

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

Present:	Angela Monaghan (AM) Chris Jones (CJ) Mike Ford (MF) Mandy Griffin (MG) Kate Quail (KQ) Mark Brooks (MB) Lindsay Jensen (LJ) James Sabin (JS) Dr.Subha Thiyagesh (ST) Darryl Thompson (DT)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Interim Chief Executive Interim Director of HR and OD Interim Director of Finance and Resources Medical Director Director of Nursing, Quality and Professions
Apologies:	Erfana Mahmood (EM) Natalie McMillan (NM)	Non-Executive Director Non-Executive Director
In attendance:	Carol Harris (CH) Sean Rayner (SR) Salma Yasmeen (SY) Andy Lister (AL) Dr Sameena Aslam (SA) Dr Babor Aganren (BA)	Director of Operations Director of Provider Development Director of Strategy and Change Company Secretary (author) Senior trainee doctor (for item 5 only) Senior trainee doctor (for item 5 only)
Observers:	Marie Burnham John Laville Howard Blagbrough Darren Dooler Chiara DeBiase	Chair Designate Lead Governor – Public Governor Kirklees Appointed Governor for Calderdale council Public Governor - Wakefield Insight Programme Candidate

TB/21/95 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 welcomed Marie Burnham, the new chair designate, who is attending today as a member of the public, new Non-executive Director Mandy Griffin (MG), and newly appointed interim Director of HR and OD, Lindsay Jensen.

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/21/96 Declarations of interest (agenda item 2)

Name	Declaration
Chair	
Monaghan Angela Chair	Spouse is: <ul style="list-style-type: none">• Trustee and Director - Park Avenue, Bradford Limited• Trustee and Director - Bradford District Community Foundation

It was RESOLVED to RECEIVE the changes to the declarations of interest since July 2021.

TB/21/97 Minutes from previous Trust Board meeting held 28 September 2021 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 28 September 2021 as a true and accurate record.

TB/21/98 Matters arising from previous Trust Board meeting held 29 June 2021 (agenda item 4)

AM reported actions completed (marked in blue) would be taken as read and closed. Matters due this month will be considered and Board members should report updates on other actions as required.

TB/21/55 – Equality, Inclusion and Involvement Committee (EIIC) to discuss the Workforce Race Equality Standard - AM reported this has been taken to the recent EIIC meeting and the item is on today's Board Agenda. To close.

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

TB/21/99 Service User/Staff Member/Carer story (agenda item 5)

AM reported today's Board story is from two trainee doctors who completed part of their training at SWYPFT and are here today to tell the Board about their experiences.

Dr Subha Thiyagesh (ST) introduced the item and introduced Dr Sameena Aslam (SA) and Dr Babor Aganren (BA) who both worked with our Trust last year and have now moved on to other trusts to continue their training.

SA is a senior trainee doctor and worked in inpatient services and community psychiatry during the Covid period last year and is now working in Leeds as a senior trainee.

BA worked for us in our inpatient wards and early intervention psychiatry and is also a senior trainee now working in Leeds.

SA introduced herself as senior trainee doctor having completed three years as a junior doctor, is now in her third year as a senior trainee and she specialises in old age psychiatry.

SA's journey with the Trust began in August 2018, when she joined as junior trainee in older people's psychiatry. SA then went on maternity leave and returned to work during the pandemic.

SA described her return to work in the pandemic as very different and she found contacting patients through digital means difficult initially, as her preference is to see patients face to face. As time progressed the use of personal protective equipment meant seeing patients face to face became more frequent.

SA reported her overall experience with SWYPFT as being really positive. When she returned to work after having her baby, she was well supported by the Trust and given lots of flexibility. Her experience as a senior trainee in the inpatient setting was a particularly positive experience.

BA reported he joined the Trust in August 2020 as a new higher trainee and was quite anxious as he didn't know what would be expected of him, especially during the pandemic.

BA reported his clinical supervisor (Sarah) was very supportive and SWYPFT was very supportive as an organisation. BA described his work "on call" and reported a feeling of "togetherness" when dealing with situations, where consultants and trainees could learn together. BA stated this was a very positive working environment.

When BA moved to his inpatient post with the Trust, he had wondered prior to the move if his new role in an inpatient ward setting would be hard to manage with a young family, BA having a new baby and a three-year-old at this time.

BA reported he was well supported in respect of his family and gained a lot of invaluable experience during this placement. BA finished by describing his experience with SWYPFT as wonderful.

AM thanked SA and BA for their stories and stated it is good to hear their positive experiences.

Mark Brooks (MB) thanked SA and BA for their feedback and asked if there is anything that could have been done to make their experiences even better.

BA stated he didn't feel there was anything additional he could have asked for.

Mandy Griffin (MG) asked if SA and BA would want to continue to use any of the technology used during the pandemic.

SA reported the use of digital can be helpful at times, but found that over 65s often find it difficult and needed to have a family member there as support. SA stated in her experience this age group prefer face to face contact, but for those under this age range it may be a better option. Now that digital is more embedded as a means of contact it should be easier in the future as more and more people have used it during the pandemic.

DT asked how the Trust could improve external messaging about how positive an experience it is to work in this Trust.

