning Arrangements 2021/22 H2 (agenda item 8.3)

JS reported:

- The final planning guidance for H2 has not been received as yet.
- Financial arrangements are continuing on a similar theme with block payments for H2.
- The efficiency saving is now expected to be 2% for trusts that aren't returning from an underlying deficit.
- Covid funding is going to be reduced by around 5%, which needs to be addressed through the ICS.
- The pay award is expected to be fully funded.
- Treasury are expected to negotiate a longer-term settlement regarding the capital funding available to the NHS to enable medium term planning in the longer term.
- Due to the H2 planning process being drawn out to November/December 2021 we are unlikely to get much clarity around the next financial year until late Q3/early Q4.
- Planning will be the focus of discussion at Finance, Investment and Performance (FIP) committee.

It was RESOLVED to RECEIVE the Financial Planning report.

TB/21/86d Emergency Preparedness Resilience and Response (EPRR) Core Standards (agenda item 8.4)

MB asked to take the report as read, this is an annual declaration, a self-certification and there are two standards we don't fully meet with an action plan in place. The report is produced in detail by the Estates team and has been reviewed by Executive Management Team (EMT).

MB recommended approval of the report and action plan.

It was RESOLVED to APPROVE the EPRR core standards compliance report and action plan.

TB/21/86e Reset and Recovery – demand and capacity modelling (agenda item 8.5)

Sean Rayner (SR) introduced the item and highlighted the following:

- The paper summarises the key points from the presentation taken to Strategic Board in August and highlights the demand modelling tool.
- Work is ongoing internally and in districts and the report shows the next steps.

It was RESOLVED to RECEIVE and NOTE the summary in this report of the key points relating to the Trust's work on service demand forecast and capacity modelling.

TB/21/87 Business developments (agenda item 9)

TB/21/87a Integrated Care System developments white paper update (agenda item 9.1)

SY introduced the item and highlighted the following points:

- The health and care bill is still going through the parliamentary processes.
- It is still on track to be implemented in April 2022.
- EMT have considered all of the guidance at a high level so that all work internally and externally with partners is in line with the guidance.
- The guidance is largely permissive and is aligned to Trust work that has been ongoing for two years.

EM queried if anything material in the constitution may need to be reviewed in light of the legislation.

AM noted the Trust constitution is under review and will be further reviewed once the ICS changes have taken place.

MB agreed with AM in respect of the Constitution and stated the developments over the following weeks and months will establish the responsibilities of the Integrated Care Board (ICB) and what it will delegate to place-based partnerships and how provider collaboratives will fit into these arrangements. MB assured the Board that the Trust is engaged in each place and has a voice and influence over how place arrangements will work.

A discussion followed about the position of integrated care partnerships (ICPs). SY explained ICPs are evolving in each place and their level of maturity is dependent on each place.

CJ stated this report now needs to be more evaluative of the impact of changes on the Trust. We will be a partner in an ICS to be a partner with an ICB, which will have an impact on relationships. At FIP last week it was reported there is increasing demand for information from the ICSs, and we need to support colleagues to prioritise workloads.

ACTION: Salma Yasmeen

SY commented that as the structure and the form of the arrangements takes shape, we need to review how it will affect the Trust.

It was RESOLVED to RECEIVE and NOTE the update on national policy and guidance and on the local ICS responses to the White Paper.

TB/21/87b 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:

- A transition plan is in place as Bassetlaw will move into the Nottingham and Nottinghamshire system on 1st April 2022.
- Bassetlaw pathways still have significant connections with South Yorkshire.
- South Yorkshire and Bassetlaw has appointed its designate chair – Pearse Butler.
- Key design work is taking place in readiness for 1st April 2022.
- Conversations took place at the Health Executive Group (HEG) leadership meeting regarding information sharing, which had been good during the pandemic, to establish what can continue to be shared taking data protection into account.
- There is commitment from the ICS for net zero carbon and plans are being developed to deliver this.
- A health and care compact has been agreed by the ICS partners (not legally binding) to establish shadow arrangements prior to April 2022.

SY highlighted the following points:

- The Mental Health, Learning Disability and Autism (MHLDA) alliance – Chairs and Chief Executives will be meeting in October to agree next steps.
- Work on the specialist provider collaboratives continues and we are part of the developments in South Yorkshire.
- In Barnsley specifically, work has now commenced with partners in primary care and community services to develop more formalised arrangements as a provider collaborative

AM noted the Barnsley place agreement is to be considered in the private Board session.

It was resolved to NOTE the SYB ICS update, NOTE the MHLDA Alliance and programme update, and NOTE the Barnsley Partnership update.

TB/21/87c West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.3)

SY highlighted the following

- The ICS is working in shadow form and working towards full status for 1 April 2022.
- Work on supporting winter planning, system pressures and place-based arrangements continues.
- ‘Root Out Racism’ movement was launched recently at Fieldhead.
- The Race Equality Awards take place this month.
- Developing trauma-informed care approaches across the ICS continues and the Trust is directly involved in this work.
- Readiness for places to work in more formalised partnership arrangements continues through design teams in Wakefield, Calderdale and Kirklees.
- Memorandums of understanding for these partnership arrangements will come through to Board in coming months.

SR highlighted:

- The adult secure lead provider collaborative business plan is being reviewed in private Board this afternoon.
- The Covid-19 command and control arrangements continue in places due to increases in pressure given the prevalence of Covid-19.

AM noted the appointment of the Chair of the West Yorkshire is in train and being considered by the Secretary of State.

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/21/87ci Wakefield Integrated Care Partnership Update

SR highlighted the following points:

- The paper has gone to all partnership governing bodies.
- In section four, it references the proposals to move to shadow arrangements in October 2021.
- Governance arrangements - there is a preference for there to be a committee of the ICB at Wakefield place, but this is still to be worked through in detail.
- Section 4.3: development of the provider collaborative in Wakefield - we have been testing ways of working, and the previous bi-lateral relationships we had with the Clinical Commissioning Group around business cases or significant service changes will now be largely in a provider collaborative context.

- One of the tests the partners are thinking about is what are the thresholds above which partners will need to bring proposals for either support or challenge in a collaborative context.

It was RESOLVED to NOTE the update on progress in Wakefield (in the context of progress across West Yorkshire) in mobilising the requirements of the NHS White Paper.

TB/21/87d Receipt of Partnership Board Minutes (agenda item 9.4)

AM asked for the paper to be taken as read.

SR reported the Wakefield meeting on 23rd September 2021 was cancelled due to Covid-19.

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

TB/21/88 Strategies and Policies (agenda item 10)

TB/21/88a Quality Strategy Update (agenda item 10.1)

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

- We are taking a quality improvement approach to the strategy and work is underway.

It was RESOLVED to RECEIVE the Quality Strategy update.

TB/21/88b Workforce Strategy Equality Impact Assessment (EIA) (agenda item 10.2)

LJ highlighted the following points:

- The workforce strategy was approved in April at Trust Board.
- The EIA is based on the equality workforce monitoring annual report.

AM noted the EIA had been considered at Workforce and Remuneration Committee (WRC) and Executive Management Team (EMT).

MF noted some yes or no fields had been left blank and queried is it right for the sexual orientation assessment to exactly match the transgender assessment as these are different agendas.

AM agreed there should either be a yes or a no in each box.

LJ reported this was the subject of discussion at WRC and it was deemed it is not a straight yes or no answer, and something we might want to review.

MF suggested “possible” or “partial” may be better.

LJ reported she would go back to the staff networks group around the sexual orientation and transgender assessments, this document has not been to Equality Inclusion and Involvement Committee (EIIC) yet and she will consult with the staff networks at EIIC.

Action: Lindsay Jensen.

NM noted the Trust engagement with half the workforce and asked if the narrative could be strengthened around this.

Action: Lindsay Jensen

SY supported MF’s comments and noted the EIA will be a live document as the strategy is implemented. If we are to update as items as “yes”, “no” or “partial” we should document how

we are going to mitigate against the risks of any protected characteristics being adversely affected.

Action: Lindsay Jensen

LJ reported when the strategy and EIA were written we didn't believe it would have a negative impact on staff, and we still don't think there will be a negative impact, but we need to review this as we continue.

AM summarised the EIA needs to be complete for the Board to approve this document. It was agreed all boxes would now be completed with "no". Mitigations and actions will be monitored in the workforce implementation plan updates which will be presented quarterly to EIIC. WRC will also review on an annual basis.

It was RESOLVED to APPROVE the Equality Impact Assessment for the 2021-2024 Workforce Strategy with the noted amendments.

TB/21/88c Green Plan EIA (agenda item 10.3)

MB highlighted the following points:

- The EIA has identified where there may be potential impacts, these have been considered.
- An example would be people with a disability if we change transport arrangements.
- Mitigating actions are noted in the EIA.