SA reported she came from the South Yorkshire junior doctor programme where there was a larger network, when she came to SWYPFT there were fewer trainee doctors of both senior and junior levels. This has changed now but there needs to be more collaborative working with other doctors and working groups. SA has helped establish a foundation doctor teaching programme in the Trust which all junior and senior doctors from SWYPFT can be involved in. This assists networking and has been a big change in the last twelve months.

BA felt strong teaching links with other organisations will help, especially in Leeds, as most trainees go to Leeds and the Trust should also involve new consultant doctors.

James Sabin (JS) asked if there were any improvements in terms of health and wellbeing that could be improved on in respect of the facilities the Trust provides for breaks.

BA noted the availability of food in Wakefield was helpful for his wellbeing and SA reported the coffee machine in one of her placements was helpful and the on-call site in Dewsbury has a sofa bed available and good access to food.

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

TB/21/100 Chair's remarks (agenda item 6)

AM highlighted the following:

- We are approaching the end of Black History Month and there was a fantastic celebration event yesterday organised by our BAME staff network, chaired by Dr. Manreesh Bains.

It was resolved to NOTE the Chair's remarks.

TB/21/101 Chief Executive's report (agenda item 7)

Chief Executive's report

MB highlighted changes that have occurred since the last meeting:

- Operational pressures remain high and have increased.
- Greater prevalence of Covid-19 in the community has led to greater prevalence of Covid-19 in the organisation.
- There have been a number of outbreaks on our wards.
- There is a regular number of between 120 -180 members of staff off at any one time due to Covid.
- The Trust's focus is maintaining safety in all of our core services.
- There will be conversations today around risks and the Board Assurance Framework.
- H2 financial planning guidance has now been received.
- 'Connected on Inclusion' awards took place earlier this month for West Yorkshire and three members of the Trust staff were either highly commended or outright winners.
- Focus on ICS developments continues, and we remain fully engaged in the design work.

A brief discussion followed about Trust 'places' having different 'plan B' arrangements in response to the pandemic as directed by public health. Schools in Calderdale are reported to be taking different measures to other places.

MB reported he was not aware of any confirmed changes at this time, but recognised local discussions are taking place.

MB assured the Board that Salma Yasmeen (SY), Sean Rayner (SR) and himself are fully engaged in place-based discussions and a view will be taken regarding any impact on the Trust as and when proposals are ready.

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

TB/21/102 Risk and Assurance (agenda item 8)

TB/21/102a Board Assurance Framework (BAF) strategic risks (agenda item 8.1)

James Sabin (JS) introduced the item and highlighted the following points:

- This is the Q2 BAF report discussed in detail at the Executive Management Team (EMT) meeting in October and careful consideration was given to the current circumstances and the impact on our strategic risk ratings.

- Risk 2.1 - Lack of suitable and robust information systems backed by strong analysis leading to lack of high-quality management and clinical information – it is recommended this moves from Yellow to Amber. This is based on the fact there is increasing demand for intelligence data and analysis, e.g. better insight into inequalities data is required including deprivation data and access to services, comprehensive wait times by service and disaggregation of that information.
- Risk 2.2 - Failure to create a learning environment leading to lack of innovation and to repeat incidents - concerns regarding some level of repeated incident types and outbreaks of Covid-19 on wards have led to the recommendation that this risk moves from Green to Yellow.
- 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 - remains Amber but if the Operational Risk Escalation Level (OPEL) moves from 3 to 4 this risk will likely move to Red. This will be carefully monitored.
- Risk 3.1 - Changes to funding arrangements, increases in costs and failure to deliver efficiency and productivity improvements result in an unsustainable organisation and inability to provide services effectively – in the short-term, risks are reducing but the future financial arrangements and funding uncertainty means this risk remains Yellow.
- Risk 3.3 - Capability and capacity gaps and / or capacity / resource not prioritised leading to failure to meet strategic objectives – additional resource has been brought in to manage priority programmes and, at this time, this risk remains Yellow. It is regularly reviewed at EMT.
- Risk 4.3 – Failure to support the wellbeing of staff during a sustained and prolonged period of uncertainty through Covid-19 – it is recommended this strategic risk moves from Yellow to Amber, as there is a strong core offer but it is recognised increased length of the pandemic, staff shortages and increased levels of sickness increase this risk.

EMT felt these recommended changes reflect the current operating environment of our clinical services and they have been brought to Board today for approval.

AM noted there has been a thorough and detailed review of the BAF and thanked EMT for their work on this.

A conversation followed as to whether risk 2.3 should be Red given resources and recruitment and retention.

MB reported there was substantial discussion about this risk at the EMT timeout and EMT are confident in the actions being taken, the challenge being national shortages. There are a number of measures in place. The performance metrics are typically being maintained despite the current circumstances and pressure. Substantive workforce numbers have increased, albeit by small numbers in the last couple of months and focus remains on the actions in our workforce plan to boost recruitment and retention.

Lindsay Jensen (LJ) reported EMT reviewed recruitment and retention plans, including international recruitment plans and agreed these plans are robust. The Trust has recruited 20 new support workers over the past weekend. Some of the plans are starting to come into fruition despite the national shortages.

Mike Ford (MF) raised risk 3.3 regarding capacity and capability and queried if other risks become Amber will this draw Trust management towards these issues, and reduce capacity further?

Chris Jones (CJ) reported the changes give a picture of the current situation and provide an honest reflection of circumstances and aligns with performance data. There are some complex interrelated issues in between risks. The focus in the short term needs to be preventing risk 2.3 turning Red.

SY reported risk 3.3 has been discussed at length over the last two years and, despite day-to-day pressures, this remains a priority. Previously work on some priority programmes has had to stop, but instead we have now slowed progress on some and are reviewing priorities every six weeks.

Carol Harris (CH) confirmed there remains a key focus on patient safety and delivery of safe services. A key concern is maintaining safe staffing on inpatient wards. There is a current piece of work ongoing in relation to this. We might need to reduce the number of inpatient beds in use, and we are using out of area (OOA) beds to make sure people get the best care and to maintain safe wards. We are building these challenges into workforce planning.

MF thanked SY for her insight and reported this is helpful and he is assured the rating is correct.

It was RESOLVED to APPROVE the updates to the Board Assurance Framework.

TB/21/102b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)

JS highlighted:

- This is the Organisational Risk Report for Q2 2021/22.
- Risk 1624 – Service pressures mean that we are not always able to consistently accept a referral to all three of our 136 suites. This impacts upon the quality of service we can offer to someone who may have a mental health need in our local community. This is a new risk added since the last quarter with an initial risk score of 9.
- The Workforce and Remuneration Committee recommended nine risks for closure or merger. EMT agreed six of these risks would be merged with two remaining as specific risks given the focus required on addressing inequalities.
- Risk 1613 (Insufficient numbers of staff receive the Covid-19 vaccination leading to an increased risk of infection across the Trust workforce, service users, patients and carers) was closed and consolidated with risk 1612 (Lower uptake of the Covid-19 vaccination by those staff identified as more at risk could lead to a disproportionate risk of infection across the Trust workforce, service users, patients and carers).
- Two risks remain at a 15+ score - these being risk 1080 (cyber risk) and 1530 (service demand risk)
- The consolidated risk score is now 351 down from 412 but this is reflecting the consolidation of some workforce and Covid-19 specific risks as opposed to a less risky environment.
- Risks are being explored in relation to the impact of the compulsory Covid-19 vaccination requirement for staff working in care homes, the potential compulsory requirement for all NHS frontline staff to be fully vaccinated against Covid-19 and whether there needs to be a health inequalities risk added to the ORR.

AM noted there were quite a lot of changes to the register but no changes to individual risk scores.

LJ added that, in relation to the workforce risks, following consolidation there will be a further review in the next six months.

AM reported detailed discussion took place at the Workforce and Remuneration Committee (WRC) and it was agreed to consolidate nine risks and keep them under review. EMT have subsequently decided that two of the risks previously identified for merging should remain as separate risks.

CJ reported at the Finance Investment and Performance (FIP) yesterday, it was noted financial risks are lower at the moment, but some level of uncertainty remains in the future. The lead provider risk will need to be rephrased at some point in the future.

Action: Finance, Investment and Performance Committee

Kate Quail (KQ) stated the Mental Health Act Committee (MHAC) had reviewed the new risk regarding 136 suites as this has emanated from the MHA committee and has been escalated through governance routes. It is currently aligned to the Clinical Governance Clinical Safety Committee (CGCSC) but the committees work closely together and will continue to consider if it should be aligned to MHA in the future.

Action: MHA Committee

ST reported MHA reviews the risks that are allocated to CGCSC and these are closely monitored. Should the focus change we can review the Committee alignment but the ultimate focus is on the quality of delivery to service users.

MF updated on the Audit committee allocated risks and noted these were unchanged. MF noted the recommendation “discuss if target risk levels that fall outside of the risk appetite are acceptable or whether they require review”.

AM noted this should be reviewed by Committees and report back to Board on any changes

Action: Committee Chairs

CJ queried if consideration should be given to a risk relating to the Bretton Centre project and asked if a review of Covid-specific risks would look at who the worst affected parties are given the data has now potentially changed.

MB noted the risk in relation to the Bretton Centre is currently when the project will proceed and EMT will consider if this is a local risk or organisational risk. MB reported Covid risks are continually reviewed as to whether they remain Covid specific or whether they need to be incorporated into existing risks and the question around changes in affected parties needs to be considered as well.

Action: EMT

A discussion followed about the number of risks that were scored outside of risk appetite.

JS reported there are twenty-two risks under a score of 15 but are outside of risk appetite, seven risks are within appetite. There are only two risks above a score of 15.

AM asked for JS to review how many risks are outside of risk appetite, whether this is an issue that needs to be addressed and if so, should this be discussed at Board or Trust Board committees.

Action: James Sabin

AM queried given the agreed risk levels in the BAF should we be seeing rising risk levels in the ORR.

MB stated the BAF includes the strategic risks and the making and rating of these risks is a little subjective. The ORR is different, strict criteria is followed in relation to risk scores. The rise of risk levels in the BAF compared to the ORR should be considered.

Action: EMT

CH reported as part of her review of organisational risks, she looks at the likelihood of the risk coming to fruition as well as the potential impact on the Trust. Providing the likelihood

assessment is still growing, CH feels the risk score should remain the same. When likelihood has escalated beyond the existing likelihood score CH has considered a change in risk score.