AM noted she liked the EIA, it is thoughtful and detailed noting the potential impacts.

CJ reported he didn't feel the EIA was grounded to the plan due to the number of actions.

AM noted the wider sustainability strategy is still being developed.

SY reported this has been produced with the broader agenda of the sustainability strategy in mind. The EIA documents are meant to be live documents to be used as the strategies progress.

MF noted even where it says no, we are going to continue monitor progress against these areas and adjust as it progresses.

AM summarised the Board will take the EIA with the wider sustainability strategy ambitions in development. The Board will want to return to this as the sustainability strategy develops.

It was RESOLVED to APPROVE the Green Plan EIA

TB/21/89 Governance Matters (agenda item 11)

TB/21/89a Quality Account (agenda item 11.1)

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

- The Quality Account has been out to consultation with external partners and has been approved by the Interim Chief Executive and Chair.

AM thanked all partners for putting in such thoughtful reflections and comments, and everybody who had worked so hard to produce the report.

It was RESOLVED to RECEIVE the Quality Account 2020/21.

TB/21/89b Medical appraisal/revalidation annual report (agenda item 11.2)

ST asked to take the paper as read and highlighted the following:

- The purpose of the paper is to inform the Board of the progress against achieving a satisfactory medical appraisal and revalidation for our doctors.
- 68.2% of 152 doctors have completed the appraisal process. This is a drop from last year, but is a result of Covid-19.
- 31st March 2020 – September 2020 all appraisal and revalidation processes were paused but the governance process continued.
- Wellbeing data will be reviewed in the future.
- There is also a requirement for more appraisal trainers next year.
- The General Medical Council are looking at methods of easing and helping online feedback.
- The statement of compliance report provides evidence of compliance to the Trust's medical governance process, which satisfies the Care Quality Commission and GMC requirements.

AM noted CGCSC have reviewed the report, that it was good and recommended it for approval by Trust Board.

MB asked for ST to explain the process and timeline for the 32% of appraisals that have been postponed with agreement. ST reported they had all been postponed for 12 months. Work is ongoing to make sure that all appraisals are completed. The Trust has 32 appraisers now compared to 17 last year which helps.

AM noted appraisers have time in their job plan to carry out this function.

It was RESOLVED to RECEIVE this report noting that it will be shared with NHSE/I and to recognise that the resource implications of medical revalidation are likely to continue to increase year on year, and APPROVE the NHSE Designated Body Annual Board Report Statement of Compliance, attached as Annex D of this report, confirming that the Trust, as a Designated Body, is in compliance with the regulations.

TB/21/89c Patient Experience Annual report (agenda item 11.3)

DT asked for the report to be taken as read and highlighted the following points:

- The report provides an overview of complaints, how they are assessed and how the Trust responds to them.
- The report was reviewed in depth at a CGCSC assurance meeting.
- Equality data is being considered to see if it can be reported differently. Currently the data relate to the complainant, rather than the affected service user, who may not be the same.
- Equality data aims to identify under/over representation of complaints from any particular protected characteristic groups and how we might benchmark against this.
- A trial of response times has been taking place and will be reviewed shortly.
- There has been an increase of formal vs informal complaints which is being reviewed to see if there are any links to Covid-19.
- Values and behaviours are now at number three in the top five complaint categories, which links to discussions held earlier on in today's Board meeting.

CJ commented that it is a good report but queried the name of the report "patient experience". Is the complaint data being triangulated with other information such as Healthwatch information?

DT reported historically the report was about complaints, but we are looking at how patient experience can be reported on in the broader sense.

SY explained that Dawn Pearson and her team have been working with customer services to triangulate data from EIIIC and the insight report and any intelligence from our change programmes.

It was agreed to review the substance and scope of the patient experience report and consider the frequency of reporting into Board or a relevant Committee, and why the word “patient” is used instead of “service user”.

Action: Darryl Thompson/Salma Yasmeen

LJ offered to assist DT in relation to the values and behaviours work to see if 360 degree feedback could be used to triangulate the data.

It was RESOLVED to NOTE the comments of the Clinical Governance and Clinical Safety Committee and APPROVE the Patient Experience Annual report.

TB/21/90 Assurance from Trust Board Committees and Members’ Council (agenda item 12)

Clinical Governance and Clinical Safety Committee 14 September 2021 (approved minutes received from 8th June 2021)

NM highlighted the following:

- Risk 905 (Ward staffing) and 1522 (Risk of harm to service users/staff from Covid- 19) were reviewed and scores are to remain the same but will continue to be monitored
- Fire training compliance is being closely monitored and a report is due back to CGCSC on 9th November 2021. CGCSC will report back to Trust Board.

CL reported there are firm plans to improve fire safety training up to the Trust’s high internal target. An update is going to OMG tomorrow and it is expected there will be considerable improvement in the next two weeks. Isolated hotspots have been identified and individuals are being taken through the training. Fire drill exercises have been repeated and improvements have been seen.

Finance, Investment and Performance Committee 23 August and 22 September 2021 (approved minutes from 29th June and 26th July 2021)

CJ updated:

- No items to alert the Board to but the Adult Secure Lead Provider Collaborative and Bretton Centre business plans are going to the private session.
- Received news of the deliberate decision to extend the use of OOA, and the Committee was happy with the decision from a finance perspective to ease pressure on the wards.
- Further work has been requested to strengthen waiting time data.
- H2 planning arrangements were expected but have been delayed.
- Continue to review risks allocated to the Committee in light of forthcoming planning guidance and the formulation of the ICB.
- The delivery of the capital programme could be a challenge.
- We are on target to deliver the surplus for the first half of the year.

Mental Health Act Committee 17 August 2021 (minutes received from 11th May 2021)

KQ highlighted the following:

- Mental Health Act reform and liberty protection safeguards renewal will require significant work from the Trust and partners.
- Quality improvement – we have formally registered advanced care planning as a Quality Improvement (QI) project.
- An input was received from perinatal colleagues and use of the MHA.

- Two compliance reports were received, one on Section 132 patient rights and the other on advocacy.
- The Committee noted the positive level of scrutiny being maintained in relation to action plans for assurance around the codes of practice.
- Risk discussions were held around staffing and pressures in the Trust.

Workforce and Remuneration Committee 21 September 2021 (approved minutes from 20th July 2021)

- The Chief Executive's extended secondment was discussed.
- Terms of Reference (TOR) for the committee need to be presented to the next Board meeting.

Action: Andy Lister

- There was a review of staff absence.
- Pay framework - the Trust will follow national guidance not to increase executive directors' pay. The Committee was disappointed it was having to make this decision and wished it to be noted the Executive Director team's leadership and hard work is very much appreciated.
- The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports were reviewed, which will go to EIC prior to coming to Board next month.
- A review of mandatory training for bank and agency staff took place and it was noted these staff are compliant.
- The compulsory vaccination of Trust staff going into care homes was discussed and no immediate concerns have been identified.
- Risks allocated to the Committee were discussed and, in particular, if the new broader consolidated risks will be effective. These will be reviewed in six months' time.
- Mandy Griffin will be taking over as chair of the committee from 1st October 2021.

Members' Council 17 August 2021 (minutes received from 11th May 2021)

AM highlighted the following:

- Extraordinary Members' Council meeting to be held on 19th October 2021 to appoint the new chair.

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

TB/21/91 Use of Trust Seal (agenda item 13)

AM asked to take the paper as read noting the following use of the Trust seal:

- Deed of surrender for the Keresforth Centre, Barnsley. The Keresforth Centre was deemed surplus to requirements for the Trust in January 2015 and contacts are exchanged for the sale of the site for a new academy school set to open in September 2023.
- Deed of variation and early works licence for the Keresforth Centre, Barnsley. The purchaser wishes to demolish buildings on site in advance of completion of the sale. -In order to allow this work to go ahead a licence is required in advance of the sale and the sale contract requires variation. The cost of the demolition will be funded by the purchaser and subtracted for the gross sale price in line with normal practice
- The lease of Unit 9, Agbrigg and Belle Vue Community Centre, Montague Street, Wakefield. - This is to renew the lease for occupation at the above community centre by the Health Integration team providing TB services to Wakefield.

It was RESOLVED to NOTE the use of the Trust Seal since the last report in June 2021.

TB/21/92 Trust Board work programme (agenda item 14)

AM gave an update on progress and reported work was ongoing into the redevelopment of the work programme. By October Board this should be finalised.

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

TB/21/93 Date of next meeting (agenda item 15)

The next Trust Board meeting held in public will be held on 26 October 2021.

TB/20/94 Questions from the public (agenda item 16)

Nil

A handwritten signature in black ink, appearing to be 'A.M.', written over a horizontal line.

Signed:

Date: 26 October 2021