It was RESOLVED to NOTE the key risks for the organisation and that their risk scores remain unchanged, NOTE a review will take place of risk levels that fall outside risk appetite, AGREE the consolidation of risks from WRC into risk 1615 noting two are not being consolidated as recommended by EMT, AGREE new risk 1624 with a score of 9 and alignment to CGCSC with oversight from MHAC and AGREE the removal of risk 1613.

TB/21/102c Risk Appetite Statement (agenda item 8.3)

JS highlighted:

- The Risk Management Strategy including the Risk Appetite Statement was originally approved in 2019.
- The Risk Management Strategy asks for annual review, this was postponed last year due to Covid-19.
- The review has taken place and is aligned to the Good Governance Institute risk appetite for NHS organisations matrix (last published in May 2020).
- JS summarised the review process that had taken place.
- One risk domain has been changed from 'Commercial' to 'Business' to better reflect the risk to the Trust with minor amendments to descriptions and definitions.
- Risk appetite thresholds remain the same with an additional statement added that the Trust will take into account any potential impact on health inequalities maintaining a low threshold in this regard.

AM noted the risk appetite statement has been through a lot of discussion, input and consultation in various forms.

It was RESOLVED to APPROVE the update to the Trust's Risk Appetite Statement.

TB/21/102d Sustainability Annual Report (agenda item 8.4)

MB highlighted:

- This report provides an update on Trust performance against our adopted Green Plan.
- The Board approved the Green Plan earlier this year.
- Trust carbon emissions have reduced slightly.
- MB reported there had been less travel during the pandemic but an increase in gas consumption at Fieldhead, which is being investigated.
- Solar power usage is being further considered.
- Electric vehicle charge points have been installed and the Trust has purchased its first electric vehicles.
- The Trust is working on how to develop a broader sustainability strategy.

SY added additional capacity is being brought in to progress the wider co-produced sustainability plan which will include the wider ICS system plans. It will also help us capture work that is already ongoing. The sustainability strategy will come to Board in April 2022.

Action: Salma Yasmeen

AM noted the change in leads for this agenda, Alan Davis was the former executive lead, and this is now SY. MG is now proposed to be the non-executive lead instead of AM. The Board supported these changes.

MG reported that staff working at home will lead to additional energy consumption in their own homes. With the associated cost of living increasing, this might lead to be people wanting to return to work premises. It is also a factor that may need to be considered in terms of the Trust carbon footprint.

CJ noted it is a good summary of what is taking place, and asked when and where will investigations around the gas issue come to Board or Committee?

MB suggested this could initially be reported into FIP and any exception reporting come to Board. Six monthly reporting to Board may now be preferable to annual reporting.

Action: FIP

It was RESOLVED to NOTE the content of the update.

TB/21/102e Workforce Equality Standards (agenda item 8.5)

Lindsay Jensen introduced the item and highlighted the following points:

- The report and action plan has been to the Workforce and Remuneration Committee (WRC) and Equality, Inclusion and Involvement Committee (EIIIC) prior to Board.
 - In terms of the Workforce Race Equality Standard (WRES) for 2021 we now have a well-established BAME network who will support the WRES and the action plans.
 - Bullying and harassment of BAME staff from service users and carers remains an issue.
 - The likelihood of appointment from being shortlisted for BAME staff, and career progression are also areas of focus.
 - There was a four-point action plan from last year that has been refreshed and reviewed.
 - Improvements are needed in terms of our recruitment and selection processes.
 - Equity Guardians have now been appointed and implemented and are involved in tackling bullying and harassment of BAME staff as identified above.
 - Developing the BAME talent pool as part of the Trust talent succession strategy.
 - The Great Place to Work leadership and management programme will be rolled out over the next twelve months.
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- Workforce Disability Equality Standard (WDES) – a national report published yesterday states there is under reporting of disability in the NHS workforce.
 - Areas of concern are career progression and bullying and harassment.
 - Staff disability network - this has been relaunched and now has a Chair in place.
 - There will be a focus on inclusive job adverts and training for managers.
 - There is a new disability and reasonable adjustments policy.
 - Promotion of the civility and respect guardians continues.
 - A reciprocal mentoring programme is in place.
 - A joint HR and staff side anti bullying and harassment working group has been created.

AM thanked LJ for the overview and noted the amount of work taking place.

KQ asked if staff to staff bullying seems to have worsened?

LJ reported the civility and respect guardians are there to support staff who are experiencing issues. Early resolution work is in progress. If matters can be dealt with early and mediation be considered, matters are resolved quickly before they escalate.

LJ reported the data around bullying and harassment from service users and carers comes from the national staff survey and so it is difficult to do further analysis on the breakdown of this data.

It was RESOLVED to APPROVE the WRES and WDES summary annual reports and action plans.

TB/21/102f Equality and Diversity Annual report (agenda item 8.6)

SY introduced the item and highlighted the following points:

- The annual report shows the progress over the last 10 months against the new strategy.
- This is the first annual report against this strategy.
- Good discussion took place at EILC prior to presentation at today's Board meeting.
- There is a need to start reflecting impact and outcomes on work in key areas.
- SY gave thanks to AM and CJ who have helped finalise this report.
- The Equality Delivery System (EDS2) report has two areas that have been delayed due to Covid.
- EILC have asked for further work around the two outstanding elements of EDS2 and this will go back to Committee in December 2021 to agree the final rating, which will be reported to Board.

Action: EILC

AM noted the large increase in work in this area and commented this is reflected in the report.

SY reported an easy read version of the report available in due course.

It was RESOLVED to RECEIVE and APPROVE the report, subject to the Equality Inclusion, and Involvement Committee finalising and agreeing the EDS2 scores.

TB/21/103 Assurance and receipt of minutes from Trust Board Committees (agenda item 9)

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

Audit Committee 12th October 2021 (minutes from 13th July 2021)

MF highlighted the following:

- Internal audit report – freedom to speak up guardian report received limited assurance with a number of recommendations made and agreed.
- LJ reported a number of actions have already been completed and the remainder are in progress. The audit is welcomed from a development point of view.
- MF and CJ will meet with 360 Assurance (internal audit) to discuss the inclusion of lead non-executives in internal audits.
- The procurement strategy is nearing completion.
- Paul Hewitson from Deloitte has now left as our external auditor director – Nicola Wright is his replacement.
- Positive updates provided on cyber security.
- Data quality improvement plan was reviewed.
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Equality, Inclusion and Involvement Committee 25 October 2021 (minutes from 15th June 2021)

AM highlighted the following:

- Received the WRES and WDES annual reports prior to Board.
- The Committee is still evolving and there have been recent changes, it now has a subgroup.
- Received a written report from staff equality networks and queried if we are giving them enough support.
- Easy read version of the Equality, Involvement, Communications and Membership strategy was approved.
- A new insight report was received.
- Deferred approval of EDS2 report as already discussed.

- A new highlight report was received.
- There was a risk discussion about health inequalities.

Finance, Investment and Performance Committee 25 October 2021 (minutes from 23rd August 2021)

CJ highlighted the following points:

- The Trust has achieved a H1 financial surplus of £2.3m which is in line with our forecast.
- The Trust has been successful in its bid for national funds to support its Digital Strategy.
- There continue to be challenges to deliver the capital budget for the year, the Bretton Centre project being the most significant.
- The Trust is in the process of implementing the adult secure lead provider arrangements for West Yorkshire and carrying out due diligence for any potential lead provider role in South Yorkshire, which will conclude next month.
- There are some challenges around developing a H2 financial and operational plan. Some of these relate to the Mental Health Investment Standard and other investments.
- Discussion took place around the financial impacts of these investments and what this means for our workforce planning and delivery of services. The Committee agreed the priority is to maintain patient safety.

Workforce and Remuneration Committee terms of reference only

The updated terms of reference were presented for approval from the Committee on 21st September 2021.

It was RESOLVED to APPROVE the updated terms of reference for the Workforce and Remuneration Committee.

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees in Common 21 October 2021

AM highlighted the triple-A report has not yet been received and will follow next month along with the Committee minutes.

Extraordinary Members' Council meeting 19 October 2021 (no minutes to be received)

AM highlighted the following:

- The appointment of the new chair, Marie Burnham.

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

TB/21/104 Business developments and collaborative partnership working (agenda item 10)

TB/21/104a Integrated Care System (ICS) developments – update on national policy/legislation and local responses (agenda item 10.1)

SY highlighted the following:

- The Health and Care Bill is still at committee stage.
- A substantial amount of work is taking place in places and ICSs.

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

TB/21/104b South Yorkshire & Bassetlaw Integrated Care System (SYBICS) including the Mental Health, Learning Disability and Autism Alliance and place-based partnerships update (agenda item 10.2)

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

- Covid prevalence remains high, and the South Yorkshire system is under pressure as a result.
- Pearse Butler has been appointed as the chair designate for the South Yorkshire ICS.
- The recruitment for the Chief Executive has taken place and is awaiting secretary of state approval.
- Further work is taking place on the development of the integrated care board. The Trust has had the opportunity to input to this.
- SY Mental Health, Learning Disability and Autism Alliance - work is taking place on what a shadow Board may look like and how it will operate.
- The Child and Adolescent Mental Health Service (CAMHS) Tier 4 provider collaborative and Eating Disorder provider collaborative have both gone live.
- There are further discussions taking place around the Adult Secure Lead Provider Collaborative.

SY highlighted the following in relation to Barnsley:

- Work continues with primary care partners in Barnsley place to develop the provider collaborative with a view to being in shadow Board in January 2022.
- We continue to support Covid vaccinations with our community teams.
- Community transformation work continues to progress well.

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

Barnsley Place Agreement and Terms of reference

SY highlighted the following points:

- The Trust has been working with partners in Barnsley to strengthen the partnership arrangements in response to the White Paper.
- The paper sets out the vision, the mission and the priorities, how we will work and the underpinning groups that will help deliver the ambitions of place.
- It doesn't replace any contractual implications and isn't legally binding.
- It will enable in time, with maturity, to take delegated responsibility from the integrated care system.
- It is presented today for formal approval from Board.

A conversation followed about the Digital Strategy for Barnsley. SY reported we have people from place linked into these conversations including Paul Foster who is the Trust digital lead.

MG noted that chapter 4.2 of our digital strategy does make reference to Barnsley place.

It was RESOLVED to APPROVE the Barnsley Place Partnership Agreement and Terms of reference.

TB/21/104c West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 9.3)

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

- Partners across West Yorkshire continue to work together to manage our response to Covid-19.
- Winter planning continues in places and across the ICS.
- The Chair designate is Cathy Elliot, currently Chair at Bradford District Care Trust.
- The Chief Executive recruitment process will conclude this month.
- Partnership governance arrangements are being established and documents are being created.

- The draft constitution will be led by the Chair designate, the Chief Executive (when appointed), place leads and partners. The Trust will be engaged in this through the consultation process.
- A place-based framework has been developed by the ICS which is a helpful document and is akin to a maturity matrix. Each of our places has a development plan which they have been asked to submit to the ICS.
- The Calderdale agreement will be coming to Board next month.
- All of our places are developing place arrangements and we are fully engaged in this process.

A conversation followed in relation to digital strategies and the overview of the three papers taken today suggests each area may have its own digital strategy and what is the impact of this for the Trust and will there be a multitude of strategies that the Trust has to try and align to?

SY reported the ICS strategies were emergent when the Trust started refreshing its own strategy. Most of the strategies appear quite similar, there are differences in elements of focus, and we need to keep engaged with South Yorkshire as well as West Yorkshire due to our work in Barnsley and we will keep this in view.

AM reported there is increasing alignment of the separate strategies.

MG noted the biggest challenge will be around the variation in digital maturity in each place. We need to be careful that pace isn't lost because of variations in progress. We need to focus on some key items which would be information sharing and data collection from MG's perspective.

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.

Adult secure lead provider collaborative and CAMHS Tier 4 provider collaborative update

SR introduced the item and highlighted the following points:

- Today's summary is to bring public board up to date with the progress and status of collaboratives following go live.
- Business cases have previously been discussed in private due to them being commercial in confidence.
- 43 provider collaboratives are now in place nationally.
- South Yorkshire adult secure collaborative has not gone live.
- The paper summarises the journey to going live and the Board will continue to be updated.

It was RESOLVED to NOTE the update on the Adult secure lead provider collaborative and CAMHS Tier 4 provider collaborative.

TB/21/104d Receipt of Partnership Board Minutes (agenda item 10.4)

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/21/105 Performance (agenda item 11)

TB/21/105a Integrated performance report (IPR) month 6 2021/22 (agenda item 11.1)

SY introduced the summary dashboards and priority programmes:

- The majority of the quality indicators have been maintained despite operational pressures, although there are some metrics not achieving target.
- Work is underway to develop physical activity metrics.
- Cardiometabolic assessment and treatment indicators don't show an improved position and there is work in progress to develop a better and more appropriate indicator.
- The percentage of people completing IAPT (Improving Access to Psychological Therapies) treatment has improved.
- The number of children on adult inpatient units was zero in September but this doesn't necessarily show an improved trend as we know there is continuous demand in this area.
- The environment improvement project has started in our inpatient units.
- Recovery and reset work continues, the key workstreams around effective working and operational service recovery is slower but remains ongoing.
- The blend of digital and face to face contact remains similar to last month.
- We are in the process of developing our financial plans for H2.
- Great place to work - staff turnover remains higher than last year.
- Clinical supervision is below target.

CJ noted the good performance in challenging times and queried when some measures may be available around creativity and cultures and asked for some clarity around the average contacts data.

SY reported the creativity and cultures measures is in progress with Creative Minds and a proposal on the correct measure will hopefully be available in the next quarter.

CH reported contact numbers are impacted by many different things. Higher contact figures last year may have been as a result of telephone contacts as opposed to face to face. Since the onset of the pandemic there has been increased service user acuity, which can result in contacts lasting longer than prior to the pandemic.

We are now seeing more acuity and, as a result, more face-to-face contacts are needed which take more time, and it will therefore appear that a team's numbers of contacts has gone down.

CH illustrated the difference in requirements of face-to-face contact depending on the team and noted the aggregation of numbers in this way isn't particularly helpful and this is being reviewed.

A conversation followed about the Board agreeing the correct measures and it was noted that as the pandemic has progressed the understanding of the detail has increased. Some metrics were considered the most appropriate at the time of selection, with the level of knowledge available, but as understanding has increased a review may be appropriate.

AM noted an acronym error in the comments on page 12 of the report which states equality data was presented to Wakefield Recovery College, when the data was presented to the Workforce and Remuneration Committee.

MF referenced page 7, improving care, where so many measures are not RAG (red, amber, green) rated, it is sometimes hard to get an overview of what is good and what is bad.

AM reported the proposed use of Statistical Process Control (SPC) charts for trend monitoring and noted FIP is looking at this.

CJ reported this was discussed at Committee yesterday and further discussion is taking place around which additional metrics would be usefully reported by SPC. The proposal is to use SPC charts for the measures where there are concerns. FIP will report back to Board on progress on this. MF reported an SPC chart on pressure ulcers could be useful.

Action: FIP

MB noted the Board may want to consider how many metrics have a genuine RAG rating. Sometimes a trend has previously been thought to be more appropriate for some metrics. This is something to consider in the further development of the IPR.

CH and DT highlighted the following points:

Covid-19 and emergency preparedness

- There have been a number of Covid outbreaks on wards and the Infection Prevention and Control (IPC) team are working to determine any learning.
- Three patients have died whilst identified as being Covid positive. These patients were either in our care, or had recently been transferred, and all had further health complications. IPC are carrying out root cause analysis (RCA) investigations.
- DT added the RCA investigation will include where infection may have occurred and noted they are being treated as individual cases.

AM noted it is very sad that we have lost three service users to Covid-19 and asked how the Board will know the outcome of the RCAs?

DT reported RCA investigations go to the clinical risk panel and any escalations then go to the Clinical Governance and Clinical Safety Committee. Further narrative can be added to the IPR to feedback the outcomes.

Action: Darryl Thompson

A conversation around lateral flow testing took place, and how national numbers have dropped following the change in process and it was questioned if precautions are still being taken in the Trust. DT reported regionally and nationally testing has declined, and the Trust compares well, and there have been some reported recording issues with national system. Staff testing continues to be recommended twice a week. Lateral flow uptake on the inpatient units will form part of the RCA investigations.

CH reported the Trust remains at OPEL level 3 and Gold, Silver and Bronze command structure meetings remain in place.

Quality

- A new way of reporting on cardio-metabolic assessments is taking place to break it down into its component parts as there are many steps in the assessment and we need to be recording against those within our services.
- Despite being at OPEL 3 our Care Programme Approach (CPA) performance has improved.
- The percentage of complaints, where staff attitude is an issue, has returned to green.
- Care plans remain a complex issue and an IT proposal to support improvement is in consultation.
- Information Governance breaches increased in September compared to other recent months.
- Trustwide inpatient colleagues have established a task and finish group to check reporting fits with practice.
- Dip sampling of risk assessments by matrons is taking place in inpatient units.
- Pressure ulcers – staff training is taking place.

- Safer staffing – we are developing a different way of capturing information, and this is going to CGCSC. Safer staffing levels are defined against our substantive day to day staffing numbers.
- Safety of staff and service users remains our priority.
- Work on inpatient safer staffing is being looked at across the Integrated Care Systems.
- Unfilled shifts are those we are unable to fill due to acuity.
- Prone restraints have all been reviewed by the Reducing Restrictive Practice and Interventions (RRPI) team.

NHSI national Indicators

JS reported performance against national targets remains largely positive.

- There are no young people on our adult wards for the first time this year, but this could change at any time given known demand pressures.
- IAPT - the proportion of people completing treatment who move to recovery has moved back above target.

CJ queried if there was any insight on the percentage of BAME people being detained under the Mental Health Act. CH reported she would cover this in the operational report going to the Mental Health Act Committee.

Action: Carol Harris

KQ reported people from BAME communities continue to have higher numbers detained under the Mental Health Act than those from white communities. In reference to the increase shown in this IPR -the Mental Health Act Committee is meeting next week and we will be looking at it in our Quarterly Performance Report.

System-wide monitoring

MB reported both ICSs are working on their performance dashboards.

Reporting to Board will be by exception for the next three months while things develop.

Locality

CH highlighted the following points:

Child and adolescent mental health services (CAMHS)

- Waiting numbers for attention deficit and hyperactivity disorder (ADHD) and Austistic Spectrum Disorder (ASD) continue to increase in Calderdale/Kirklees and waiting list initiatives are moving to implementation.
- Referral numbers for crisis and eating disorders in young children and waiting times are under pressure. The impact of Covid-19 is still to be fully realised, along with the schools now being back open and work continues in this regard.

Barnsley general community services

- Covid vaccinations of 12-15 year olds has commenced.
- There is pressure across the system and increased waits in the musculo skeletal service (MSK) due to increased demand and staffing pressure.
- Tissue viability service issues are being addressed and we are working with the Clinical Commissioning Group.

Barnsley community mental health

- There are some strong partnerships now in place.
- Section 136 suite access – out of hours service is now provided by the intensive home-based treatment team (IHBTT) and this is an improvement in how we use our resources.
- OPEL level 3 in community services with core and spa teams under pressure. Service user needs and safety are being reviewed to manage demand.

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

- Recruitment of registered staff remains a key focus.
- Performance issues - fire safety training completion had reduced – focused work has taken place to bring this back to target.
- Supervision – services are busy and acuity is high, staff need supervision, but it is getting cancelled due to capacity and we are looking at how we address this.
- A compliment was received yesterday about how our staff in forensic services engage service users and share good practice with the region, which was really positive feedback.
- Learning Disability (LD) team supervision has dropped as well but measures are in place to address this.
- Medical cover across LD is still critical and this is being closely monitored.
- Organisational learning support is being put into LD.
- The adult ASD and ADHD service – we have arranged an invited external review to start in November.

Trust-wide Inpatient Services

- Pressures remain and other measures have already been discussed.

Trust-wide Community Mental Health Services

- Barnsley community mental health pressures are applicable to other areas.
- Single Point of Access (SPA) teams remain under pressure.

A governor raised their hand to ask a question. AM reminded those present that this is a meeting held in public, not a public meeting but the Board would gladly take questions in the public questions item at the end of the meeting. She invited them to place the question in the chat function in MS Teams.

Communications, Engagement and Involvement

- SY asked to take this as read.

Finance and Contracts

JS highlighted the following points:

- £0.1m surplus for the month of September.
- This enables us to deliver a H1 surplus of £2.3m.
- A significant increase in pay costs has been seen this month due to the pay award being back dated to April 2021. This is fully funded.
- Agency spend remains high to support increased acuity.
- Increased out of area bed (OOA) costs are an informed decision to support delivery of safe care on wards.
- Year to date capital spend is £1.3m, £1.1m less than planned.
- The forecast remains that the £9.6m capital programme will be utilised in year.
- Cash remains strong at £63.1m.
- Better payment practice code performance remains at 97%.

Workforce

LJ highlighted the following points:

- Covid and non-Covid absence is now recorded together and is currently at 6.1%.
- These have been combined to clearly highlight the impact on staffing.
- As at 20th October there were 93 staff not working due to Covid-19.
- Staff turnover decreased slightly to 14.5% in September.
- Mandatory freedom to speak up training was introduced for all staff in September and 42% of staff have completed the training to date.

A conversation followed about the blank fields at the bottom of the table on page 36 regarding additional costs. MB reported that reporting has been deliberately stopped during the pandemic due the amount of time it takes to produce the data. MB reported the team could be asked when we might be in a position to start reporting on this again.

Action: James Sabin

LJ reported, following recent welcome events, there has been some very positive feedback from a number of our new starters and people feel really welcomed to the Trust.

KQ noted there is less sickness absence than pre-covid but it appears slightly worse in Calderdale/Kirklees.

CH reported she would look at Calderdale/Kirklees and report back to Board.

Action: Carol Harris

CH continued to say that staff can work more flexibly now which is helpful, this has been a benefit of the pandemic and has a positive impact on sickness absence.

MF noted from the table on page 36 that the thresholds for sickness year to date and sickness monthly have been exceeded for the last three months and as such should be shown as red. If the threshold is right they need to be changed to amber or red or we need to review the threshold.

Action: James Sabin

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

TB/21/105b H2 2021/22 Financial and Operational Planning update (agenda item 11.2)

JS introduced the item and highlighted the following points:

- The detail will be discussed this afternoon in private Board and will be brought back to the public November Board meeting.
- The long-term plan priorities remain for H2 as set out in March 2021.
- The focus on tackling health inequalities remains a key area of focus.
- H2 finances will continue to be provided on a block basis as in H1.
- The efficiency for H2 is 0.82% which is lower than expected.
- The Trust's initial plan for H2 projects a surplus, this is in addition to the surplus of £2.3m in H1.
- The final submission will be made by ICSs on 16th November.
- There is no guidance currently available for 2022/23 and we are expecting this in December.

JS explained CDEL (capital departmental expenditure limit) control totals to the Board. The NHS has to work to capital control totals and there is a total capital expenditure budget allocated to each ICS. The Trust will have to negotiate for a component of that budget.

There are going to be pressures on the ICS over the next couple of years due to demand for major projects and increasing costs. It is also recognised nationally that planning capital expenditure on a one-year basis is not ideal when trusts are trying to deliver 5-10 year estates strategies.

There is a push for a longer-term settlement to give more clarity and assurance around what funding is available in the longer term.

It was RESOLVED to NOTE the report acknowledging more detail will be discussed in the Private Board under item 5.2.

TB/21/106 Strategies and Policies (agenda item 12)

TB/21/106a Digital Strategy (agenda item 12.1)

JS introduced the item and highlighted the following points:

- This is the mid-year progress report.
- The refreshed strategy was approved in March 2021.
- “Integrate digital approaches to the way we work” is a priority programme.
- The strategy has been financially supported with a capital allocation of £2.4m.
- The strategy is being delivered in the context of three key risks outlined in the front sheet.
- There has been good general progress in light of the pandemic.

MG noted the report is green and reported she can see the opportunity we have from the work that has been done. MG is looking forward to how the Trust adopts the technology and the optimisation work to follow. MG congratulated the team.

It was RESOLVED to NOTE the achievements made to date in respect of the 2021/22 milestones.

TB/21/107 Governance (agenda item 13)

TB/21/106b Revised Trust Constitution (including standing orders) scheme of delegation and Standing Financial Instructions (agenda item 13.1)

JS introduced the item and reported there has been consultation with governors and NEDs, and noted the changes have been reviewed by EMT and the Audit Committee.

JS highlighted recent changes:

- The last change to Constitution was in regard to constitutional boundaries in August 2021.
- The inclusion of Annex 6 - Governor code of conduct.
- The inclusion of Annex 8 – Director fit and proper person’s test
- Standing Financial Instructions (SFIs) have had a light touch two-year review.
- A more detailed review of SFIs and the Scheme of Delegation will be conducted in early 2022/23.
- The Constitution will be further reviewed in October 2022.

AM noted, in the code of conduct for governors, the final paragraph needs updating to reflect the nine legal protected characteristics and the Trust additional protected characteristic of being a carer. AM also noted that the document reports governors are provided with the equal opportunities policy and asked for this to be double checked. The SFIs also need amending to include governors where appropriate. This will be carried out in 2022.

Action: Andy Lister

AM noted the Board are being asked to approve this to go to the Members’ Council with the two amendments noted.

It was RESOLVED to APPROVE the updates to the Trust Constitution and Standing Financial Instructions for 2021/22 NOTING the requested amendments prior to submission to the Members Council for ratification.

TB/21/108 Trust Board work programme (agenda item 14)

Trust Board RESOLVED to APPROVE the draft work programme.

TB/21/109 Date of next meeting (agenda item 15)

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

TB/21/110 Questions from the public (agenda item 16)

No questions were received from the public.

Signed:

Date: