NHS
South West Yorkshire Partnership
NHS Foundation Trust

Trust Board (performance and monitoring)
Tuesday 26 November 2019 at 9.30am
Boardroom, Conference Centre, Kendray Hospital, Doncaster Road, Barnsley S70 3RD

AGENDA

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
1.	**9.30**	**Welcome, introductions and apologies**	Chair	**Verbal**	2	To receive
2.	**9.32**	**Declarations of interest**	Chair	**Verbal**	3	To receive
3.	**9.35**	**Minutes and matters arising from previous Trust Board meeting held 29 October 2019**	Chair	**Paper**	10	To approve
4.	**9.45**	**Service User Story**	Director of Operations	**Verbal**	10	To receive
5.	**9.55**	**Chair and Chief Executive's remarks**	Chair Chief Executive	**Verbal** **Paper**	10	To receive
6.	**10.05**	**Performance reports**				
	10.05	6.1 Integrated performance report Month 7 2019/20	Director of Finance & Resource and Director of Nursing & Quality	**Paper**	60	To receive
	11.05	*Break*				
	11.15	6.2 Serious incident report Quarter 2 2019/20	Director of Nursing & Quality	**Paper**	10	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
	11.25	6.3 Safer staffing report	Director of Nursing & Quality	**Paper**	10	To receive
7.	**11.35**	**Business developments**				
	11.35	7.1 South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS)	Director of HR, OD & Estates and Director of Strategy	**Paper**	10	To receive
	11.45	7.2 West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP)	Director of Strategy and Director of Provider Development	**Paper**	10	To receive
8.	**11.55**	**Strategy updates**				
	11.55	8.1 Comms, Engagement and Inclusion Strategy	Director of Strategy	**Paper**	15	To receive
9.	**12.10**	**Receipt of public minutes of partnership boards**	Chair	**Paper**	5	To receive
10.	**12.15**	**Assurance and receipt of minutes from Trust Board Committees** - Clinical Governance & Clinical Safety Committee 5 November 2019 and, including ratified Minutes from 10 September 2019 - Finance, Investment and Performance Committee 19 November 2019	Chairs of committees	**Paper**	15	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
		- Mental Health Act Committee 12 November 2019, including ratified minutes from 29 August 2019 - West Yorkshire Mental Health Collaborative Committees in Common 3 October 2019 including minutes. - Workforce & Remuneration Committee 7 November 2019, including ratified minutes from 7 May & 22 July.				
11.	**12.30**	**Use of Trust Seal**	Chair	**Paper**	2	To receive
12.	**12.32**	**Trust Board work programme**	Chair	**Paper**	3	To receive
13.	**12.35**	**Date of next meeting** The next Trust Board meeting held in public will be held on Tuesday 28 January 2020, small conference room, Wellbeing & Learning Centre, Fieldhead Hospital, Ouchthorpe Lane, Wakefield WF1 3SP	Chair	**Verbal**	0	To note
14.	**12.35**	**Questions from the public**	Chair	**Verbal**	10	To receive
	12.45	*Close*				

South West Yorkshire Partnership NHS Foundation Trust

Minutes of Trust Board meeting held on 29 October 2019
Rooms 49/50 Folly Hall, Huddersfield

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair/Senior Independent Director
	Laurence Campbell (LC)	Non-Executive Director
	Chris Jones (CJ)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sam Young (SYo)	Non-Executive Director
	Rob Webster (RW)	Chief Executive
	Tim Breedon (TB)	Director of Nursing and Quality/Deputy Chief Executive
	Dr. Subha Thiyagesh (SThi)	Medical Director
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Mark Brooks (MB)	Director of Finance and Resources (author)
Apologies:	Members Nil	
	Attendees	
	Emma Jones (EJ)	Company Secretary
In attendance:	Carol Harris (CH)	Director of Operations
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy

TB/19/92 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies as above were noted. At the commencement of the meeting there were three members of the public in attendance which included one staff member and two governors from the Members' Council. AM reminded the members of the public that there would be an opportunity at the end of the meeting for questions and comments from members of the public. Questions asked and responses would be included in the meeting minutes going forward, and a form was available for completion if members of the public preferred to raise their questions in that way and to enable a response to be provided outside of the meeting.

TB/19/93 Declarations of interest (agenda item 2)

The following declarations were considered by Trust Board for Rob Webster (RW), Chief Executive Officer:

Name	Declaration
Chief Executive Officer	
WEBSTER, Rob	Member of NHS assembly Member of national people board Resigned from workforce race equality standards strategic advisory group Family member (son) is a national mencap ambassador

There were no other comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the new Declarations of Interest.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests.

TB/19/94 Minutes of and matters arising 24 September 2019 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 24 September 2019 as a true and accurate record. The following matters arising were discussed.

- TB/19/83a Integrated performance report M5 2019/20 (regarding reporting for psychology waiting times Mental Health Act and other indicators not yet reported) – MB stated that initial reporting on Mental Health Act indicators has commenced in the current report. Given the impact of long-term sickness and additional sizeable priorities that have emerged in the year it is unlikely that much development work can take place meaning it is unlikely any new indicators will be reported on this year.
- TB/19/83a Integrated performance report M5 2019/20 (regarding data quality) – MB commented that data quality has shown some improvement over the course of the previous month and focus continues to be applied to areas where there are known issues. SYa added that focus is being applied to how SystmOne is used more effectively as opposed to the recording of data being a system issue.
- TB/19/83a Integrated performance report M5 2019/20 (risk assessments) – LC asked for an update on the issue with risk assessments and whether it is impeding ability to actually provide risk assessments. TB stated it is not as it is a reporting issue. CH confirmed they are being carried out and a tool is being developed. TB explained there is a clinical risk report constructed manually which is reported on monthly.
- TB/19/83b Serious incident report – Q1 2019/20 – TB reported the incidents linked to smoking are being reviewed in forensics. A meeting is planned for 27 November and a paper will be taken to the ensuing Clinical Governance & Clinical Safety Committee (CGCS).
- TB/19/84a South Yorkshire update – the issue with EIP reporting has been addressed.
- TB/19/85d Care Quality Commission (CQC) inspection update – TB reported this is being covered in detail at the next CGCS.

TB/19/95 Service User Story (agenda item 4)

The Trust Board heard a service user story in relation to BAME workers which Yakub Rawat attended to present. Yakub explained his personal background which brought him into contact with Trust services. He explained he had sought initial help from a local imam, but did not wish to be considered for hospital treatment given the stigma attached. He did come into contact with outpatient services and came into contact with a BAME worker who was supporting his wife as a carer. This BAME worker was very influential and Yakub joined an Asian men's group which he enjoyed, including winning a 5-a-side league. The BAME worker built up both trust and confidence. Subsequently he has worked in various groups and roles and been able to give something back. He has a much better understanding of his illness and also stressed the staff from non-BAME backgrounds were also excellent, particularly the psychiatrist. He emphasised the benefits a BAME worker can bring such as good community and cultural knowledge.

SThi highlighted that in discussion in a focus group it was identified that it is not always necessarily the case that BAME service users want BAME staff as they may be known to them in local communities. Yakub stated he believed we should give the customer what they

want. Every area is different and we should utilise the skills pool we have available. AM stressed the importance of having a workforce representative of the communities served.

RW asked if Yakub felt that stigma got in the way of recruitment. Yakub felt that the media does not always help and that roles are challenging to work in. RW also asked what we could do to promote recruitment with schools, colleges and communities. Yakub agreed that education is key. KQ sked if we should do more to support imams and mosques. CH explained that we have our spirit in mind offer in place which does provide such support.

CD recognised the need to provide staff with space to recognise that every individual is different. Yakub suggested that safe places should have mental health first aiders.

The Chair noted that Yakub's story is relevant across all our work, and it was especially helpful to highlight and consider the issues raised during Black History Month.

It was RESOLVED to NOTE the Service User Story.

TB/19/96 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- There is a Members' Council meeting taking place this week.
- There will be issues discussed in the private session of the Trust Board. These are items that have met the test of being discussed in private before they come into the public agenda, typically for reasons of commercial confidentiality.
- Today the Board will discuss the following items in private:
  - Those aspects of financial performance considered to be commercial in confidence.
  - Serious incidents under investigation.
  - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs).
  - The Trust's draft five year plan.
  - Investment opportunities and contract issues.
  - Contracts for approval0
  - Risk register covering items considered to be commercial in confidence.
  - Minutes of private partnership board meetings.
  - A corporate trustee meeting is also taking place.

Chief Executive's report

RW commented that "The Brief" communication to staff was included in the papers and provided an update on the local and national context as well as what was happening across the organisation. He highlighted the following:

- Recognition of the current political environment. Potential legislation promoting collaboration could prove helpful.
- Planning for Brexit continues.
- This year's state of care report by the CQC has notable differences to last year's with concerns noted about pressures in mental health, learning disabilities and community services. Generally quality has been reported as going down over the past year.
- Within annex D is the speech Horatio Clare gave at the opening of the Unity Centre. He quoted "Sometimes on the ward I looked at the nurses and the assistants and the cleaners (who also serve the meals, and deserve more pay) and the therapists, and the staff and thought – we patients have no choice, but these people choose to come here.

Every morning or evening, through the rain, they come to this place where none of us want to be, and they try to help us. That is heroism: unsung, vital, straightforward heroism." This helps to act as a reminder of the efforts our staff put in each day and that we do need to ensure pressures are appropriately managed.

- Workforce elements within the People Plan were being discussed including how the plan would be launched and implemented. There were big issues around capacity to deliver and data availability.

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

TB/19/97 Risk and assurance (agenda item 6)

TB/19/97a Strategic overview of business and associated risks (agenda item 6.1)

SYa highlighted the following in relation to the strategic overview of business and associated risks. The report emphasises the significant change in the last 6 months with good progress being made against our strategic ambitions. EM raised concerns about capacity in the Trust to carry out everything being asked. SYa explained she is carrying out a systematic review of capacity required. RW noted that on the Board Assurance Framework (BAF) the rating for the strategic risk relating to having resource in place to meet strategic objectives has moved from green to yellow.

LC suggested that there was not likely to be significant impact from any additional resource in 2019/20. SYa agreed that the scope of some priorities for this year may have to be reviewed. CD asked for confirmation that priorities are regularly assessed. SYa confirmed this and reminded the Board that a number of priorities relate to a five year period.

CD noted that there is a lot of co-production and co-working required and asked the question of how will we know externally if we will be assessed differently by stakeholders, recognising us for the full range of service provision, not only mental health. SYa stated that we are seen more and more as a partnership organisation. We are being asked to lead on an increasing number of system initiatives. TB explained that our staff are used to working in partnership every day. What they need is to be able to make better sense of the alignment e.g. with the integrated care systems. There is a need for the professional bodies to be sighted so they can provide better support to people. We need to consider how we capture and reflect how we are perceived as an organisation and how we evidence if we are meeting our strategic objectives.

Action: Salma Yasmeen

CD asked when we go back to a zero base, so as to avoid priorities continuing to grow incrementally. She also noted that bullying has been picked up as a theme to tackle and that this is not really represented in the report. MB noted this issue should also be assessed for the Board Assurance Framework (BAF) and risk register.

Action: Mark Brooks

SYa added that many of our staff are playing into places by joint working within each place.

RW summarised by stating that some capacity may need to come from partners including potentially transferring some resource from commissioners. In respect of gaining stakeholder views there needs to be agreed timing for this.

Action: Salma Yasmeen

LC noted that individual organisation identity could become increasingly blurred given the increased focus on partnership working.

It was RESOLVED to NOTE the content of the strategic overview of business and associated risk report and the links to our strategy.

TB/19/97b Board Assurance Framework (BAF) (agenda item 6.2)

MB introduced the updated Board Assurance Framework (BAF). He explained that a full review had taken place at the Executive Management Team (EMT) meeting and updates have been made accordingly. The most significant change is the rating for the strategic risk *3.4 - Capacity / resource not prioritised leading to failure to meet strategic objectives* from green to yellow. MB noted that a question was raised during a recent internal audit with regard to whether strategic risks should be allocated to Board committees to review. This was discussed at the Audit Committee and it was felt that it remained appropriate to consider the BAF in full at Trust Board meetings. MB commented that pressures in some areas along with other priorities, has resulted in slippage to completing some actions, which is reflected in this updated document. MB also explained that a triangulation report is reviewed periodically at the Audit Committee and EMT, which helps inform the process for updating the BAF.

LC stated that he would welcome more Board discussion in relation to the link between strategic objectives and priority programmes. This would provide more focus on risk. He also re-iterated that the Audit Committee members felt that committees should continue to review allocated corporate risks, with the full Board focusing on the BAF.

Action: Salma Yasmeen

CD queried how we know if we are making progress against delivery of strategic objectives. RW stated that in terms of delivery the integrated performance report (IPR) provides the Board with comprehensive information each month. RW also felt that for the first three objectives there are a number of examples that may need to be better articulated to the Trust Board. It is more difficult to articulate our performance against creativity and innovation and this requires more thought. He suggested this is discussed further at the December Board strategy meeting. LC stated he would like to see what the deliverable is.

Action: Salma Yasmeen

CJ expressed concern that all the risks are rated yellow and wondered if this had become a default position. Given the time of the year he questioned whether there is sufficient grip over the actions required to deliver. AD noted that for some risks such as workforce in many respects they are systems risks as there are national and local workforce shortages for a number of professions. SThi suggested we need to consider thresholds and determine what is realistic

RW commented that one of the purposes of the BAF is to help shape the Trust Board agenda and to carry out a validity check. MB felt that as a number of the ratings are to some degree subjective the ratings may reflect the prudence of Board members. EM wondered whether given the fact we are operating in a challenging environment it reflects a degree of nervousness. From her perspective the key issue is what we are doing to manage the risks. RW stated that a lot of what is being asked is included in the report. MB reminded Board members that the format of the BAF was updated just over a year ago to take account of observations made following a CQC inspection.

SYo felt that number of gaps and actions need to be sharpened up. AM summarised that more high level measures are required for the strategic ambitions in order to measure progress. This will be discussed further at the December strategy meeting. RW also suggested that our involvement in the development of ICS five strategies could be considered via the engagement survey.

It was RESOLVED to NOTE the updated Board Assurance Framework and further discuss high level measures at the December Board meeting.

TB/19/97c Corporate / organisational risk register (ORR) (agenda item 6.3)

MB introduced the organisational risk register by explaining that over the course of the last quarter the risk register has been reviewed at EMT and Board committees have reviewed risks allocated to them. MB further explained that updates to actions and controls have been incorporated in the revised document and suggested that committee chairs provided their own views.

LC explained that at the Audit Committee, TB had presented an update on the position relating to complaints with all actions identified in the internal audit scheduled to be completed by the end of October. In relation to cyber security, the committee recognised the very good work that has taken place on technical defences and asked for further assurance that the level of staff training and awareness is sufficient. He also noted that SystmOne optimisation risk is growing due to the increased scope of other priorities.

CD asked if the increased risk relating to information sharing across systems / partners is reflected in the risk register. MB felt this was an emerging risk that needs to be assessed.

CD stated at the Clinical Governance & Clinical Safety Committee (CGCS) the wording of the CAMHS risk was carefully considered and has been updated accordingly with the risk of serious harm now inserted. There was also discussion on what areas need covering in the patient safety risk and whether there is sufficient assurance available for each.

At the Workforce and Remuneration Committee (WRC) SYo explained that risks relating to recruitment, retention and diversity are likely to remain risks for a period of time so focus is being placed on the actions to mitigate the risks.

KQ explained that the risks relating to the Mental Health Act (MHA) have now been developed. EM suggested this risk relating Mental Capacity Act and deprivation of liberty could increase. SThi felt the key action likely to be required relates to additional workforce training.

AM stated that the Equality & Inclusion Committee needs to determine whether it has a risk allocated to it. This will be done in liaison with the WRC.

Action: Angela Monaghan / Sam Young

RW reminded the Board that equality and diversity needs to consider service provision as well as workforce.

Reflecting on the discussions relating to the Board Assurance Framework and Organisational Risk Register, RW suggested there could be another strategic risk for consideration in relation to external threats where people are aiming to do harm. Examples being cyber and the agenda around Prevent. This will be reviewed during the next update of the BAF for 2020/21.

Action: Mark Brooks

Trust Board agreed the recommendation to close risk 1213 - Risk that sub-optimal transition from RiO to SystmOne will result in significant loss or ineffective use of data resulting in the inability capture information, share information and produce reports.

Action: Mark Brooks

It was RESOLVED to NOTE the updated Organisational Risk Register.

TB/19/98 Business developments (agenda item 7)

TB/19/98a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

SYa explained that the draft 5 year plan has been submitted. She had recently attended a coalition meeting with AM at which the plan was discussed. SYa also noted that the Trust is a partner in the stop-smoking QUIT programme. AD stated the expectation is this could save 1.5 lives per week across South Yorkshire. The Barnsley integrated specification is now being mobilised. LC asked if there is a standard for how to interact with primary care networks (PCNs). RW responded that it is currently very early days in terms of stage of development and as such there is not a standard way. Different approaches are being taken in different places and consideration needs to be given to what the priority is in each area. AM suggested at this stage developments are likely to cover standard principles and contractual targets.

TB/19/98b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SYa noted how the commissioning environment is changing and what this might mean for West Yorkshire & Harrogate system. RW was clear that having only one CCG in West Yorkshire & Harrogate will not be pursued. This will not work with the place based approach. Progress continues on key programmes. SR stated that we have been informally notified that the West Yorkshire bid for a specialist community forensics pilot has been successful. This will result in a full year effect investment of £1.2m. SYa stated that some bold conversations have been held in respect of diversity and race equality. There will be further updates on this following a period of reflection. These discussions recognised the talent already in place. SYa added that work is happening in all the places we operate in relation to creative and innovative solutions including the use of Creative Minds and recovery colleges.

CJ asked whether health & wellbeing board metrics should be standardised and how they are developing. He noted that there appear to be different approaches between West and South Yorkshire. RW explained that a dashboard is currently being developed in WY&H, which is a step behind SY&B in the ICS development journey.

It was RESOLVED to NOTE the updates on the development of Integrated Care Partnerships and collaborations

TB/19/98c WYHHCP draft digital strategy (agenda item 7.2.1)

SYa explained that a Yorkshire and Humber Digital Charter has been developed which has been endorsed by the Local Healthcare Care Record Exemplar (LHCRE). In addition, there is a draft digital strategy for the West Yorkshire & Harrogate ICS which sets out the strategic direction and outlines an initial 10 key priorities, developed through engagement, to deliver over the next 5 years.

Once delivered, this will enable the Partnership to fulfil its digital obligations as stated within the NHS Long Term Plan as well as supporting the broader care transformation aims and objectives that the Partnership is seeking to provide. One key priority is cyber and there is recognition that funding opportunities need to be maximised. LC asked if there is an opportunity for the Trust to provide the leadership into this programme. MB explained that there is a leadership structure in place and Trust staff will continue to play a participative and leading role in the wider system digital strategy. KQ asked about inter-operability, particularly with primary care. RW emphasised the importance of systems being able to talk with each other. He also noted that TPP (the providers of SystmOne) have expressed an interest in

working with the LHCRE to identify how information can be shared in a different way. KQ asked how much funding we will receive for delivering the strategy. MB stated that at this point in time there are some non-recurrent monies supporting the development, but that recurrent funding would need to come from the organisations involved. This will be a relatively significant cost with savings generated by improved ways of working. SYo recognised the co-creation that has taken place in developing the charter and strategy.

It was resolved to ENDORSE and SUPPORT the draft digital strategy

TB/19/99 Performance reports (agenda item 8)

TB/19/99a Integrated performance report (IPR) month 6 2019/20 (agenda item 8.1)

TB opened this item by noting that there were no under 18 admissions to adult wards in September, which was positive. Focus needs to be maintained though as he does not believe the issue is resolved yet. He also noted the positive reduction in the use of out of area beds. CH stressed that it is good news, but we cannot afford to be complacent. TB suggested the deterioration in relation to supervision is more an issue of recording. Improvement has not been seen in the last month on medicine omissions and we need to continue to pursue the action plan we have in place. SThi stated the Chief Pharmacist is leading an exercise to drill down into the detail on every ward and record completed.

TB also explained there had been an improvement in the responses to complaints with 44 completed in the targeted timescale and 11 not. TB added that new reporting arrangements for safer staffing are being discussed at Clinical Governance & Clinical Safety Committee (CGCS) in November. There has been a slight increase in the number of serious incidents which is being investigated.

LC raised the performance on learning disability referrals of 77%, which is below target. CH explained there were challenges in the service given the number of vacancies, particularly in psychology and speech & language therapists. MB highlighted that an in-year quality impact assessment is taking place given the level of vacancies.

EM stated that she had spent some time with the complaints team and recognised how complex some are to complete and bring to a conclusion. She wondered if the target completion date was always achievable and whether we should again review.

Action: Tim Breedon

EM also asked about the reported performance on supervision. CH explained this had been the subject of in-depth discussion at the Operational Management Group (OMG). There is a degree of confidence this is a recording issue and it will be reviewed again next quarter to identify if this is the case. AM asked for clarification of who is responsible for recording supervision. CH confirmed it is the supervisor. The supervisee should check it has been completed as well. RW stated that we should use the same principle as we use for investigations, which is “if it hasn’t been recorded it hasn’t happened”. CD asked how it was possible to understand the quality of conversation at supervision. TB suggested one means is to review quality of appraisal on the staff survey. CH also highlighted that hotspots are reviewed regularly at OMG. RW stated that we needed to consider how this fits in with wellbeing groups and the staff survey and stressed the need to keep pushing this as an area for focus. AM asked if any of the committees should focus on this issue? TB stated it has been reviewed at CGCS in the past, but not recently. It was agreed both the CGCS and Workforce & Remuneration Committee (WRC) have a role to play.

Action: Charlotte Dyson / Sam Young

KQ highlighted the progress made in developing metrics in relation to the Mental Health Act, with section 17 leave now reported on. Whilst not visible in the report there has been a big improvement in this metric over the past 6 months, which needs to be made sustainable.

LC highlighted that the number of leavers providing feedback has dropped again and asked whether we are missing out on useful feedback. AD said the short answer is yes we are and this needs further drive. A variety of ways of providing feedback are currently offered. AM asked whether the use e-short surveys which could be completed on personal mobile phones would be possible to ascertain leaver feedback? LC also noted that the registered fill rate appears to be dropping. TB emphasised the importance of recruitment and retention.

RW pointed out that the type of harm included in the metrics is not always clear and asked that this be made clear for the next report. He also added that the report showed an increase in the quarter in the number of serious incidents involving death. TB stated there was no particular trend and that there would be further more detailed review at the November CGCS meeting.

RW also highlighted the significant improvement in out of area beds performance and asked whether the interventions made have had an impact. CH acknowledged there has been a positive impact from the interventions made to date, but also explained there is more to do. She highlighted the work carried out with how beds and patient flows are managed as positive examples. TB warned that significant independent sector pressures could place further challenge on NHS beds.

CJ asked why the performance of IAPT has steadily declined for the past five months. MB noted that we are still achieving our targeted performance and added that ability to recruit is an issue. This was confirmed by CH.

CH highlighted the fact the Calderdale Dales Unit electroconvulsive (ECT) team has received royal college of psychiatry accreditation along with very positive findings on care and safety. She also noted that following issues identified, an improvement plan had been put in place at ward 18 and this is beginning to have a positive impact. CH made the board aware that management responsibility for forensic CAMHS has transferred to the CAMHS management team from the Forensic Service. Significant improvements have been made in terms of the improvement plan in relation to the performance notice. CD added that an exception report is provided to the CGCS on CAMHS and that forensic CAMHS will be added to this henceforth.

AM asked how the work in forensics on health & wellbeing and bullying was progressing. AD responded by stating that work is taking place with wellbeing groups and ward managers. He feels there needs to be a larger integrated programme and that there are not necessarily any quick wins. He added that the forensics BDU has one of the higher uptakes of clinical supervision.

SYa explained the focus of the CAMHS priority programme is currently on Barnsley and Wakefield. Additional capacity has been put in place. She also highlighted that in respect of Barnsley integrated care the neighbourhood specifications are entering into a period of mobilisation. The suicide prevention service has been officially launched with staff recruited. With reference to SystmOne optimisation care plans have now been tested and gone live in forensic services. The scope of optimisation is being clarified and is likely to focus on five key components. Community health services are being de-coupled from the optimisation programme. CD asked for an update on where we are with the older people's transformation programme. SThi explained this issue had been discussed at the partnership board in

October when it was agreed to move forward with the next steps. The community model is beginning to embed and focus is now being applied on the clinical case for change. A high level plan will be taken back to the partnership board at the December meeting.

AM asked when measures would be available for communications and engagement. SYa explained this had been a subject of discussion at a recent time-out for her team. They are currently being developed.

Action: Salma Yasmeen

KQ asked if we were on track with the Barnsley neighbourhood integration work. SYa stated that we are and some emergent milestones are being developed. RW counselled some caution in respect of system re-configuration that may be required and explained some internal prioritisation may need to take place. RW asked if we are yet clear on our capacity and risks in relation to priority programmes and suggested more time may need to be spent on the risks. CJ asked where the financial sustainability work fits within the priority programmes. SYa explained that thought is currently being given to how this is reflected.

Action: Salma Yasmeen

MB stated the Trust had recorded a surplus in September, which is the second consecutive month a surplus has been delivered. Cumulatively there is a deficit of £1.1m and the full year target is a deficit of £0.2m. He explained that the performance in respect of out of area beds is making a real difference financially as well as from a service perspective. Additionally, income growth and time taken to fully recruit into new roles are making a financial contribution this year. Risks remain relating to inpatient staffing pressures and IT requirements, largely due to the implementation of Windows 10. The agency metric is currently red rated with spend significantly higher than our cap each month. The cash balance is healthy at £32m. MB stated the full year forecast is achievable if the level of out of area beds remains low and focus is maintained on internal financial control. The level of net risk in the full year forecast has reduced to £1.1m. CJ agreed with this summary and explained a discussion on 2019/20 financial performance and forecast had taken place at the recent Financial Oversight Group (FOG) meeting.

RW highlighted the fact inpatient units are overspending and to consider how the impact on agency staffing usage is factored into conversations with the regulator. MB will review if agency spend can be segmented in different ways. CD asked if staff understood the quality and cost impact of using agency staff.

AD noted there had been some higher than expected sickness levels in June and July, particularly in inpatient units. There is a question of how the wellbeing agenda supports this. AD reminded Board members that the vacancy rate includes vacancies relating to new investments, which can take time to fully recruit to. CD asked if we measure how much bank work is carried out by our own staff. AD confirmed this is regularly monitored and that there is exception reporting in place. CD asked if we knew where leavers were going. AD stated we have mixed knowledge of this and how we retain people in the Trust is key. A more detailed report on this subject is being taken to the Workforce and Remuneration Committee (WRC). CH noted that staff nurses tend to want some forensic experience, and then leave for other areas. RW reinforced the need to push for exit interviews. He stated that the level

of turnover in CAMHS and learning disabilities is worrying. AD explained that exit interviews form only one part of a range of intelligence we capture.

RW checked on appraisal rates and asked how they compared to last year, noting that we do have a good track record in terms of completion. AD stated appraisal completion has followed a similar pattern to last year.

RW highlighted that the level of flu vaccinations is not captured within this report and that as a Board we have an interest in this. AD stated that the figures are currently being reviewed and that vaccinations are now open to anyone. There has been a different phasing this year in terms of receipt of the vaccine. RW reiterated there is a high level of national interest and that we must consider the level of risk of sickness and wellbeing. AD will provide an update at the next meeting.

Action: Alan Davis

It was RESOLVED to NOTE the Integrated Performance Report.

TB/19/100 Strategies (agenda item 9)

TB/19/100a Digital Strategy progress update (agenda item 9.1)

MB provided an update made against the Trust's digital strategy in the first six months of the year. A detailed report was provided for Board members. In addition MB highlighted the following key points:

- Following the successful implementation of SystmOne to replace RiO, focus is now shifting to optimisation activities after a period of system stabilisation.
- A number of initiatives are being undertaken in support of paper digitisation.
- Greater emphasis is being placed on the effective use of business intelligence. Resource is focused on the development of a data warehouse to support the understanding of internal productivity by teams. Whilst the model hospital is still in relative infancy for mental health and community providers there is now sufficient information contained within it enabling some comparisons to be made.
- In relation to having a skilled and digitally able workforce, the primary focus to date has been related to SystmOne operational training.
- The relatively new Digital Strategy Group is driving forward opportunities, such as the development of an e-voucher scheme within the Quit Manager system and also exploration of an eConsultation solution for a pilot project within the mental health perinatal service.
- In respect of cyber security the Trust has taken up various services offered by NHS Digital and a number of cyber enhancement activities have been completed during the reporting period which supports the Trust's drive towards cyber maturity.
- The Trust staff app has now been launched.

MB explained that to date we are on track to deliver the 19/20 plans, which also include the replacement of Windows 7 with Windows 10 and the introduction of a new email platform. Both of which must be competed in quarter 4 as support for existing systems and platforms expires. MB expressed some concern that additional in-year priorities combined with the existing level of resource in the Trust could make achievement of all priorities in the 19/20 more challenging. KQ asked if moving to Windows 10 would reduce the speed of the

system. MB stated that that it would not. SYo stated she would like to better see the links between the digital strategy and Trust strategy. RW asked that positive feedback be given to the team on what it has achieved given multiple calls on time. RW also posed the question of whether we have the right architecture in place to meet our future needs.

It was RESOLVED to NOTE the progress made against the Trust's digital strategy and to pass the Board's thanks to the team.

TB/19/101 Governance items (agenda item 10)

TB/19/101a Emergency Preparedness, Resilience & Response (EPRR) Compliance (agenda item 10.1)

AM asked if this paper could be taken as read and whether anyone had any questions. EM asked for further clarification over evacuation plans. AD explained these were complex given the nature of services and number of services. Partnership approval is often required. AD emphasised that there are plans in place. He also explained the sprinkler installation programme that was in place to support the management of risk.

It was RESOLVED to AGREE to sign off that the Trust is substantially compliant with the NHS EPRR core standards

TB/19/101b Update to Standing Financial Instructions (agenda item 10.2)

MB explained that this paper was a result of a review of the Trust standing financial instructions (SFIs), and reflected any updates made following that review. The updated document has been reviewed and updated following EMT and Audit Committee meetings. Updates include reflection of current practice, changes in the operating environment, changes in legislation and / or improved practice and updated job titles. MB also stated that there was recognition the SFIs need to be well communicated and understood across the Trust and the best means of doing this will be determined and put into place. MB also noted that the Director of Finance role currently has significant responsibility for the charities in the SFIs. In practice these responsibilities are discharged via the Director of Strategy and Head of Financial Accounting. In future there will be a regular meeting with the Director of Finance for these two roles to consider how the various SFIs relating to the charities are being met. AM asked for the charities section of the SFIs to be reviewed at the Charitable Funds Committee. It was noted that if further changes are needed following this, they will be brought back to a future board meeting.

Action: Salma Yasmeen

AM questioned why the Board approving staffing changes had been altered in the SFIs. MB explained that on a day to day basis CH and her team would regularly review skills mix e.g. if a vacancy arose. It is recommended these are the responsibility of management, whilst the Trust Board will still approve the annual plan, including staffing levels. LC agreed that the SFIs need presenting across the Trust in the simplest way. LC also highlighted that at the Audit Committee one of the considerations was which breaches are reportable to the Committee. It was felt that this is the included in the remit of the Director of Finance. RW suggested some principles are identified and agreed.

Action: Mark Brooks

AM requested that gender neutral language is used throughout the document and all trust documents.

Action: Mark Brooks / ALL

RW asked about the Scheme of Delegation and how the SFIs relate to that document. MB explained the Scheme of Delegation was updated and approved in 2018 and that the updated SFIs are consistent with the current Scheme of Delegation.

It was RESOLVED to APPROVE the updated Trust Standing Financial Instructions.

TB/19/102 Assurance from Trust Board Committees (agenda item 11)

Audit Committee 8 October 2019 and, including ratified Minutes from 9 July 2019
LS highlighted the following:

- Complaints – internal audit recommendation implementation to be completed by end of October.
- SystmOne optimisation plus further projects planning by December.
- Standing Financial Instructions – need for easier access, communication and materiality judgement.
- IFRS 16 – material impact on balance sheet.
- BAF – internal audit points on actions re. dates and accountability.
- Cyber risk – very good work on technical defences, question about need for further staff training.

Nominations Committee 24 October 2019
AD highlighted the following:

- A document has been received from NHS England & Improvement outlining how non-executive pay between NHS trusts and foundation trusts is to be aligned. This was reviewed at the Committee and a proposal is being put to the Members' Council meeting on 1 November 2019.

West Yorkshire Mental Health, Learning Disabilities & Autism Collaborative Committees in Common
AM highlighted the following:

- Assessment and Treatment Unit (ATU) Business Case.
- Transforming Care Programme: Independent Sector Learning Disability Placements Memorandum of Understanding.
- ICS & Programme Strategy and structure.
- Governor / NED Event on 22 October 2019.

TB/19/103 Trust Board work programme (agenda item 12)

RW requested the EPRR compliance report is added to the annual work programme.

Action: Emma Jones

TB noted that the safer staffing report has been deferred to November. RW asked if the timings for the operating plan reports were correct. MB stated they are indicative based on past experience. Once national guidance is received the work programme for this year will be updated if required.

Action: Emma Jones

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

TB/19/104 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on Tuesday 26 November 2019, Boardroom, Conference Centre, Kendray Hospital, Doncaster Road, Barnsley S70 3RD.

TB/19/105 Questions from the public (agenda item 14)

TB/19/105a – The sickness rate target is 4.5% and the August position was 5.0%. What is the average rate of sickness absence?
AD noted the cumulative rate of sickness absence to the end of September is 5.0%.

TB/19/105b – The Trust has an 11% turnover rate. Does it conduct any exit interviews to understand why staff are leaving?
AM noted that this had been covered in some detail in the meeting.

TB/19/105c – What does RAG mean?
AM explained it stands for Red, Amber, Green.

TB/19/105d – Workforce Race Equality Standards (WRES) – how has the Trust contributed to the national report.
AM noted that information on the Trust's WRES performance is on the Trust website and a link would be provided.

Signed: **Date:**

South West Yorkshire Partnership NHS Foundation Trust

TRUST BOARD 29 OCTOBER 2019 – ACTION POINTS ARISING FROM THE MEETING

= completed actions

actions from 29 October 2019

Min reference	Action	Lead	Timescale	Progress
TB/19/97a	We need to consider how we capture and reflect how we are perceived as an organisation and how we evidence if we are meeting our strategic objectives.	SYa	November 2019	A proposal is being made to the private board meeting in November
TB/19/97a	CD also noted that bullying has been picked up as a theme to tackle and that this is not really represented in the report. MB noted this issue should also be assessed for the Board Assurance Framework (BAF) and risk register.	AD	January 2020	This will be considered in the next versions of the Board Assurance Framework and risk register the Board receives
TB/19/97a	In respect of gaining stakeholder views there needs to be agreed timing for this.	SYa	November 2019	A proposal is being made to the private board meeting in November
TB/19/97b	LC stated that he would welcome more Board discussion in relation to the link between strategic objectives and priority programmes.	SYa	December 2019	This will be an item for consideration at the December strategy Board
TB/19/97b	It is more difficult to articulate our performance against creativity and innovation and this requires more thought. It was suggested this is discussed further at the December Board strategy meeting. LC stated he would like to see what the deliverable is	SYa	January 2020	
TB/19/97c	AM stated that the Equality & Inclusion Committee needs to determine whether it has a risk allocated to it. This will be done in liaison with the WRC.	AM/SYo	December 2019	
TB/19/97c	Reflecting on the discussions relating to the Board Assurance Framework and Operational Risk Register RW suggested there could be another strategic risk for consideration in relation to external threats where people are aiming to do harm. Examples being cyber and the agenda around Prevent. This will be reviewed	MB	January 2020	This will be considered in readiness for the next versions of the Board Assurance Framework and risk register the Board receives.

Min reference	Action	Lead	Timescale	Progress
	during the next update of the BAF for 2020/21.			
TB/19/97c	Trust Board agreed the recommendation to close risk 1213 - Risk that sub-optimal transition from RiO to SystmOne will result in significant loss or ineffective use of data resulting in the inability capture information, share information and produce reports	MB	November 2019	Complete
TB/19/99a	EM stated that she had spent some time with the complaints team and recognised how complex some are to complete and bring to a conclusion. She wondered if the target completion date was always achievable and whether we should again review.	TB	January 2020	Target under review – Proposal to EMT in Q4
TB/19/99a	In relation to supervision AM asked if any of the committees should focus on this issue? TB stated it has been reviewed at CGCS in the past, but not recently. It was agreed both the CGCS and Workforce & Remuneration Committee (WRC) have a role to play	CD / SY	December 2019	
TB/19/99a	AM asked when measures would be available for communications and engagement. SYa explained this had been a subject of discussion at a recent time-out for her team. They are currently being developed.	SYa	January 2020	
TB/19/99a	CJ asked where the financial sustainability work fits within the priority programmes. SYa explained that thought is currently being given to how this is reflected.	SYa	January 2020	
TB/19/99a	RW highlighted that the level of flu vaccinations is not captured within this report and that as a Board we have an interest in this. AD stated that the figures are currently being reviewed and that vaccinations are now open to anyone. There has been a different phasing this year in terms of receipt of the vaccine. AD will provide an update at the next meeting.	AD	November 2019	
TB/19/101b	AM asked for the charities section of the SFIs to be reviewed at the Charitable Funds Committee. It was noted that if further changes are needed following this, they will be brought back to a future board meeting.	SYa	January 2020	

Min reference	Action	Lead	Timescale	Progress
TB/19/101b	LC also highlighted that at the Audit Committee one of the considerations was which breaches are reportable to the Committee. It was felt that this is the included in the remit of the Director of Finance. RW suggested some principles are identified and agreed.	MB	January 2020	
TB/19/103	RW requested the EPRR compliance report is added to the annual work programme.	EJ	November 2019	
TB/19/103	RW asked if the timings for the operating plan reports were correct. MB stated they are indicative based on past experience. Once national guidance is received the work programme for this year will be updated if required	EJ	January 2020	Operating plan guidance is expected towards the end of December
Actions from 24 September 2019				
TB/19/83a Integrated performance report Month 5 2019/20	SYo asked when reporting would commence for psychology waiting times. MB commented that there had been some long term sickness absence issues within the performance team which may delay the reporting until Quarter 4. LC asked if the data in relation to Mental Health Act areas would also be delayed. SThi commented that this was planned to commence in October/November. SYo asked, with regard to indicators where data was not yet available, if there was any other information that could be provided for assurance. CH commented that currently the waiting times were recorded manually and used for the report into the Clinical Governance & Clinical Safety Committee. RW suggested that a recommendation be provided on when reporting would commence and any other data that could provide assurance.	EMT		Initial reporting on Mental Health Act indicators commenced in the September report. Given the impact of long-term sickness and additional sizeable priorities that have emerged in the year it is unlikely that much development work can take place meaning it is unlikely any new indicators will be reported on this year
	AM asked when reporting would commence on the number of records with an up to date risk assessment. TB commented that this is expected to commence in Quarter 3. MB commented that it appears there has	SY		

Min reference	Action	Lead	Timescale	Progress
	been an increase in data quality issues since the introduction of SystmOne as staff are recording information in different ways and it was taking time to ensure the reporting is accurate. Performance and finance reviews took place with each BDU on 23 September 2019. It is important to ensure that the core data is accurate on the indicators the Trust has to provide to commissioners to then be able to take forward into other areas. CH commented that work is ongoing in terms of monitoring risk assessments and starting to build the reports. RW requested that SY raise this with the clinical records system programme board.			
	Barnsley mental health services are engaged in conversations around neighbourhoods and integration, with significantly high demand and pressures on inpatient services. RW commented that pressure in mental health services is matched by pressure in community services. AM asked if this is impacting on delayed transfers of care. CH commented that it will be having an impact. RW requested a briefing ahead of the integrated care partnership group on 26 September 2019.	CH		RW confirmed in the Board meeting that this had been received
TB/19/83b Serious incident report Quarter 1 2019/20	SYo commented that some incidents suggest that they are still linked to the Trust's smoking policy. TB commented that these may be to do with the introduction of vaping and how that was impacting some areas. CH added that vaping had been introduced in inpatient areas in single bedrooms or some areas of the courtyard, however this had not solved all problems. In the last couple of Mental Health Act Care Quality Commission (CQC) inspections it had not been raised as an issue, whereas it had previously. A review of the implementation of the change to the policy was due to take place and would be reported back.	CH/SThi		
TB/19/84a	AM commented that the SYBICS dashboard showed	SY		Complete

Min reference	Action	Lead	Timescale	Progress
South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS)	the SYBICS's performance compared favourably with the other first wave ICSs. However, both the Early Intervention into Psychosis (EIP) and Improving Access to Psychological Therapies (IAPT) measures for Barnsley were showing as RAG rated red at present, and then green for year end, when it was believed that EIP services were performing well. SY commented that there has been a slight issue around data which has been fed back and they would ensure the year-end position is accurate. MB commented that IAPT did not use SystmOne and there was one particular metric which was not being achieved which would be reviewed in relation to the year-end position. SY to check the EIP figures for June 2019 and ensure they are corrected for future reports.			
TB/19/85d Care Quality Commission (CQC) inspection update	LC commented that, previously, it felt as if there had not been much engagement on the action plans at Board level. TB commented that the CQC section would be included in the IPR to track performance monthly. CD commented that the way in which assurance is provided to the full Board could be discussed further by the Clinical Governance & Clinical Safety Committee.	TB/CD		
TB/19/89 Trust Board work programme	RW requested that the Sustainability Strategy be added to the list of strategies and policies on the work programme.	EJ		Complete. Work programme updated.

Outstanding actions from 30 July 2019

Min reference	Action	Lead	Timescale	Progress
TB/19/68a Board Assurance Framework (BAF)	LC commented in relation to controls under 3.1, the Finance Oversight Group (FOG) is not mentioned. MB commented this was in relation to when the paper was written and reference would be included going forward.	MB	October 2019	Complete. Board Assurance Framework (BAF) reviewed. Report on the agenda for 29 October 2019.
	Sam Young (SYo) commented that there were some	All	October 2019	Complete. BAF reviewed. Report on the

Min reference	Action	Lead	Timescale	Progress
	gaps in assurance and controls where there was no date or a year rather than a month and requested further clarification of due dates.			agenda for 29 October 2019.
TB/19/68b Corporate / organisational risk register (ORR)	Risk ID 1078 - The Board noted the change and requested that the risk scoring be kept under review.	CH	October 2019	Complete. Corporate / organisational risk register (ORR) reviewed. Report on the agenda for 29 October 2019.
	Risk ID 1132 - The wording for Risk ID 1132 in relation to long waiting lists could be reviewed in a similar light when discussed by the Clinical Governance & Clinical Safety Committee. KQ requested that the impact on carers and family be captured when discussed at the committee and included in the controls and assurances.	CH	October 2019	Complete. ORR reviewed. Report on the agenda for 29 October 2019.
	Risk ID 1368 - AM requested that the risk scoring be reviewed in line with the previous scoring.	AGD	October 2019	Complete. ORR reviewed. Report on the agenda for 29 October 2019.
	AM requested that the EMT reflect on the risk profile heat map and whether the average risk score, which is reducing, reflects the environment in which the Trust is operating.	EMT	October 2019	Complete. ORR reviewed. Report on the agenda for 29 October 2019.
	LC commented that a potential new risk for consideration, which was raised by the Audit Committee, was in relation to partnership working as people become dependent on other partners' performance.	SY	October 2019	Complete. ORR reviewed. Report on the agenda for 29 October 2019.
	AM asked if it would be helpful for a deep dive to take place on a couple of risks at each business and risk Trust Board meeting. LC commented that this was currently taking place at committee meetings. MB suggested that committee chairs lead the discussion at Trust Board following on from the discussions taking place at committees.	Committee chairs	October 2019	Complete. ORR reviewed. Report on the agenda for 29 October 2019.
TB/19/72a Equality and diversity annual report 2018/19	AM commented that a Trust Board training session on equality and diversity was due to be rescheduled.	TB		Complete. Training session scheduled.
TB/19/73 Receipt of minutes of partnership boards	AM commented that the format of receipt of the minutes of partnership board would be reviewed through agenda setting to consider whether these	AM		Complete. Now included under the business development items.

Min reference	Action	Lead	Timescale	Progress
	could be incorporated under other agenda items.			

Outstanding Actions from 30 April 2019

Min reference	Action	Lead	Timescale	Progress
TB/19/37a Strategic overview of business and associated risks	Laurence Campbell (LC) commented that it was important that there was a coherent alignment between the corporate/organisational level risks and the Board Assurance Framework (BAF) to pick up the strategic risks. SY commented that this was being looked at further. AM commented that it should also be cross referenced with the investment appraisal framework. RW commented that the paper showed a significant update as the context was changing all the time. It was important to consider cross referencing without making it too difficult to read.	SY	October 2019	Completed. Strategic overview of business and associated risks reviewed. Report on the agenda for 29 October 2019.
	CD commented that it reflects the organisation, priorities and risks, however the commercial point of view needed further work. Sam Young (SYo) commented that she had some further comment on areas for inclusion in the next update. AM requested that any comments on detail be fed back to SY.	All/SY	October 2019	Completed. Strategic overview of business and associated risks reviewed. Report on the agenda for 29 October 2019.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019
Agenda item 5

Title:	**Chief Executive's Report**
Paper prepared by:	Chief Executive
Purpose:	To provide the strategic context for the Trust Board conversation.
Mission / values / objectives:	The paper defines a context that will require us to focus on our mission and lead with due regard to our values.
Any background papers / previously considered by:	This cover paper provides context to several of the papers in the public and private parts of the meeting and also external papers and links.
Executive summary:	The Brief, provided monthly to all staff and cascaded through the Extended Executive Management Team (EEMT), delivers a summary of the Trust's performance against our strategic objectives. The October version of this is attached **[Annex 1]**. Following the Brief there have been a number of developments and updates: • **A general election has been called**. The pre-election period known as 'Purdah' brings restrictions for national organisations and government that requires them to work on a business as usual basis only. Guidance for NHS organisations has been circulated to Board members. National representative bodies, of which we are members, are working during the pre-election period to ensure all parties are aware of the real and genuine issues facing health and care systems. This aims to influence the manifestos of the various political parties. • **The NHS Confederation hosts a collaboration called *Health for Care*, which has health organisations highlighting the importance of social care to the NHS and the public's health.** They have kicked off a major campaign called #FixSocialCare to get all political parties to come up with a solution to the "social care crisis". This is because "97% of NHS leaders believe the worsening social care crisis is damaging the NHS and patient care". The Board may wish to support the campaign in some way, within the requirements of the pre-election period. • **NHS Providers have published a blog on "How to Build a 21st Century NHS"** which sets out their thoughts on workforce, capital, digital, local planning and whole systems investment required after the election. This is attached for information at **[Annex 2]**. • **During this period, the October performance figures for the wider NHS have been released showing pressure on**

	targets and staff. There have been a number of good analyses of what is happening as systems struggle to deliver on A&E targets, cancer response times and waiting times for operations. Quality Watch by the Nuffield Trust and others is a good synthesis https://www.nuffieldtrust.org.uk/news-item/combined-performance-summary-september-october-2019. It is useful to note that Barnsley remains one of the top performing systems nationally. • **NHS England/NHS Improvement have written to all integrated care systems [ICS] seeking some assurance on winter planning and preparation.** This is a helpful approach that places the two local ICS at the forefront of the coordination and collaboration required, rather than a regulator to organisation arrangement that neglects system working. In West Yorkshire and Harrogate, the System Oversight and Assurance Group is meeting on Friday 22 November to discuss preparations with all places and local A&E delivery Boards. Our role as a provider working in acute care and in the mental health system is in scope and verbal feedback will be provided at the Board meeting. Within the letter is a requirement to consider how we offset the issue of pensions on capacity. This was discussed by the Workforce and Remuneration Committee on 7 November and is included in the Board papers. A copy of the letter is included at **[Annex 3]**. • **Development of draft long term plans continues on business as usual arrangements.** This is covered in the two ICS updates in more detail. Plans will be finalised after the outcome of the election, followed quickly by the need for an operational plan for next year. • **Our Learners, Long Service and Excellence 19 Awards were held on 19th November.** There are 72 people who between them have delivered 1,935 years of support for people in the NHS. There were 248 staff who completed trust sponsored training and development, up from 150 the year before. And hundreds of people in teams and as individuals were nominated for our Excellence 19 Awards. During this period of stresses and strains, it is good to see that we continue to develop services and people in the Trust and in the health and care system. Well done to everyone involved. During this pre-election period, we continue to work in an environment where we are ensuring operational delivery is in place, tenders and business developments are responded to appropriately, and where medium term plans need to be finalised. The Board's leadership during this period is important for setting the right tone and focus on the issues that matter.
Recommendation:	**Trust Board is asked to NOTE the Chief Executive's report.**
Private session:	Not applicable.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The Brief

31 October 2019

Monthly briefing for staff, including feedback from Trust Board and executive management team (EMT) meetings

With **all of us** in mind.

Our mission and values

NHS
South West Yorkshire Partnership
NHS Foundation Trust

We exist to help people reach their potential and live well in their community.

To achieve our mission we have a strong set of values:

- We put people first and in the centre and know that families and carers matter
- We're respectful, honest, open and transparent
- We constantly improve and aim to be outstanding so that we're relevant today and ready for tomorrow

Horatio Clare joined staff and service users to open the £18m Unity Centre in Wakefield. The latest part of over £41m of investment in our Barnsley, Calderdale, Kirklees and Wakefield estate since 2014.

With **all of us** in mind.

Our **priorities** for **2019/20** so that we can be **OUTSTANDING**

NHS
South West Yorkshire Partnership
NHS Foundation Trust

OUR AIM	WHAT WE'LL DO	THE OUTCOME
IMPROVE HEALTH 	• Work with our partners to join up care in our communities • Improve our mental health offer for older people • Advance our wellbeing and recovery approach	We deliver our role in integrated care in every place
IMPROVE CARE 	• Provide safe care every time and in every service • Provide all care as close to home as possible • Make care quickly and easily available, to reduce waiting times • Embed #allofusimprove to enhance quality	Our CQC ratings and reports improve in every service
IMPROVE RESOURCES 	• Spend money wisely and reduce waste • Make the most of our clinical information • Make better use of digital technology	We achieve our financial plan and targets
MAKE THIS A GREAT PLACE TO WORK 	• Support the wellbeing of #allofus • Have better conversations with all of our people • We will not tolerate bullying and harassment	All our staff have a high quality appraisal and give us great feedback

With **all of us** in mind.

JOB NO 1019 APR19

Improving Health:
Joining up care in every place

NHS
South West Yorkshire Partnership
NHS Foundation Trust

West Yorkshire and Harrogate Health and Care Partnership

South Yorkshire and Bassetlaw Integrated Care System

- The **partnership 5 year strategy** will be signed off on 3 December.
- **Engagement events** continue and the Board has discussed the impact for us.
- The Partnership has allocated **£8.75m of transformation funding** for this year from NHS England/NHS Improvement to boost the work of its priority areas, including urgent care, mental health and work with community partners – which benefits the Trust.
- In addition we have secured **additional funds** for CMHT, Crisis and CAMHS services
- Work is progressing on a partnership approach to forensics and in learning disability services. We are the **lead provider for forensic services** and are a **key partner** in work to develop assessment and treatment centres for LD.

We took part in a workshop has taken place as part of their work to develop the 5 year strategy. Public engagement is now taking place.

The mental health, learning disability and autism steering group are supporting the strategy and the development of the subsequent implementation plan.

A new **Northern Gambling Service** has been launched to help problem gamblers with their mental health.

With **all of us** in mind.

Improving Health:
Joining up care in every place

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Developments in our work to join up care include:

Calderdale

- The **arts and health programme** report has been signed off and the report published. We expect to secure funding for a post to lead on this agenda, building on the work of Creative Minds and our recovery colleges.
- Providers are being asked to create an alliance to deliver integrated care

Barnsley

- The **integrated service spec** is now being mobilised towards delivering joined up care from April 2020.
- An event was held with over 120 **primary care colleagues** where we shared our offer on how we will better integrate to provide care
- **Drop in sessions for staff continue.** See the intranet for latest updates.

Wakefield

- We are working with partners on the children and young people's plan, including CAMHS and wellbeing services.

Kirklees

- We continue to work with partners to develop a mental health and wellbeing alliance.
- We are contributing to a West Yorkshire and Harrogate ICS system review of Kirklees, taking place in November

With **all of us** in mind.

Improving Care: Safety and quality

NHS South West Yorkshire Partnership NHS Foundation Trust

In September we had:

- 1068 incidents - 925 rated green (no/low harm)
- 127 rated yellow or amber
- 16 rated as red
- 5 serious incidents – 3 apparent suicides, 1 homicide by patient and 1 pressure ulcer. Please take part in 'save a life' training on ESR – it only takes 20 minutes and you could save a life.

There were **10 confidentiality breaches** in September, one down from last month.

Good data and cyber security is **everyone's responsibility**. Please remember to protect patient and staff confidentiality. This month NHS Digital are launching a new campaign 'Online and offline…keep I.T. confidential'. See the intranet for info on how to stay safe.

Willow ward in Barnsley now has interactive displays to engage service users and their families. They have painted a 'recovery tree' and a 'rainbow of good practice and hope' to collect feedback and share ideas.

With **all of us** in mind.

Improving care:
Our performance in September

NHS
South West Yorkshire Partnership
NHS Foundation Trust

- **21** out of area bed days
- **98%** of people recommend our community services
- **86%** of people recommend our mental health services
- **92.5%** inpatients with Cardiometabolic Assessment (CMA)
- **1.4%** delayed transfers of care
- **36.3%** referral to treatment in CAMHS timescales
- **0** people under 18 admitted onto adult inpatient wards
- **85.2%** of prone restraint lasted less than 3 minutes
- **168** restraint incidents
- **88%** of staff recommend us as a place to receive care
- **72%** of staff recommend us as a place to work

95% of patients said they were likely to recommend **Barnsley's intermediate care** service to their family and friends.

The intermediate care service provides rehabilitation and crisis response to patients, supporting them to remain as independent and as well as possible in their own homes or place of residence.

Medicine Omissions this month are **23.4%.** Pharmacy and nursing and quality are working together to look at hotspots and review types of omissions. Pharmacy staff can advise on patient centred approaches for repeated refusals of medicines, which may impact on clinical care and recovery.

In September there were **33** falls, down from 54 in August.

With **all of us** in mind.

Improving care: Flu

NHS
South West Yorkshire Partnership
NHS Foundation Trust

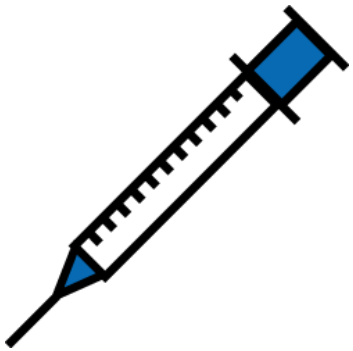
It's time to have your flu jab

Visit the intranet for a list of clinic dates near you. Can't make a clinic? You'll also find a list of peer to peer vaccinators who you can contact to get your jab.

Have a vaccine, give a vaccine
This year, for every member of staff who has a flu jab, we will donate one life-saving vaccine to a child in need through Unicef.

Thanks to you we have so far donated **500** tetanus, **300** polio and **100** measles vaccines to vulnerable children across the world.

By getting your jab you can keep yourself, your family, your friends and our service users safe from flu, and keep our services running.



With **all of us** in mind.

Improving resources: Our finances in 2019/20

South West Yorkshire Partnership NHS Foundation Trust

Performance Indicator		Year To Date	Forecast
1	NHS Improvement Finance Rating	2	2
2	Normalised Deficit (excl PSF)	(£1.1m)	(£0.2m)
3	Agency Cap	£3.9m	£7.4m
4	Cash	£32.4m	£31.3m
5	Capital	£1.7m	£6m
6	Delivery of CIP	£4.4m	£10.6m
7	Better Payment	99%	

September financial performance is ahead of plan and is the second consecutive monthly surplus this year. In-month we spent £0.2m less than the income we received. We need to deliver a surplus of £0.9m in the second half of the year to achieve our financial target and be able to access a further £1.8m cash which can be invested in capital projects.

Our usage of out of area beds has continued to reduce and work is focussed on ensuring this is sustainable. We have reduced by 60% compared to the first 6 months of last year

Agency spend is higher than plan and last year. Recruiting, retaining and developing a substantive workforce is a Trust priority. September spend was £0.6m.

Cost reduction plans (CIPs) are slightly lower than plan. To achieve the £10.6m target a further £1.1m of schemes need to be identified and delivered.

Improving resources

#allofusimprove and be outstanding

NHS South West Yorkshire Partnership NHS Foundation Trust

i-hub

Our latest conversation is about spending wisely. Improving the use of resources is a key Trust objective.

Suggestions from staff include more effective rostering, better use of bank/agency staff, reducing food waste and reminding people to switch off lights when not in use

This conversation is sponsored by NED Chris Jones, Tim Breedon, Carol Harris and Subha Thiyagesh, who'll be choosing ideas to take forward.

Following our recent GOING GREEN conversation, we're fitting a double charging point for electric vehicles at both Fieldhead and Kendray.

And remember, all our waste is sorted for recycling. Nothing goes to landfill.

Our next challenge in December will be about physical health.

Don't forget, you have until the end of November to complete your IHI training

With **all of us** in mind.

Improving resources:

SystmOne Phase 2: Optimisation

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The new SystmOne mental health care plans were successfully implemented in forensic services on Monday 14 October.

Teams in forensic services have been using the new care plans and feeding back their experiences to help inform future **roll-out across all other services**

This is scheduled to be achieved by the **end of November 2019.**

All other services have the opportunity to see demonstrations of the new mental health care plans at the **SystmOne Improvement Groups** prior to full roll-out.

Feedback captured from SystmOne improvement champions who have demoed the care plans so far include:

"The care plans are straight forward and much easier to use. I feel confident in explaining these to staff"

"Straight away I can see it is much easier to use and loads better".

#allofusimprove and be outstanding

With **all of us** in mind.

Unable to attend the SystmOne Improvement Groups? You can prepare for the new care plans by reading the "User Guide" on the intranet.

Making this a great place to work
The BAME network

South West Yorkshire Partnership NHS Foundation Trust

The Black Asian and Minority Ethnic (BAME) Staff Network held their annual celebration in October to mark Black History Month.

The event, open to all from the Trust, focused on celebrating the achievements from the past year and the work the network are doing to make the Trust a great place to work.

The network celebrated Black History Month and was attended by over 70 people. Attendees heard from guest speakers and members of staff who shared their personal stories.

If you would like to find out more about the network, visit the intranet, follow the network's Twitter account - @BAME_SWYPFT or email BAMEStaff.Network@swyt.nhs.uk

With **all of us** in mind.

Making this a great place to work

NHS
South West Yorkshire Partnership
NHS Foundation Trust

We want the Trust to be a great place to work for **#allofus**.
This is everyone's responsibility.

Health and well-being: Sickness absence was **5%** in September above our target. Turnover was **11.8%.** Remember there's support for #allofus.

Quality of appraisal: All staff **appraisals** should now have taken place. If you haven't had yours book it in with your manager as soon as you can.

Staff engagement: Our **Excellence awards** will be announced on 19 Nov. Will you be one of our winners?

Katie Yockney, our Macmillan Advanced Palliative Care Practitioner in Barnsley, was chosen to be a Marks and Spencer ambassador and represent Macmillan for their flagship coffee morning charity event

Our **EyUp! Team challenge** has raised over £6,000 so far. Teams from across the Trust held raffles, sales, competitions, fetes and events, raising money to improve the experiences of our service users and their families. Thanks to everyone who got involved.

A great place to work
Preventing Bullying and Harassment

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Last month we launched a new bullying and harassment framework and are running a campaign over the next 12 months to raise awareness.

Bullying and harassment advisors offer a confidential listening and signposting service to colleagues concerned about bullying. We want to expand our team.

Are you interested in becoming an advisor? For more information contact Ashley Hambling, Human Resources Business Manager

Remember

We will not tolerate bullying and harassment.

Preventing bullying & harassment is everyone's responsibility

Role model our values and behaviours, promote healthy and open team cultures

With **all of us** in mind.

Making this a great place to work

The 2019 staff survey is now live!

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Launched on 3 October, the survey has now been distributed by Quality Health to all staff employed by the Trust. Most colleagues will have received an email from survey@quality-health.co.uk giving instructions on completing the survey – so if you receive an email from this address, please don't ignore it, as it isn't spam! Those without an active email address will receive a paper copy which they should complete and return directly to Quality Health in the envelope provided.

The survey will close on 29 November – meaning that staff have only seven weeks to complete this. We are asking everyone to make their voice count.

Need further information? Read Alan Davis, director of HR, OD and estates, letter to all staff. This can be shared in team meetings and we would also ask that staff download the staff survey 2019 poster and display this in communal areas.

Did you know?

- The staff survey is completely confidential. The Trust will only receive reports of the summary survey findings
- We've made changes following the 2018 staff survey.
- Over 900 members of staff have responded to the survey so far this year.

With **all of us** in mind.

Take home messages

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Put safety first always and keep the person at the centre of everything you do.

Know what is happening across your local area. Discuss in your teams how developments could affect what you do.

Flu…Have a jab, give a jab. Help us stay protected and we will donate valuable jabs to those who also need it.

Care Plans are coming to SystmOne. Help us to make SystmOne the best it can be by getting involved in optimisation.

Get involved in our i-hub challenges and complete your IHI training

Make our Trust a great place to work: lets get rid of bullying and harassment and embrace diversity too

How are we doing?

Complete your NHS Staff Survey!

What do you think about The Brief? comms@swyt.nhs.uk

31 October 2019

South West Yorkshire Partnership NHS Foundation Trust

The Brief

Our mission and values

We exist to help people reach their potential and live well in their community. To do this we have a strong set of values that mean:

- We put people first and in the centre and recognise that families and carers matter
- We will be respectful and honest, open and transparent, to build trust and act with integrity
- We will constantly improve and aim to be outstanding so we can be relevant today, and ready for tomorrow.

Why not take a couple of minutes in your team to talk about a positive example of where an individual or team has demonstrated the values of our Trust?

New £18m mental health inpatient unit officially opens on World Mental Health Day
Author and broadcaster Horatio Clare, who was previously detained under the Mental Health Act at Fieldhead Hospital, officially opened our new £18m mental health inpatient unit on Thursday 10 October 2019. You can read Horatio's inspiring opening speech here.

The Unity Centre has been a three year project to completely transform facilities and involved rebuilding on the site of existing wards. It included a complete redevelopment of non-secure units as well as the refurbishment of an older people's mental health inpatient unit.

This the latest part of over £41m of investment in our Barnsley, Calderdale, Kirklees and Wakefield estate since 2014. This includes:

2014 - £11.3m in Newton Lodge
2015 - £5.5m for the Laura Mitchell Health and Wellbeing Centre in Calderdale; and £1.2m for New Street in Barnsley
2016 - £0.87m for the Drury Lane Health and Wellbeing Centre in Wakefield; and £3m for Baghill House Health and wellbeing Centre in Pontefract
2017 - £0.71m for support service offices in Fieldhead
2018 - £0.53m for the Horizon Centre in Wakefield
2019 - £18m for the Unity Centre.

Have you got a news story or an example of how you're living our values? Shout about it with the help of comms@swyt.nhs.uk or by calling 01924 316391.

#allofusimprove - our priorities for the year ahead

Our aim is to be outstanding. We have set our priorities for the year ahead. Every team should discuss these and have a conversation about what they mean for you and how your priorities will link to these.

Printed versions have been sent to all teams- it was better value to have them printed in bulk

than for each team to print them individually. If you need more copies contact email comms@swyt.nhs.uk

View our priorities

Improving health: Joined up care in every place

West Yorkshire and Harrogate Health and Care Partnership update

- The **partnership 5 year strategy** will be signed off on 3 December.
- **Engagement events** continue and the Board has discussed the impact for us.
- The Partnership has allocated **£8.75m of transformation funding** for this year from NHS England/NHS Improvement to boost the work of its priority areas, including urgent care, mental health and work with community partners – which benefits the Trust.
- In addition we have secured **additional funds** for CMHT, Crisis and CAMHS services
- Work is progressing on a partnership approach to forensics and in learning disability services. We are the **lead provider for forensic services** and are a **key partner** in work to develop assessment and treatment centres for LD.

South Yorkshire and Bassetlaw Integrated Care System update

- We took part in a workshop has taken place as part of their work to develop the 5 year strategy. Public engagement is now taking place.
- The mental health, learning disability and autism steering group are supporting the strategy and the development of the subsequent implementation plan.

New northern gambling addiction service launched

The new NHS Northern Gambling Service has launched – offering treatment and support to the thousands of adults struggling with gambling addiction across the North of England.

This new NHS service, run by Leeds and York Partnership NHS Foundation Trust (LYPFT), is the first NHS gambling service of its kind to launch outside London. Its first base in Leeds has now opened, and further bases in Manchester and Sunderland are set to open in early 2020. The service is being funded jointly by NHS England and GambleAware in an agreement worth around £1million a year.

Improving health: Joined up care in every place

Developments in our work to join up care include:

Barnsley

The integrated service spec is now being mobilised towards delivering joined up care by April 2020. An event was held in October with over 120 primary care colleagues where we shared our mental health and community services offer, and how the plans will help us to better integrate to provide seamless care

Drop in session are being planned from now until April so staff can continue to be a part of the conversations. Full details can be found on the intranet.

Calderdale
The arts and health programme report has now been signed off and the report has been published. A proposal is being developed to secure funding for a post to lead on this agenda, building on the work of Creative Minds and our recovery colleges.

Kirklees
We continue to work with partners to develop a mental health and wellbeing alliance. Awe are contributing to a West Yorkshire and Harrogate ICS system review of Kirklees is taking place in November

Wakefield
We are working with partners in the Wakefield Children and Young People's Partnership to prepare the Children and Young People's Plan 2019 – 2022. There is a workstream and section in the draft plan on 'Improve emotional wellbeing and mental health of children and young people', and the Trust is a key partner in shaping the plan in this context.

The intention is to discuss this and sign it off at the Wakefield Children & Young People Partnership Board meeting on 4 November.

The plan has been developed over the past 6 months and has been subject to consultation and engagement across partners and with children, young people and families. One of the four priority areas in the plan is: **all children and young people enjoy good emotional and wellbeing, are resilient and feel supported and safe in their communities.**

Improving care: Safety and quality

We put safety first, always.

In September we had:

- 1068 incidents - 925 rated green (no/low harm)
- 127 rated yellow or amber
- 16 rated as red
- 5 serious incidents – 3 apparent suicides, 1 homicide by patient, and 1 category 3 pressure ulcer.

Suicide Prevention 'Save a Life' Training
We are asking all our staff to join the quarter of a million members of the public who have completed the zero suicide alliance **'20 minutes to save a life' training**. Please could staff access the training via ESR so they can get credit for completing the training and this will help us keep track how many staff have completed.

To access, staff need to log into their **ESR** page, click on **my learning** and locate the training by typing ***378 Mersey*** into the search box.

We are also asking the chairs of meetings and groups to put the training on their group agendas to ensure wider uptake across the Trust. You can access the zero suicide training online**.** If you are a Chair of a meeting please could you allow 20 minutes on your agenda so that those attending can complete the training. Keep a record of who attended and send to Learning and Development and attendees will be able to get credit for completion.

South West Yorkshire Partnership NHS Foundation Trust

Information governance
There were **10 confidentiality breaches in September,** one down from last month.

Good data and cyber security is **everyone's responsibility**. Please remember to protect service user and staff confidentiality. This month NHS Digital is launching a new campaign 'Online and offline…keep I.T. confidential'.

Have a look on the intranet for more information on how you can keep your information safe. Always **think** and **check** before you **share**.

If you have any concerns around information governance in your area then please contact information governance for advice or contact Julie Williams

Centre of excellence aspirations for Willow Ward
The Willow Ward at Kendray Hospital has launched new initiatives in its aspiration to become a centre of excellence for older adults inpatient care.

Staff, service users and family and friends visiting the ward will now see interactive displays including a 'recovery tree' and a 'rainbow of good practice and hope'. These displays showcase the things currently taking place to ensure safe practice and provide good experiences on the ward.

The recovery tree in particular focuses on collecting service user and family and carer opinions upon admission to the ward, alongside thoughts on recovery and mental health. These are then collected again upon discharge; with a comparison of the prior and latter highlighting the journey taken by individuals during their time working with the ward.

Improving care: Performance (September)

- **21** out of area bed days
- **98%** of people recommend our community services
- **86%** of people recommend our mental health services
- **92.5%** inpatients with Cardiometabolic Assessment (CMA)
- **1.4%** delayed transfers of care
- **36.3%** referral to treatment in CAMHS timescales
- **0** people under 18 admitted onto adult inpatient wards
- **85.2%** of prone restraint lasted less than 3 minutes
- **168** restraint incidents
- **88%** of staff recommend us as a place to receive care
- **72%** of staff recommend us as a place to work

Medicines omissions performance this month was **23.4%.** Performance has improved slightly this month but continues to remain below target. Work continues across services to improve performance. The wards are self-monitoring weekly using the safety cross quality improvement tool; and QIAT and pharmacy are doing some advisory visits to wards which are identified as hotspots. A review of omissions for the month has been undertaken and identified that a large proportion were clinically relevant or refused. This impacts on the performance and refusals can have an impact on clinical care and

recovery. Action should be taken where a medicine is repeatedly refused and pharmacists and technicians can advise on person centred approaches.

In September there were **33** falls in inpatient areas, down from 54 in August

Top survey score for Barnsley's intermediate care
In a recent survey, 95% of patients said they were likely to recommend Barnsley's intermediate care service to their family and friends.

The intermediate care service provides rehabilitation and crisis response to patients, supporting them to remain as independent and as well as possible in their own homes or place of residence.

Between April and September the service asked patients to provide feedback on their rehabilitation care during their stay on Barnsley Hospital's Acorn Rehabilitation Unit, in a care home or whilst receiving neighbourhood rehabilitation support in their own home.

100% of patients felt they were treated with dignity and respect, 95% felt they had time to discuss their concerns, and 95% felt they were involved in decisions made about their care and treatment.

Improving care: it's time to get your jab

You can carry and pass on flu without showing any symptoms, so it's important to get your jab to keep everyone around you safe.

For every member of staff who has a jab this year, we will donate one life-saving vaccine to a child in need through Unicef. So far we have donated **500 tetanus, 300 polio and 100 measles vaccines** to vulnerable children across the world.

Take a look on the intranet for a list of clinic dates and times, and don't forget you can contact one of your local peer to peer vaccinators to arrange a convenient time to have your jab if you can't make a clinic.

Improving resources: Our finances 2019-20

September financial performance is ahead of plan and is the second consecutive monthly surplus this year. In-month we spent £0.2m less than the income we received. We need to deliver a surplus of £0.9m in the second half of the year to achieve our financial target and be able to access a further £1.8m cash which can be invested in capital projects.

Our usage of out of area beds has continued to reduce and work is focussed on ensuring this is sustainable. We have reduced by 60% compared to the first 6 months of last year Agency spend is higher than plan and last year. Recruiting, retaining and developing a substantive workforce is a Trust priority. September spend was £0.6m.

Cost reduction plans (CIPs) are slightly lower than plan. To achieve the £10.6m target a further £1.1m of schemes need to be identified and delivered.

South West Yorkshire Partnership NHS Foundation Trust

Improving our resources: #allofusimprove

Our new, improved **i-Hub** is leading to exciting developments. Following our recent conversation about going green, our chair Angela Monaghan has been holding staff engagement events to look at our sustainability as a Trust. Ideas people post on i-Hub are being carried through – for example we're fitting a double charging point for electric vehicles at both Fieldhead and Kendray.

Our latest conversation is about **spending wisely** because improving the use of resources is a key Trust objective. In the continuing climate of austerity it's important we don't waste money or do things in a costly manner just because we always have done them that way.

We've had some great suggestions from staff – such as more effective rostering, better use of bank/agency staff, reducing food waste and reminding people to switch off lights when not in use.

The spending wisely conversation is sponsored by NED Chris Jones, Tim Breedon, Carol Harris and Subha Thiyagesh, who'll be choosing ideas to take forward.

There will be another challenge in December, this time it will be about physical activity – so log on and have your say!

Don't forget…you have until the end of November to complete your **Institute of Healthcare Improvement (IHI) training.** Contact Vicki Whyte if you need any assistance.

Improving resources: SystmOne for mental health Phase 2 – Optimisation

The new SystmOne mental health care plans were successfully implemented in forensic services on Monday 14 October.

Teams in forensic services have been using the new care plans and feeding back their experiences to help inform future roll-out across all other services, which is scheduled to be achieved by the end of November 2019.

All other services have the opportunity to see demonstrations of the new mental health care plans at the SystmOne Improvement Groups prior to full roll-out. Feedback captured from those SystmOne improvement champions who have demoed the care plans so far include; "the care plans are straight forward and much easier to use. I feel confident in explaining these to staff" and "straight away I can see it is much easier to use and loads better".

To get involved with your local SystmOne Improvement Group, please contact your SystmOne Improvement Group chair person, your line manager or Sharon Carter, change governance lead.

Unable to attend the SystmOne Improvement Groups? You can prepare for the new care plans by reading the **"User Guide"** on the intranet.

South West Yorkshire Partnership NHS Foundation Trust

Making this a great place to work
The BAME staff network celebration event 2019

The Black Asian and Minority Ethnic (BAME) Staff Network held their annual celebration event on Tuesday 15 October 2019.

The event, open to all from the Trust, focused on celebrating the achievements from the past year and the work the network are doing to make the Trust a great place to work.

You can read the updates in our BAME staff network newsletter.

The first guest speaker, Beverley Powell from the Yorkshire and Humber Leadership Academy delivered a presentation on 'Leadership Legacy', with a focus on the vision of what kind of legacy you would like to leave behind.

The second guest speaker was a former service user, Yakub Rawat, who wanted to share his experiences with dealing with a mental health illnesses whilst being from a BAME background. He spoke about the real difference and impact having a BAME representative workforce from a similiar community and background, can make to service users, their families and their recovery.
.
The third guest speaker, Jackie Walumbe from Oxford University talked about how 'Difference Matters' and the importance of being different. Jackie showcased powerful messages and examples about how we can work together to change the narrative and ideology.

Staff Network vice chair, Mohammad Navsarka and line manager Claire Girvan shared his story and journey through the Trust, being involved with the network and how the network has supported his development.

The event was closed by Trust chair, Angela Monaghan who praised the work being done by the Network and ended with the promise of continuing to work closer together to keep on improving, having the key conversations and building to make our Trust an even greater place to work.

If you would like to find out more about the network, visit our intranet page, follow our Twitter account - @BAME_SWYPFT or email BAMEStaff.Network@swyt.nhs.uk.

Making this a great place to work

We want the Trust to be a great place to work for #allofus. This is everyone's responsibility.

Health and wellbeing

- Sickness absence was **5%** in September, above our target of **4.5%.** Turnover was **11.8%.** Remember there is wellbeing support available to #allofus.

Quality of appraisal

- All staff appraisals should now have taken place, whatever your grade. If you have not

had an appraisal yet book it in with your manager as soon as you can.

Staff engagement:

- The **Excellence awards** winners will be announced on 19 November. Keep an eye out on social media for updates using #Excellence2019 and on the intranet.
- **Ambassador role for Macmillan nurse:** Katie Yockney, our Macmillan Advanced Palliative Care Practitioner in Barnsley, has been chosen to represent a national charity for their flagship charity event. Macmillan Cancer Support has asked Katie to be a Marks & Spencer Ambassador to mark their biggest fundraising event of the year, the World's Biggest Coffee Morning. Macmillan selects professionals from around the country who go far above the call of duty in supporting people affected by cancer every day. Katie has been a Macmillan nurse for 21 years. Her current role focusses on working on ways to improve patients' experience with end of life care across Barnsley.
- Our **EyUp!** Team challenge has raised over £6,000 so far. Teams from across the Trust held raffles, sales, competitions, fetes and events, helping raise money to improve the experiences of our service users and their families. Thank you to everyone who got involved. More details on EyUp! and the Team Challenge will be coming in a specially themed View in a couple of weeks.

Making this a great place to work
Bullying and harassment framework

Making the Trust a Great Place to Work for everyone is one of the Trust's key objectives. Between April and July 2019 the HR team visited teams across the Trust to discuss what works well now, what can we do better and what can we change. One of the key themes was feeling safe, a work environment free from violence, harassment and abuse.

Last month we launched a new bullying and harassment framework and are running a campaign over the next 12 months to raise awareness.

There's a clear message that this Trust does not tolerate bullying and harassment. We need to recognise that preventing bullying and harassment is everyone's responsibility and we all need to speak up. The key to preventing bullying and harassment is promoting healthy and open team cultures where staff and leaders all role model our values and reflect critically on their behaviours.

The Trust has a growing network of bullying and harassment advisors. They offer a confidential listening and signposting service to colleagues concerned about bullying. We want to expand our team so if you'd like to become one contact Ashley Hambling, Human Resources Business Manager.

Making this a great place to work
The 2019 staff survey

We want the Trust to be a great place to work for **#allofus**. This is everyone's responsibility.

South West Yorkshire Partnership NHS Foundation Trust

Each year we listen to your views via an anonymous national staff survey that's overseen by the Care Quality Commission. We want the Trust to be a great place to work for everyone. The survey asks staff about their views about their job and working for the Trust. The aim is to gather information that will help us to improve the working lives of staff and provide better care for service users and their carers.

It's important for us to stress that the survey is completely confidential. Questionnaires will be returned directly to Quality Health an external survey contractor who administers the survey on our behalf, so no one from the Trust will be able to see individual responses or in any way be able to identify an individual member of staff from the feedback. Barcodes are only used by Quality Health to send reminders.

Take home messages

1. *Put safety first always and keep the person in the centre of everything you do*
2. *Know what is happening across your local area. Discuss in your teams how developments could affect what you do.*
3. *Flu… Have a jab, give a jab. Help us stay protected and we will donate valuable jabs to those who also need it*
4. *Care Plans are coming to SystmOne. Help us to make SystmOne the best it can be by getting involved in optimisation.*
5. *Get involved in our i-hub challenges and complete your IHI training*
6. *Make our Trust a great place to work: let's get rid of bullying and harassment and embrace diversity too*
7. *How are we doing? Complete your NHS staff survey*

Share your views about The Brief - comms@swyt.nhs.uk

The next issue will start on 28 November 2019.

How to build a 21st century NHS

11 November 2019

Saffron Cordery
Deputy Chief Executive
NHS Providers

The NHS is the country's largest employer, creating jobs for around 1.25 million people and ranking as the world's best healthcare system, ahead of comparable systems on measures including care process and equity.

However, the NHS is changing. Our population is aging, demand for health and social care services is increasing, and innovative technology is creating opportunities for better, more personalised care and support. Patients, service users and the public now need and expect different things from the health service.

In response, the NHS is transforming to provide care that is closer to home where possible, better joined-up across community, primary, secondary and social care services and more responsive to individual needs. For the NHS to continue developing its care and services to meet changing needs, it needs support from the government in four key areas, as set out in **our manifesto on building the NHS of the future.**

1. Investment in people

Staff are the bedrock of the NHS. With over 100,000 vacancies in the health service, recruiting and retaining enough people with the right skills in the right places is the number one challenge facing the NHS frontline. Rapid solutions to a range of workforce issues – such as training, pension taxes and staff pay, terms and conditions – are vital.

Growing the future NHS workforce must be supported. We need to increase the number of staff through investment in training more people with the skills needed for the care needs of today and the coming years, as well as developing a flexible

immigration system that ensures the NHS can continue recruit the staff it needs.

We also need a focus on workplace culture and how to make the NHS a great place to work. This includes creating more flexible and appealing career pathways and ensuring that policies such as the apprenticeships levy fulfil their aims and support the NHS in building a committed workforce and increasing supply.

2. A structural and technological upgrade

The NHS can only be as good as its facilities, equipment and technology allows. With a maintenance backlog of nearly £6.5bn, an urgent upgrade is required.

We need to see a broad approach, with investment across mental health services, digital transformation, primary care and wider service transformation, such as moving care closer to home, multidisciplinary working and diversifying the role of ambulances. The current NHS capital budget needs to be at least doubled and sustained to meet these needs – that would bring us into line with other comparable countries.

We also need a more transparent process for allocating capital and a digital strategy that supports the NHS to improve how it delivers care and ensures patients get the maximum benefit from digital technology.

We also need a more transparent process for allocating capital and a digital strategy that supports the NHS to improve how it delivers care and ensures patients get the maximum benefit from digital technology.

Saffron Cordery Deputy Chief Executive

3. Locally-led services

Greater collaboration between health and social care organisations in local communities presents a major opportunity to improve care and support for patients and service users.

Getting this right will rely on holding trusts and local systems to account through proportionate and efficient regulation, balancing central support for closer working between health and social care services against the freedom of local health and care organisations to make decisions in the best interests of their communities.

The NHS should maintain good governance practices as local health and care systems evolve, with any changes to law to be developed together with NHS staff and board members.

4. Whole-system investment

Some of the key opportunities to improve care quality and population health outcomes fall outside the NHS' core budget. This includes sufficient funding for public health and prevention services and the wider determinants of health such as education, housing, transport.

A sustainable, long-term funding model for social care is also essential. There is broad consensus around increasing social care funding and creating a fair and accessible system which protects the most vulnerable. Without addressing the social care challenge we risk devaluing every pound of investment in the NHS.

To build a 21st century NHS, we need the right number of people with the right skills in the right places equipped with the modern facilities and technologies, with investment that supports people to live well in their communities.

Skipton House

80 London Road

London

SE1 6LH

Publishing Approval Number: 001239

5th November 2019

To

- Trust Chairs and Chief Executives
- CCG Chairs and Accountable Officers
- STP/ICS chairs and STP/ICS leads

Dear Colleague,

On behalf of the NHS, thank you for your leadership and the extraordinary dedication of your staff as the NHS looks after record numbers of patients.

During recent weeks, we have worked with you to complete a national stocktake of winter readiness and talked to many of you directly about how we can deliver for patients for the rest of this year.

It is clear from your feedback that local partnership working has further developed over the past year, providing the opportunity to jointly tackle challenges more effectively, with mutual assistance and accountability. It has been suggested that individual organisations would find it helpful if these arrangements were now confirmed locally in a 'Winter Delivery Agreement'. To support your work we have set out in Appendix 1 an approach you may find useful.

We have, as part of the stocktake discussions, been asked to set out what the expected national "defaults" now are on several important elements. They are:

1. This winter the goal should, wherever possible locally, be more General and Acute (G&A) hospital beds open, to reflect increased levels of patient need and admissions.
2. Work with Local Authorities to ensure the same or more care packages and nursing/residential home beds are available over the winter period than last year, with the same level of visibility and dual sign-off on these plans.
3. GP Out of Hours services should be expected to deliver services from 8pm to 8am 7 days per week and, critically, over bank holidays.
4. Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.
5. Community health services able to operate to the same 'clock speed' of responsiveness as acute emergency services, e.g. 2 hour home response where that would avoid hospital admissions or speed discharges.
6. Improving uptake of the flu vaccine:
    - A further increase in staff vaccinated to 80% or above, including through the 'buddy' arrangements in place to support trusts that struggled with this last year;
    - Achieving maximum levels of vaccination for eligible patients in community, general practice and pharmacy settings.

We also heard clearly from the stocktake process that our most significant shared challenge relates to workforce availability – particularly nursing – and also the continuing impact of pensions taxes on doctors.

The Government's second consultation on reform of the NHS Pension Scheme closed on 1 November and they have agreed to review the tapered allowance.

In the meantime, NHS Employers have published guidance on the options available to trusts to support staff and service delivery in dealing with the pension tax. Many trusts have already put in place schemes with a positive impact on clinical workforce supply, but a

number of provider board members have requested clarification on what the national 'default' should now be. We can confirm that of the options set out by NHS Employers, among the most effective have been local policies on the payment of employer contributions foregone as additional salary where scheme members have elected to opt out of the scheme due to tax arrangements (see in particular section 3b of the September 2019 guidance from NHS Employers). We are now signalling our expectation that trusts that have not done so already should make immediate use of the flexibilities available (unless they are demonstrably not experiencing any issues with medical staff availability). We can provide examples of guidance and Board papers used by trusts that have already implemented schemes if that would be helpful.

We would find it very helpful if chairs or chief executives confirm in the next fortnight the arrangements they have in place or intend to put in place, through Regional Directors. Given the urgency, where Remuneration Committee approval is considered necessary we would ask that these meetings are arranged on an extraordinary basis.

In the coming weeks Regional Directors will work with you to support the development of Winter Delivery Agreements and implementation of pension flexibilities. Please let them know if there is any further information or practical support we can provide, to understand the progress you are able to make and how we can best support you.

Yours Sincerely

Pauline Philip DBE

National Director of Emergency and Elective Care
NHS England and NHS Improvement

Richard Barker

Regional Director (North East and Yorkshire)
NHS England and NHS Improvement

Appendix 1: Developing a delivery agreement

From the feedback we have received we suggest that it would be helpful for each system to develop a 'Winter Delivery Agreement'. The agreement would build on the work that has taken place on winter planning at STP/ICS level. The focus of the Agreement would be to set out how organisations in the STP/ICS will work together to maximise capacity, both in hospitals and in the community during winter.

Systems are likely to want to:

- Discuss the progress of current winter planning and the extent to which it delivers additional capacity across key service components
- Discuss the outcomes of the stocktake exercise for all organisations in the system and the expectations for mutual support and support from programmes and corporate teams
- Agree what further can be done to increase capacity this winter to deliver the six priority expectations set out in this letter

You may also find it helpful to use the following list to help explore opportunities:

- GP Streaming – Increasing the proportion of patients who are streamed to primary care if they don't require A&E

- Same Day Emergency Care (SDEC) – Increasing the proportion of patients who can be treated without requiring an overnight hospital admission, and establishing an acute frailty team for 70 hours per week by the end of December 2019

- Increasing the proportion of patients discharged over weekends to reduce pressures on inpatient beds and patient flow at the start of the week

- Reducing the number of patients with a long length of stay to ensure inpatient spells are no longer than is clinically appropriate, in order to improve patient experience and to increase the available bed stock

- Continuing the increase of the number of people accessing support and bookable services through NHS 111

- Continuing to expand the availability of Urgent Treatment Centres to ensure that type 1 Emergency Departments are not the default for patients with minor injury and minor illness

- Escalation – Hospital supported by systems put measures in place including the use of full capacity protocols to minimise ambulance queues and improve patient flow out of EDs.

- Primary Care – ensuring GP OOHs provision have planned for activity peaks and that extended access hubs are well sign-posted

- Intermediate care – local community services should be assured that step-up/step-down beds and workforce capacity are sufficiently resourced for increased winter demand

- Elective care – capacity for elective treatment should be delivered so that elective treatment volumes agreed at the start of the year between commissioners and providers are delivered

- Cancer care – ensuring capacity for delivering and managing cancer diagnosis and treatment achieves improvements in the number of patients whose treatment starts in less than 62 days from urgent referral

- Diagnostic services – increasing capacity for diagnostic services to significantly reduce waits of over six weeks and in targeted service areas to reduce the lengths of wait for elective and cancer care

- Directory of Services and MiDOs – local partners should be assured that all information with the local DoS is up to date and well connected to the relevant ambulance service(s)

- Bank holiday capacity planning – as in previous years, a more detailed exercise will be run on planned bank holiday capacity to ensure gaps are avoided and sufficient capacity is planned for ahead of potential activity surge. This exercise will be run closer to the Christmas/NYE period once local demand and capacity planning has advanced and rostering is underway.

Our intention is that a Winter Delivery Agreement belongs to the system locally and we are not suggesting that it needs to be shared nationally. However, we are asking that you share with your Regional Director what additional capacity in terms of beds, out of hospital care, etc that you have been able to identify.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019
Agenda item 6.1

Title:	**Integrated Performance Report**
Paper prepared by:	Director of Finance & Resources and Director of Nursing & Quality
Purpose:	To provide the Board with the Integrated Performance Report (IPR) for October 2019.
Mission/values/objectives	All Trust objectives
Any background papers/ previously considered by:	➢ IPR is reviewed at Trust Board each month. ➢ IPR is reviewed at Executive Management Team (EMT) meeting on a monthly basis.
Executive summary:	**Quality** ➢ Positive progress on prone restraint continues. ➢ Significant improvement in reducing medicine omissions. ➢ Complaints work remains positive, closure time improvement remains a focus. ➢ One under 18 admission to an adult ward and safeguards put in place. **NHSI Indicators** ➢ There was one young person admitted to an adult ward in October for a period of four days. ➢ Not all information available at time of generating this report, but no major issues anticipated with those metrics reported largely meeting target. **Locality** ➢ High demand at Urban House for the asylum seekers' service has resulted in business case for additional resource being submitted. ➢ Work continues on developing the new model of care for Barnsley neighbourhood teams and integrated specification. ➢ All acute inpatient wards continue to experience high demand, compounded by levels of acuity. ➢ Integrated placement support workers appointed to community teams in Barnsley. ➢ Reduction noted in delayed transfers of care in Calderdale. ➢ Calderdale local authority adult mental health social worker workforce is currently very low given high vacancy levels. ➢ Forensic outreach services for learning disabilities services continues to grow with more roles recruited into. ➢ Vacancy levels in learning disability services adversely impacting on the ability to complete assessments and care planning within 18 weeks of referral. ➢ Good progress at ward 18 with actions against the

improvement plan on track.

Priority Programmes

- Plans under development to re-launch Future in Mind in Wakefield as a whole system with a clear transformation plan.
- Mobilisation of the new stroke service in Barnsley continues.
- Intensive focus being applied to mobilisation of the new neighbourhood team specification in Barnsley, with wave one due to go-live in April 2020.
- Ongoing focus on the care closer to home programme with work in the community enabling new ways of working in intensive home based treatment teams.
- Scope for SystmOne optimisation agreed by the programme board with initial priority given to the introduction of care plans.

Finance

- Pre Provider Sustainability Funding (PSF) surplus in month 7 of £201k. Cumulative deficit is £0.9m which is £0.7m favourable to plan.
- Cumulative income is £0.7m lower than plan due to the recognition of a number of risks relating to CQUIN and requirements for spending on waiting list initiatives and areas of new investment
- Out of area bed costs were £48k in month and £903k year-to-date, which is 62% lower than the cost incurred over the same period last year.
- Agency staffing costs continue to be higher than plan and the cap at £0.7m in month. Cumulative agency spend is 46% above the cap and 25% higher than the same period last year.
- Net underlying savings on pay amounted to £0.6 in-month with mobilisation to mental health investment a key factor as well as ongoing vacancies.
- CIP delivery of £5.2m is £0.3m lower than plan. Currently £1.3m CIPs remain unidentified for the full year. Of the amount being delivered a further £0.45m is being delivered non-recurrently compared to previous forecasts.
- Cash balance of £34.3m at the end of October.
- Capital expenditure of £1.9m is £0.8m lower than plan, partly as a result of delays whilst the final capital plan was agreed.
- The financial risk rating remains at 2.

Workforce

- Cumulative sickness absence for October remained at 5% whilst the monthly level increased slightly to 5.1%. The monthly rate compares favourably to last year whilst the year to date rate in the previous year was 4.8%.
- Staff turnover decreased to 11.1% month on month which is 1.4% lower than prior year.

	➢ Appraisal completion for band 6 and above is 91.6% compared to a target of 95% whilst the appraisal rate for other staff has increased to 86.8%. ➢ Overall performance against mandatory training targets remains good.
	Trust Board is asked to NOTE the Integrated Performance Report and COMMENT accordingly.
Private session:	Not applicable

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

October 2019

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Table of Contents

Introduction

Please find the Trust's Integrated Performance Report (IPR) for October 2019. An owner is identified for each key metric and the report aligns metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. This single report plots a clear line between our objectives, priorities and activities. The intention is to provide a report that showcases the breadth of the organisation and its achievements, meets the requirements of our regulators and provides an early indication of any potential hotspots and how these can be mitigated. An executive summary of performance against key measures is included in the report which identifies how well the Trust is performing in achieving its objectives. During April 19, the Trust undertook work to review and refresh the summary dashboard for 2019/20 to ensure it remains fit for purpose and aligns to the Trust's updated objectives for 2019/20. A number of other developments identified by Trust board are being worked on and will be incorporated in the IPR in the coming months. The Trust Executive Management Team (EMT) has identified a number of metrics currently without targets and is assessing whether targets for these metrics should be added. These will be updated as and when appropriate. The provider oversight framework for 2019/20 has recently been published and there will be a requirement to report against a number of measures in relation to leadership and workforce based on the staff survey. It is also expected there will be further development of the oversight framework for 2020/21 onwards to include measures identified in the long term plan.

The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions and will contribute towards streamlining the number of different reports that the board receives.

The Trust's four strategic objectives are:
- Improving health
- Improving care
- Improving resources
- Making SWYPFT a great place to work

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:
- Strategic summary
- Quality
- National metrics (NHS Improvement, Mental Health Five Year Forward View, NHS Standard Contract National Quality Standards)
- Locality
- Priority programmes
- Finance
- Contracts
- Workforce

Performance reports are available as electronic documents on the Trust's intranet and allow the reader to look at performance from different perspectives and at different levels within the organisation. Our integrated performance strategic overview report is publicly available on the internet.

This dashboard is a summary of key metrics identified and agreed by the Trust Board to measure performance against Trust objectives. They are deliberately focussed on those metrics viewed as key priorities and have been reviewed and refreshed for 2019/20. Some metrics require development and it is anticipated that these will be ready by end of quarter 1, reported from July 19 onwards.

KPI	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green
Improve people's health and reduce inequalities	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Year End Forecast**
% service users followed up within 7 days of discharge	95%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	Due Dec 19	1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks [1]	90%		77.5%			80.0%		Due Jan 20	3
Out of area beds [2]	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	207	303	195	178	146	21	4	3
Physical Health - Cardiometabolic Assessment (CMA) - Proportion of clients with a CMA	Community 75% Inpatient 90%	88.0%	87.6%	87.1%	*86.7%*	*86.8%*	*86.2%*	88.0%	1
Community Inpatient [9]		92.6%	91.5%	92.1%	93.3%	92.0%	92.5%	93.0%	1
IAPT - proportion of people completing treatment who move to recovery [5]	50%	54.4%	55.4%	51.9%	52.2%	54.6%	54.4%	Due Dec 19	1
Number of suicides (per 100,000) population [6]	tbc		0.67%			0.77%		Due Jan 20	N/A
Delayed Transfers of Care	3.50%	1.4%	0.4%	0.6%	1.2%	1.6%	2.7%	1.6%	4
Improve the quality and experience of care	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Year End Forecast**
Friends and Family Test - Mental Health	85%	95%	86%	86%	91%	86%	86%	83%	85%
Friends and Family Test - Community	98%	98%	99%	97%	97%	96%	98%	99%	98%
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) [4]	trend monitor	23	35	32	32	29	32	29	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	3	11	12	5	11	10	8	
Proportion of people detained under the MHA who are Black, Asian & Minority Ethnic [7]	trend monitor		14.5%			13.1%		Due Jan 20	N/A
Total number of Children and Younger People under 18 in adult inpatient wards	*TBC*	1	5	3	1	1	0	1	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [3]	trend monitor	32.1%	36.1%	37.5%	39.5%	37.4%	37.2%	40.1%	
Psychology waiting times [12]	tbc	Reporting to commence in 19/20 - likely Q4							
Access within one hour of referral to liaison psychiatry services and children and young peoples' equivalent in A&E departments [13]		Reporting to commence in 19/20 - Dec19							
Improve the use of resources	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Year End Position**
Surplus/(Deficit)	In line with Plan	(£728k)	(£457k)	(£145k)	(£149k)	£188k	£207k	£201k	(£240k)
Agency spend	In line with Plan	£613k	£641k	£691k	£722k	£629k	£628k	£674k	£7.5m
CIP delivery	£1074k	£670k	£1.4m	£2m	£2.8m	£3.5m	£4.2m	£5.2m	£10.7m
Staffing costs compared to plan [10]	tbc	(£367k)	(£124k)	(£268k)	(£448k)	(£450k)	(£624k)	(£566)	tbc
Completion of milestones assumed in the optimisation of SystmOne for mental health [11]	on plan								
Financial risk in forecast	0	£1.5m	£1.5m	£2.8m	£3.1m	£3.3m	£1.1m	£1.2m	-
Making SWYPFT a great place to work	**Target**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Year End Position**
Sickness absence	4.5%	4.7%	4.6%	4.8%	5.0%	5.0%	5.0%	5.0%	5.0%
Staff Turnover	10%	11.9%	10.4%	12.0%	12.6%	11.1%	11.8%	11.1%	
Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	80%	N/A	N/A	75%	N/A	N/A	88%	N/A	
Staff FFT survey - % staff recommending the Trust as a place to work	65%	N/A	N/A	66%	N/A	N/A	72%	N/A	N/A
Actual level of vacancies	tbc	10.4%	10.3%	10.7%	11.9%	13.2%	12.8%	11.8%	
% leavers providing feedback	tbc		25.0%			18.4%		Due Jan 20	

NHSI Ratings Key:
1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures Figures in italics are provisional and may be subject to change.

Notes:

1 - Please note: this is a proxy definition as a measure of clients receiving timely assessment / service delivery by having one face-to-face contact. It is per referral. This KPI counts first contact with service post referral. Under performance is generally due to waiting list issues. Q1 data has been impacted by some data quality issues as a result of transition to SystmOne and continuing challenges in recruiting specialist practitioners timely due shortage of LD specialists/applicants, this is a national issue - currently impacting on psychologists in Wakefield & Barnsley and LD nurses / speech & language therapists across all localities.

2 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for inappropriate admission to adult acute and psychiatric intensive care unit mental health services only.

3 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data refreshed back to April 19 each month. Excludes ASD waits. Treatment waiting lists are currently impacted by data quality issues following the migration to SystmOne. Data cleansing work is ongoing within service to ensure that waiting list data is reported accurately.

4 - Further information is provided under Quality Headlines. Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm, and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.

5 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data. The reported figure is a Trust wide position.

6 - Calculation for this is the number of suicides of services users under the care of the Trust during the reporting period (as recorded on our risk management system), divided by NHS registered population as per office of national statistics data. Appropriate range to be established for Q2 20/21 Q2

7 - Introduced into the summary for reporting from 18/19. Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

9 - The figure shown is the proportion of eligible clients with a cardiometabolic assessment. This may not necessarily align to the CQUIN which focuses on the quality of the assessment.

10 - Staffing costs compared to plan is reported per month not cumulative.

11 - Milestones assumed in the optimisation of SystmOne for mental health - reporting of this will commence in quarter 3 once the optimisation plan is agreed in quarter 2. Further detail related to this priority programme can be seen in the priority programmes section of the report.

12 -Psychology waiting times - waiting time functionality in SystmOne is being tested. Once this process has been signed off, work can commence on the set up for services. This needs to be in place before reporting can flow. It is anticipated this data may be available during quarter 4.

13 - The trust is involved in the urgent and emergency care pilot in conjunction with Mid Yorkshire Hospitals NHS Foundation trust. As part of this pilot, a dataset is being delivered with reporting set to commence from December 19.

Lead Director:

- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
- A number of targets and metrics are currently being developed and some reported quarterly.
- Opportunities for benchmarking are being assessed and will be reported back in due course.
- More detail on areas of underperformance are included in the relevant section of the Integrated Performance Report.

Quality

- Positive progress on prone restraint continues
- Significant improvement in reducing medicine omissions
- Complaints work remains positive, closure time improvement remains a focus
- One under 18 admission to an adult ward and safeguards put in place

NHSI Indicators

- There was 1 young person admitted to an adult ward in October for a period of four days
- Not all information available at time of generating this report, but no major issues anticipated with those metrics reported largely meeting target

Locality

- High demand at Urban House for the asylum seekers' service has resulted in business case for additional resource being submitted
- Work continues on developing the new model of care for Barnsley neighbourhood teams and integrated specification
- All acute inpatient wards continue to experience high demand, compounded by levels of acuity
- Integrated placement support workers appointed to community teams in Barnsley
- Reduction noted in delayed transfers of care in Calderdale
- Calderdale local authority adult mental health social worker workforce is currently very low given high vacancy levels
- Forensic outreach services for learning disabilities services continues to grow with more roles recruited into
- Vacancy levels in learning disability services adversely impacting on the ability to complete assessments and care planning within 18 weeks of referral
- Good progress at ward 18 with actions against the improvement plan on track

Priority Programmes

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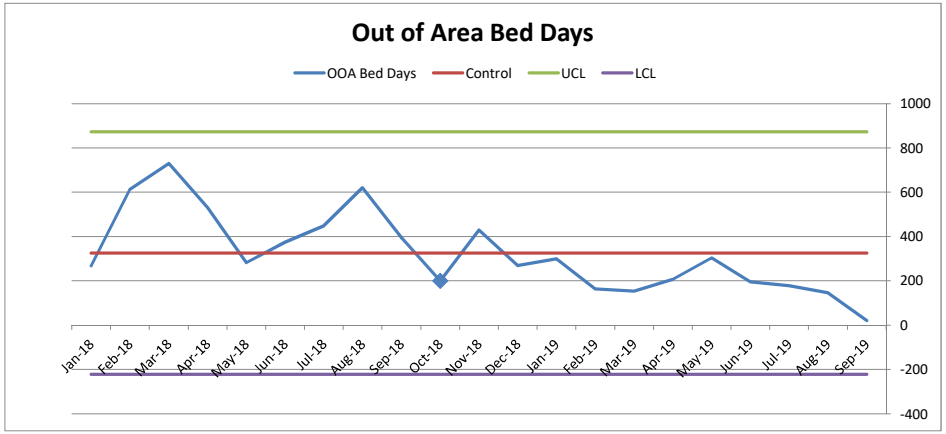
- Staff turnover decreased to 11.1% month on month which is 1.4% lower than prior year
- Appraisal completion for band 6 and above is 91.6% compared to a target of 95% whilst the appraisal rate for other staff has increased to 86.8%
- Overall performance against mandatory training targets remains good

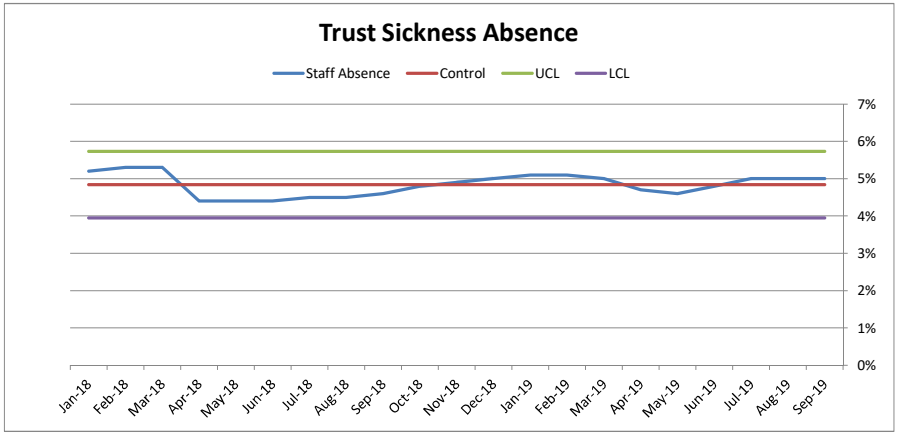
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identifed as key indicators to view using SPC.

Out of Area Bed Days



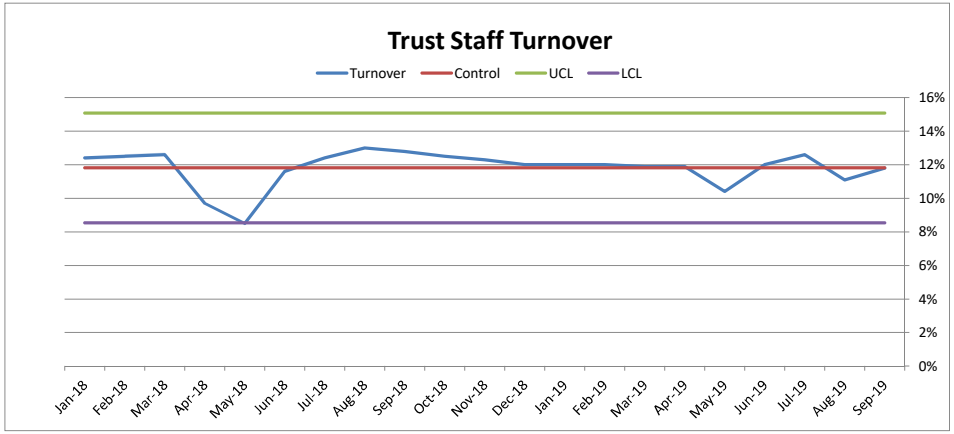
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence



All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



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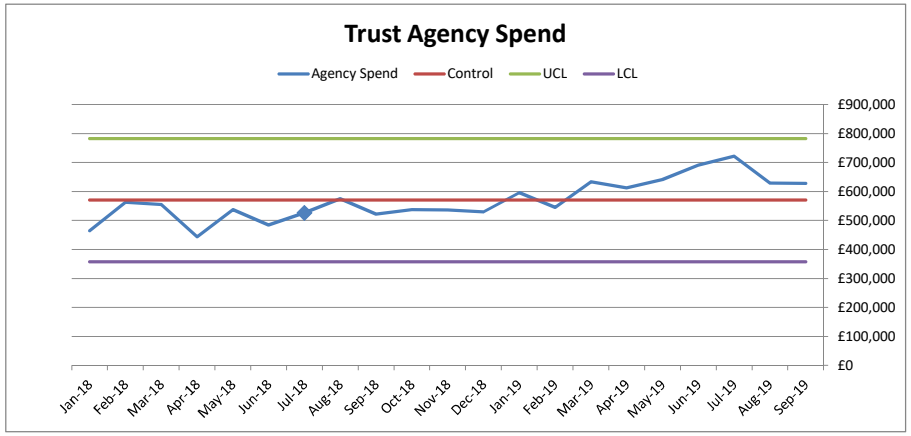
Agency Spend



SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in March 2019 has been highlighted for this reason.

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	Improving Health	Responsive	CH	TBC	32.1%	36.1%	37.5%	39.5%	37.4%	37.2%	40.1%	N/A
Complaints	Complaints closed within 40 days	Improving Health	Responsive	TB	80%	31% 4/13	44% 4/9	26% 4/15	40.0%	53.0%	45.0%	55.0%	4
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	36% 4/11	28% 5/18	17% 12/71	20% 4/20	12% 2/17	33% 3/9	10% 2/22	1
	Written complaints – cate 15				trend monitor							Due Jan 20	
Service User Experience	Friends and Family Test - Mental Health	Improving Health	Caring	TB	85%	95%	86%	86%	91%	86%	86%	83%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	99%	97%	97%	96%	98%	99%	1
Quality	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Improving Health	Caring	AD	80%	N/A	N/A	75%	N/A	N/A	88%	N/A	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work 13	Improving Health	Caring	AD	65%	N/A	N/A	66%	N/A	N/A	72%	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	15	64	14	10	34	32	38	N/A
	Number of Duty of Candour applicable incidents 4	Improving Health	Caring	TB	trend monitor	21	39	30	34	32	Due Dec 19	Due Jan 20	
	Duty of Candour - Number of Stage One exceptions 4	Improving Health	Caring	TB	trend monitor	1	4	7	5	0			
	Duty of Candour - Number of Stage One breaches 4	Improving Health	Caring	TB	0	0	0	0	0	0			1
	% Service users on CPA given or offered a copy of their care plan	Improving Care	Caring	CH	80%								1
	Number of Information Governance breaches 3	Improving Health	Effective	MB	<=9	3	11	12	5	11	10	8	1
	Delayed Transfers of Care 10	Improving Care	Effective	CH	3.5%	1.4%	1.4%	0.5%	1.2%	1.6%	2.7%	1.6%	1
	Number of records with up to date risk assessment - Inpatient 11	Improving Care	Effective	CH	95%	86.2%	86.3%	88.5%	89.5%	89.9%	90.1%	*94.4%*	N/A
	Number of records with up to date risk assessment - Community 11	Improving Care	Effective	CH	95%	65.6%	64.4%	67.9%	70.9%	73.9%	75.6%	*67.0%*	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1158	1269	1085	1191	1212	1090	1031	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	19	26	25	20	25	21	20	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	1	5	1	2	3	6	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	Improving Care	Safety Domain	TB	trend monitor	3	4	6	10	1	5	8	
	MH Safety thermometer - Medicine Omissions	Improving Care	Safety Domain	TB	*17.7%*	24.5%	27.0%	15.8%	17.1%	24.7%	23.4%	16.6%	2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118%	117%	116%	116%	116%	116%	119.0%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	96.6%	94.9%	92.1%	91.8%	91.8%	89.4%	94.3%	1
	Number of pressure ulcers (attributable) 1	Improving Care	Safety Domain	TB	trend monitor	41	46	34	41	42	44	50	
	Number of pressure ulcers (avoidable) 2	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	Improving Care	Safety Domain	CH	80%	75.8%	87.5%	90.6%	94.4%	92.5%	85.2%	90.5%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	52	37	41	56	54	33	30	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	287	303	193	190	262	168	186	
	No of staff receiving supervision within policy guidance 7	Improving Care	Well Led	CH	80%	75.1%			73.1%			Due Jan 20	1
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	82.6%	86.1%	100.0%	96.6%	85.7%	88.0%	*82.9%*	1
	Smoking Cessation - 4 week quit rate 12	Improving Care	Effective	CH	tbc	65.0%			Due Jan 20			Due April 20	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1

Quality Headlines

** See key included in glossary*
Figures in italics are not finalised
*** - figures not finalised, outstanding work related to 'catch up' activities in relation to the SystmOne implementation impacting on reported performance.*

1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. Target only applicable to breaches.
5 - CAMHs Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in the latest month and this is expected to continue.
7- This shows the clinical staff on bands 5 and above (excluding medics) who were employed during the reporting period and of these, how many have received supervision in the last 12 months.
8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available eg when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
9 - Patient safety incidents resulting in death (subject to change as more information comes available).
10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.
11. Number of records with up to date risk assessment. Criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point whether there is a Level 1 Sainsbury's risk assessment.
12. This metric has been identified as suitable metric across all Trust smoking cessation services. The metric identifies the 4 week quit rate for all Trust smoking cessation services. The national quit rate for quarters 1-3 2018-19 was 52%. Q1 data will be available in October 19.
13. The national benchmark (65%) for this indictaor has been used to monitor Trust performance against.
14 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.

Quality Headlines

Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

• Number of restraint incidents - the number of restraint incidents during October has increased slightly from 168 to 186. Further detail can be seen in the managing violence and aggression section of this report.

• NHS Safety Thermometer - medicines omissions – performance has improved this month and is under threshold. Work continues across services to improve performance. The wards are self-monitoring weekly using the safety cross quality improvement tool and QIAT and pharmacy are doing some advisory visits to wards which are identified as hotspots from these. A review of omissions for the month has been undertaken and identified that a large proportion were clinically relevant or refused which then impacts on the performance. Further internal work to be undertaken over the next month so anticipate further update on the outcome of this will be included in next months report.

• Number of falls (inpatients) - October 19 has seen a slight reduction in the number of reported falls during the month compared to september. The level of incidents continues to mostly relate to Wakefield BDU and predominantly due to an increase in service users with high acuity high and as such increased levels of observations are being put into place to mitigate the risk. Staffing has been increased as a result of the acuity and falls risks which is reflective of the current service user group awaiting longer term placements.

• In recognition of the continued over achievement on fill rates an establishment review has been conducted and the implementation plan is now underway. The establishment changes will result in a change in our fill rate achievement levels and this is being assessed through the safer staffing group. Reporting arrangements against the new establishment levels are being finalised.

• Risk Assessments - Risk assessment performance, both completed assessments and quality of assessments continues to be managed through team action plans by quality governance leads/ matrons on a routine basis. A quality improvement group to review the wider issues impacting on risk assessment practice has been established, with the aim of ensuring risk assessments are completed in line with practice standards, are comprehensive, reviewed in a timely manner and risks are reflected in a risk management plan/ care plan. The goal is to achieve this target Trust wide by 31st May 2020. This project is aligned to the new risk assessment tool and developments with SystmOne. It has been identified that there may be a data quality issue where risk assessments have not been migrated successfully in the transition between electronic systems – this is being explored.

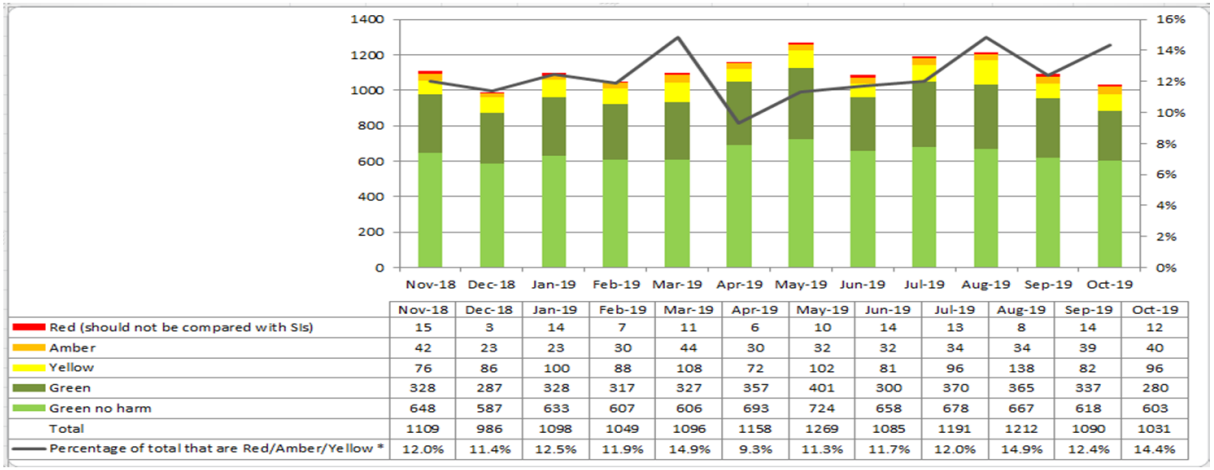
• Complaints - There is a slight increase in the complaints closed within 40 days in October compared to the previous month and the overall trend remains positive. There is work in progress to improve our complaints pathway, with the aim to improve performance against this Trust target. Initial findings from the pathway review has identified several blockages in the system that we will need to address to improve performance, for example, allocation of a complaint to an investigator and complexity of the complaints. A report on the pathway review findings and recommendations is being prepared for the Director on Nursing & Quality & Director of Operations.

Work to address the concerns raised by 360 - Internal Audit is on track and due to complete by 31st October 2019. We are in the process of agreeing a date, in January 2020, for internal audit to review that the changes we have made to our system and pathways meets their recommendations.

Safety First

Summary of Incidents since November 2018

Incidents may be subject to re-grading as more information becomes available



	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Red (should not be compared with SIs)	15	3	14	7	11	6	10	14	13	8	14	12
Amber	42	23	23	30	44	30	32	32	34	34	39	40
Yellow	76	86	100	88	108	72	102	81	96	138	82	96
Green	328	287	328	317	327	357	401	300	370	365	337	280
Green no harm	648	587	633	607	606	693	724	658	678	667	618	603
Total	1109	986	1098	1049	1096	1158	1269	1085	1191	1212	1090	1031
Percentage of total that are Red/Amber/Yellow *	12.0%	11.4%	12.5%	11.9%	14.9%	9.3%	11.3%	11.7%	12.0%	14.9%	12.4%	14.4%

** A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).*
The distribution of these incidents shows 86% are low or no harm incidents.

Safety First cont…

Summary of Serious Incidents (SI) by category 2018/19 and 2019/20

	Q1 2019/20	Q2 2019/20	Q3 Oct Only 2019/20	Q4 2018/19	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	1	1	0	0	0	1	0	1	2	0	0	0	0	1	5
Information disclosed in error	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Self harm (actual harm) with suicidal intent	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
Suicide (incl apparent) - community team care - current episode	4	10	1	11	1	1	5	3	3	1	1	2	5	2	3	1	28
Suicide (incl apparent) - community team care - discharged	1	1	0	2	0	0	2	0	0	0	0	1	1	0	0	0	4
Suicide (incl apparent) - inpatient care - current episode	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1
Unwell/Illness	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Homicide by patient	2	2	0	0	0	0	0	0	0	1	0	1	1	0	1	0	4
Physical violence (contact made) against staff by patient	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Pressure Ulcer - Category 3	1	1	0	2	0	0	0	0	2	0	1	0	0	0	1	0	4
Total	14	14	2	17	2	2	7	4	6	3	5	6	7	2	5	2	51

- Incident reporting levels have been checked and remain within the expected range.
- Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
- Reporting of deaths as red incidents in line with the Learning from Healthcare Deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
- All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx
- Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is currently being reviewed.

Mortality

The Clinical Mortality Review Group was held on the 13th September 2019 and focussed on learning and actions/outcomes from learning from deaths reviews, including serious incidents, structured judgement reviews and other investigations. The group reviewed a learning library template for consensus statements for information sharing. This has been added to the learning library and will be promoted across the Trust.
Regional work: The Northern Alliance meeting was held 27th September. Positive feedback on our policy. Further discussion on how we can ensure consistency of reporting and reviews across the region. The Trust has continued to report in line with the regionally agreed scope and presents data in the agreed dashboard format.
Reporting: The Trust's learning from healthcare deaths information is reported through the quarterly incident reporting process in quarterly incident reports. Once agreed by Trust board, the latest information is added to the Trust website. See http://www.southwestyorkshire.nhs.uk/about-us/performance/learning-from-deaths/
Learning: themes from reviews of deaths (structured judgement reviews, investigations) is currently being collated and will be used in the clinical mortality review groups.

Safer Staffing

From December 2019 we will be reporting our fill rates for acute mental health wards against the new establishment staff numbers. Initially, this will reflect the additional capacity from trainee nursing associates as HCAs until they have completed their training and qualified, when they can be counted as part of the registered numbers.

Overall Fill Rates: 119%
Registered fill rate: (day + night) 94.3%
Non Registered fill rate: (day + night) 141.9%

BDU Fill rates - August 19 - October 19

Overall Fill Rate	Month-Year		
Unit	Aug-19	Sep-19	Oct-19
Specialist Services	117%	117%	118%
Barnsley	115%	111%	111%
C & K	110%	114%	117%
Forensic	108%	107%	115%
Wakefield	141%	142%	139%
Overall Shift Fill Rate	**116%**	**116%**	**119%**

The figures (%) for October 2019:
Registered Staff - Days 90.0% (an increase of 7.3% on the previous month); Nights - 98.6% (an increase of 2.5% on the previous month)
Registered average fill rate - Days and nights 94.3% (an increase of 4.9% on the previous month)
Non Registered Staff - Days 140.4% (an increase of 1.9% on the previous month); Nights 143.4% (an increase of 0.7% on the previous month)
Non Registered average fill rate - Days and nights 141.9% (an increase of 1.3% on the previous month)
Overall average fill rate all staff - 119.2% (an increase of 4.2% on the previous month)

One ward, an increase of one on the previous month, fell below the overall fill rates of 90% or above. This was Chippendale within the Forensic BDU which is going through a reconfiguration at the moment.

Summary
Chippendale has fallen below the 90% overall fill rate threshold which was due mainly to a 52% fill rate for registered staff. This was due primarily to a service reconfiguration where staff were utilised throughout the BDU. Of the 31 inpatient areas 26, an increase of two wards on the previous month, (83.2%) achieved greater than 100%. Indeed of those 26 areas, 12 (38.4% of 31 wards) achieved greater than 120% fill rate.
Registered On Days (Trust Total 90.0%) - The number of wards that have failed to achieve 80% decreased by five to eight (25.6%) on the previous month. Five wards were within the Forensic BDU with another two in C&K as well as one in Barnsley. There were various factors cited including vacancies, sickness and supporting acuity across the BDU. All measures to ensure that the wards were safely staffed were followed and the areas continued mutually supporting one another.
Registered On Nights (Trust Total 98.6%) - Three wards (9.6%), an increase of one, has fallen below the 80% threshold. These were all within the Forensic BDU. Similar reasons as above were sighted for this. The number of wards who are achieving 100% and above fill rate on nights increased by four ward to 20 (64.0%) this month. One ward utilised in excess of 120%.
Specialist Services increased by 1% to 118% with Barnsley remaining on 111%. Calderdale and Kirklees BDU increased by 3% to 117%. Forensic BDU were 115% an increase of 8%. Wakefield BDU decreased by 3% to 139%. Overall fill rate for the trust increased by 3% to 119%.

Significant pressures remain on inpatient wards due various influences including demands arising from acuity of service user population, vacancies and sickness. There is a significant improvement overall whilst still acknowledging the above. We are also looking at uplifting the available numbers of healthcare assistants in line with the establishment/skill mix review including the reintroduction of an increase in peripatetic staff.

Information Governance

During October 19, there has been a slight decrease increase in the number of confidentiality information governance breaches reported compared to the number reported in September. 5 counts of information disclosed in error, 2 uploaded to website in error and 1 patient healthcare record issue.

No incidents were reported to the information commissioners office.

Work continues in the Trust to support services to reduce the number of information governance incidents occurring. Letters are sent to teams with breaches asking for completion of action plans and regular communications continues.

Commissioning for Quality and Innovation (CQUIN)

The Trust continues to work on the 19/20 CQUIN requirements, some of which some of which come into effect mid year. The Q2 submissions have been undertaken and results are awaited from commisisoners - the forecast for all applicable Q2 indicators is full achievement. Overall value of the scheme has reduced to 1.25% of contract value. The indicators for 19/20 and financial breakdown can be seen in the table below.

Work is underway to monitor action plans to ensure maximum achievement for the year. Forecast for year end at end of September is currently 86% achievement with the following indicators being identified as areas of potential risk:.

- Staff flu vaccines - risk identified with current performance compared to performance for same time last year. This is linked to staggered supply of vaccines and is a national issue.
- Mental Health Data Quality - focussed work taking place to concentrate on hotspot areas. Initial July performance was forecast to be 87% which falls short of payment threshold (>90%). July refresh position is now forecast at 96.1% - the improvement is related to a focussed piece of work to ensure all relevant data items were flowing and were mapped to the valid national codes. Regular reporting to monitor data quality being established. Work is now to commence on part b of the indicator which looks at the recording of interventions with reporting commencing from Q3 and as baseline is currently unknown, some risk has been identified in achievement.
- IAPT - anxiety specific disorders - monitoring comes into effect from quarter 2, with final performance measured at year end using an average of July - March data taken from the IAPT minimum dataset. Low numbers included in the measure have a significant impact on reported performance. Local reported performance differs slightly to nationally published data due to rounding approach taken by NHS Digital where there are small numbers. Local position shows higher performance.

Title	Descriptor	Area applicable	Available funding	Year end forecast loss (at month 7)
Staff Flu Vaccinations (National)	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	All	£361,586	-£180,793
Alcohol and Tobacco part a (National)	Achieving 80% of inpatients admitted to an inpatient ward for at least one night who are screened for both smoking and alcohol use.	BCKW (MH)	£133,319	£0
Alcohol and Tobacco part b (National)	Achieving 90% of identified smokers given brief advice.	BCKW (MH)	£133,319	£0
Alcohol and Tobacco part c - (National)	Achieving 90% of patients identified as drinking above low risk levels, given brief advice or offered a specialist referral.	BCKW (MH)	£133,319	£0
72hr follow up post discharge (National)	Achieving 80% of adult mental health inpatients receiving a follow up within 72hrs of discharge from a CCG commissioned service.	BCKW (MH)	£361,586	£0
Mental Health Data Quality part a (National)	Achieving a score of 95% in the MHSDS Data Quality Maturity Index (DQMI).	BCKW (MH)	£180,793	£0
Mental Health Data Quality part b (National)	Achieving 70% of referrals where the second attended contact takes place between Q3 and 4 with at least one intervention (SNOMED CT procedure code) recorded between the referral start date and the end of the reporting period.	BCKW (MH)	£180,793	-£65,743
IAPT - Use of Anxiety Disorder Specific measures (National)	Achieving 65% of referrals with a specific anxiety disorder problem descriptor finishing a course of treatment having paired scores recorded on the specified Anxiety Disorder Specific Measure (ADSM).	Barnsley	£76,740	-£32,889
Three high impact actions to prevent Hospital Falls (National)	Number of patients from the denominator where all three specified falls prevention actions are met and recorded: 1. Lying and standing blood pressure recorded 2. No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented 3. Mobility assessment documented within 24 hours of admission OR walking aid provided within 24 hours of admission to inpatient unit.	Barnsley MH and General Ops	£181,006	£0
Improving Physical Health for people with severe mental illness (Local)	Work with primary care to build on the joint primary / secondary care cardiometabolic assessment and intervention tool to ensure it covers the 12 identified domains	CKW (MH)	£257,320	£0
Forensic - Healthy Weight in Adult Medium and Low Secure Mental Health Services (National)	• To deliver a healthy service environment in adult secure services regardless of security level • To promote and increase healthy lifestyle choices including increased physical activity (in line with expectations set out in NHS England guidance) and healthier eating in all patients in adult secure services • To ensure continuity in approach and promotion of good practice across high, medium and low secure services	Forensic	£295,790	£0
Vacc and Imm - Improving awareness and uptake of screening and immunisation services in targeted groups (Local)	Improving awareness and uptake of screening and immunisation services in targeted groups	Child Health (Barnsley)	£5,656	£0
Liaison & Diversion - Personalised Care; Support Planning & Motivational Interviewing within Liaison & Diversion Services (Local)	Establishing provider systems, Identifying relevant patient populations, Ensuring that all relevant provider staff are sufficiently competent, Conducting follow up and ongoing support within the parameters of the contract (as an average) of service users knowledge, skills and confidence to access community services and reduce vulnerability.	Liaison and Diverson	£21,554	£0
Wakefield TB - Quality improvement plan (Local)	Develop and submit a Quality Improvement Plan in Q1 and report on progress and achievement in Q4 via an annual quality report	Wakefield TB	£2,878	£0
			£2,325,658	-£279,424

Patient Experience

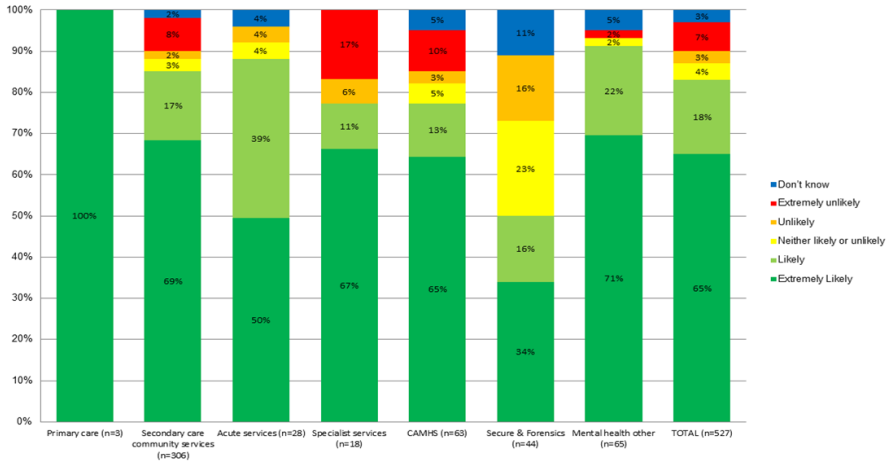
Friends and family test shows

- 87% of respondents would recommend Trust services.
- 99% of respondents would recommend community services.
- 83% of respondents would recommend mental health services.

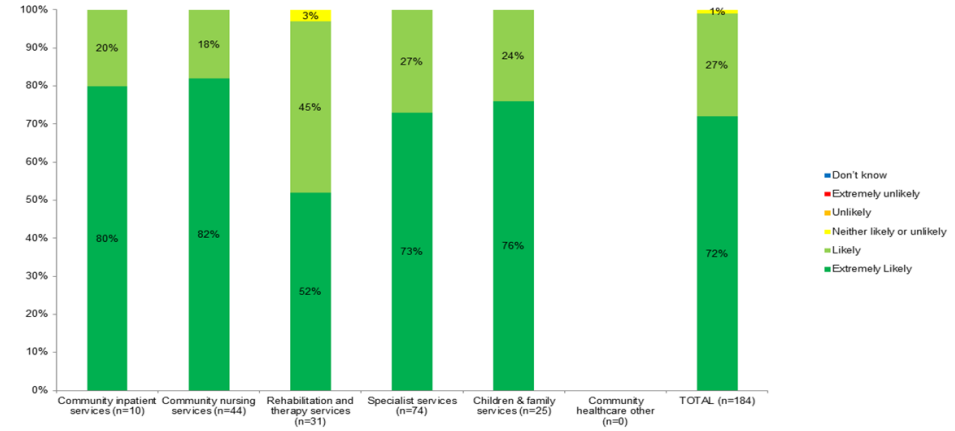
o No themes identified in free text comments from respondents unlikely / extremely unlikely to recommend

- The number of responses declined by 9% (717) from the previous month (September 792)
- Text messages provided 41% of responses in October.

Mental Health Services



Community Services



Care Quality Commission (CQC)

CQC improvement plan
Our CQC improvement plan has now been signed off by the Clinical Governance and Clinical Safety Committee. This will be shared with the leads who are responsible for actions and with the Clinical Governance Group members when they meet again on 14th November. Monthly progress updates will be submitted to QIAT. Any identified concerns and risks will be incorporated into the clinical risk report for escalation to the Operational Management Group and the Clinical Governance and Clinical Safety Committee.

CQC Relationship Owner
Hamza Aslam is officially taking over from Catherine Beynon-Pindar and our new relationship owner from 22nd November.

Safeguarding

Safeguarding Adults
• The safeguarding children's team have participated in a number of partnership audits and used the learning from the audits to update internal training and produced situation background assessment recommendation (SBAR's).
• The team have produced independent management reports and chronologies for a number of external safeguarding reviews, including two cross border investigations and two local area investigations.
• The named nurse has contributed and attended a multi-agency child exploitation meeting (MACE) and the team are currently producing updated guidance to support staff in identifying and preventing victims and potential victims of exploitation.
• The named nurse attended a training session provided by Wakefield safeguarding children partnership, Stockport visit with new ways of working joint delivery operational group event and provided updates to services within the Wakefield business development unit.
• Safeguarding children's advisor has reviewed and updated the "parental mental health" training package that is delivered as a multi-agency offer.
• Safeguarding children's advisors have attended cybercrime and hate crime seminars and updated the internal training to reflect the training.

Safeguarding Children
• Following the learning from a domestic homicide review, domestic abuse training has been delivered to community mental health teams.
• Due to a number of complex clinical cases the safeguarding adults advisor has provided drop-in supervision within the low secure service.
• Safeguarding adults advisor completed the draft of the updated Trust modern day slavery and human trafficking guidance.
• Safeguarding adults advisor has been supporting a service level investigation within medium secure services.
• The team have produced independent management reports and chronologies for a number of external safeguarding reviews.
• Specialist safeguarding adults advisor attended a 'person in position of trust' (PiPOT) conference in Sheffield and the learning has been used to update the internal training.
• Safeguarding adults advisor attended a white ribbon ambassadors networking event in Halifax and has worked with comms to raise the awareness across the organisation, including a campaign at extended executive management team.

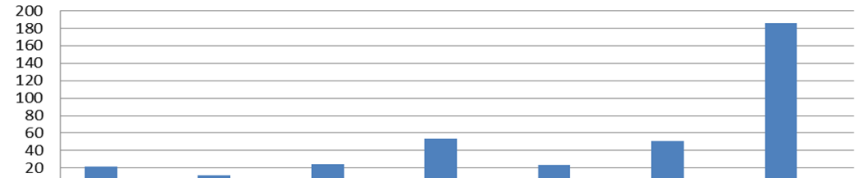
Infection Prevention Control (IPC)

• Annual infection prevention control plan 2019-20 (including quality improvement progress) is progressing well. No area at risk of non-completion. Quarter 3 is progressing well.
• Surveillance: there has been no cases of MRSA Bacteraemia, MSSA bacteraemia, or Clostridium difficile. There has been 1 ecoli bacteraemia case (SRU- date of case September 2019) upto date for 2019-20 data set which has been presented at PIR panel (no set trajectory for these cases).
• There has been an outbreak of D&V (no causative organism) on Crofton ward in November 2019- The ward was closed for 6 days, affecting 5 patient and 5 staff.
• Mandatory training figures are healthy - Hand Hygiene-Trust wide Total – 95%; Infection Prevention and Control- Trust wide Total – 91%
• Policies and procedures are up to date.

Reducing Restrictive Physical Intervention

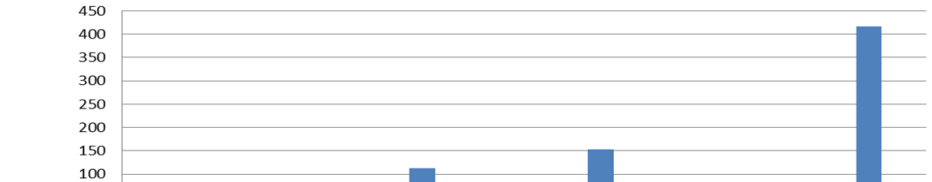
There were 186 reported incidents of Restrictive Physical Interventions use in October this being a 10.5% increase on the September figures that stood at 168. Out of 564 restraint positions used in the 186 incidents the highest proportion of all restraint positions used was again in the standing position 200 which equates to 35.5% of all positions used (564) an increase from September that stood at 123. Seated restraints stood at 135 that equates to 24% of all positions used. In relation to incidents of that would be deemed prone restraint 32 this is an 18.5% increase in the use of prone restraint from September (27). Wakefield BDU had the highest number of Prone Restraints with 14, but this is a continued reduction in its use from the previous month September (18) a reduction of 22%. Calderdale once again had no incidents that utilised the prone position.

All Incidents Requiring Restrictive Physical Interventions by BDU. October 2019



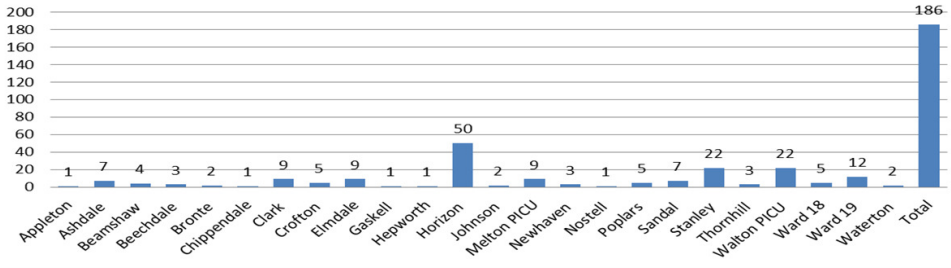
	Barnsley Mental Health	Calderdale	Kirklees	Wakefield	Forensic Service	Specialist Services	Total
Total by BDU	22	12	24	54	23	51	186
% OF WHOLE	12%	6.50%	13%	29%	12.50%	27.50%	

All Restrictive Physical Intervention Positions used in 186 Incidents and Percentage of Whole. October 2019

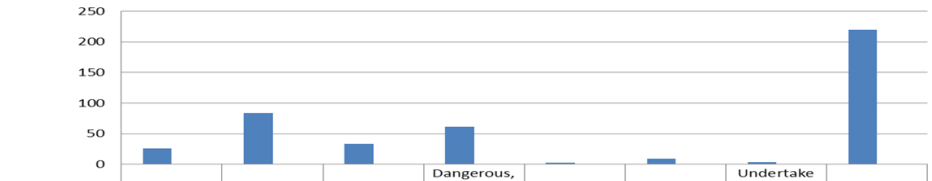


	Kneeling	Prone	Safety Pod	Seated	Side	Standing	Supine	Restricted escort	Total
Total	2	32	32	113	10	152	57	18	416
% of Whole	0.50%	7.50%	7.50%	27%	2.50%	36.50%	14%	4.50%	

All Incidents Requiring Restrictive Physical Interventions by Team. October 2019



All Incidents of Restrictive Physical Intervention Use by Reason Given and Percentage of Whole. October 2019



	Administer medication	Danger to others	Danger to self	Dangerous, threatening or destructive behaviour	Personal Care	Prevent Absconding	Undertake essential clinical/medical procedure	Total
Total	26	84	33	61	3	9	4	220
% of Whole	12%	38%	15%	28%	1.50%	4%	2.00%	

This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:
• NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold. This table has been revised to reflect the changes to the framework introduced during 2017/18.
• Mental Health Five Year Forward View programme – a number of metrics were identified by the Mental Health Taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
• NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.
The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Single Oversight Metrics - Operational Performance

KPI	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast	Data quality rating [8]	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.7%	98.8%	99.2%	98.7%	98.7%	98.9%	98.7%	98.8%	97.2%	1		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	98.7%	100.0%	100.0%	96.3%	95.4%	100.0%	100.0%	1		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	99.2%	100.0%	100.0%	99.2%	100%	100%	Due Dec 19	1		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	97.4%	97.2%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	Due Dec 19	1		
Data Quality Maturity Index [4]	Improving Health	Responsive	CH	95%	Due Nov 19	Due Nov 19	96.8%	96.9%	100.0%	96.1%	*97.0%*	*98.1%*	*98.3%*	1		
Out of area bed days [5]	Improving Care	Responsive	CH	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	703	318	207	303	193	151	146	21	4	3		
IAPT - proportion of people completing treatment who move to recovery [1]	Improving Health	Responsive	CH	50%	Due Nov 19	Due Nov 19	54.4%	55.4%	51.9%	52.2%	54.6%	54.4%	Due Dec 19	2		
IAPT - Treatment within 6 Weeks of referral [1]	Improving Health	Responsive	CH	75%	Due Nov 19	Due Nov 19	83.1%	86.3%	81.4%	78.2%	*76.1%*	*77.7%*	Due Dec 19	1		
IAPT - Treatment within 18 weeks of referral [1]	Improving Health	Responsive	CH	95%	Due Nov 19	Due Nov 19	98.6%	99.1%	98.4%	98.3%	98.6%	97.9%	Due Dec 19	1		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	83.1%	84.0%	92.0%	72.7%	88.0%	92.0%	85.7%	76.5%	75.9%	1		
% clients in settled accommodation	Improving Health	Responsive	CH	*60%*	87.8%	*89.4%*	87.3%	88.0%	88.3%	88.8%	89.4%	90.0%	*90.2%*	1	⚠	
% clients in employment [6]	Improving Health	Responsive	CH	*10%*	11.4%	*11.6%*	11.3%	11.4%	11.5%	11.7%	11.6%	11.6%	*11.7%*	1	⚠	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Improving Care	Responsive	CH		Due June 20									2		

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast	Data quality rating [8]	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	90	28	5	29	56	7	21	0	4	2		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	9	2	1	5	3	1	1	0	1	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	*Trend Monitor*	214	183	214			183			Due Jan 20	N/A		
Proportion of people detained under the MHA who are BAME [2]	Improving Care	Safe	CH	*Trend Monitor*	14.5%	13.1%	14.5%			13.1%				N/A		

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Year End Forecast	Data quality rating [8]	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance [1]	Improving Health	Responsive	CH	90%	99.1%	*99.2%*	98.7%	99.4%	99.0%	98.8%	99.7%	*100.0%*	Due Dec 19	1		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.8%	*99.9%*	99.7%	99.8%	99.8%	99.8%	99.9%	99.9%	*100.0%*	1		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	90.2%	*98.6%*	84.1%	90.7%	89.5%	*98.5%*	98.6%	98.7%	*98.7%*	1		

** See key included in glossary.*
Figures in italics are provisional and may be subject to change.
1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.
2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
4 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).
5 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.
6. Clients in Employment - this shows of the clients aged 18-69 at the reporting period end who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'
8 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle idenfiies any issues and detailed response provided below in the data quality rating section.

Areas of concern/to note:

- A couple of metrics have not been finalised at the time of the report. Work continues with operational services on additional data quality checking which has been required as a result of transfer to a new clinical information system, this however, continues to be an improvng position. No major issues are anticipated with the outstanding metrics.
- The Trust continues to perform well against the majority of NHS Improvement metrics
- Inappropriate out of area bed placements amounted to 4 days in October which is a further decrease compared to 21 days reported in September
- % clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme. A South Yorkshire & Bassetlaw partnership bid for individual placement support wave 2 funding has been successful which will see the creation of additional employment workers to support secondary care mental health services in Barnsley. There are some data completeness issues that may be impacting on the reported position of this indicator.
- The scope of the data quality maturity index has changed in July 2019 as part of a national CQUIN, though the target has remained the same. The August and September figures are provisional, with August being published in November and September being published in December.

Data quality:

An additional column has been added to the above table to identify where there are any known data quaity issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

For the month of October the following data quality issues have been identified in the reporting:

- The reporting for employment and accomodation for October shows 23% of records have an unknown employment or accommodation status. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Barnsley BDU

General community services

Key Issues

• Paediatrician provision for weekly audiology clinic ending at the end of November due to Barnsley hospitals NHS foundation trust staffing shortages. Risk noted at business delivery unit level.
• Audiology service level agreement with acute trust not yet agreed. Discussions ongoing regarding staffing skill mix – both parties meeting again. This is an ongoing piece of work with service and admin team management
• Yorkshire smoke free Barnsley new contract service model being mobilised contract starts in November.
• Yorkshire smoke free Sheffield – commissioner would like to extend contract for a further 2 years and has reinvested this year's underspend into service to support referral from the QUIT programme.
• Health integration team in Urban House - increased number of clients and turnover with complex needs – business case for additional resource submitted to commissioner.
• Vaccination and Immunisation team - very busy with flu vaccination. Availability / supply of vaccines for schools is resulting in rescheduling sessions which is impacting on the teams capacity.

Strengths

• Tissue viability team putting in for an award regarding the new leg ulcer pathway
• Secretary of state for Scotland to visit Barnsley integrated community equipment services, aim is to look at replicating the re-cycling model across Scotland
• Breaches for audiology significantly reduced
• Children's therapy services – additional resource mobilisation plan in progress

Challenges

• Neighbourhood teams and integrated specification - mobilisation of new model involves over 500 staff, changes involving integrated leadership and management, agile bases, formation of new teams and new ways of working. Task and finish groups established and issues being progressed.
• Long term conditions workforce issues – level of increased demand alongside reduced capacity continues to cause pressures within the system due to maternity leave, vacancy and pace of recruitment.
• Continence service – high level of sickness impacting on ability of the service to deliver. A recovery plan is being developed.
• Management of staffing vacancies/maternity leave in children's speech and language therapy.

Areas of Focus

• Stroke integrated pathway – following the external peer review of the early supported discharge proposal, we are now in formal consultation and mobilisation and are recruiting to new roles.
• Management of key issues with audiology
• Partnership work with acute trust to resolve issues identified for the children's epilepsy service

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Barnsley BDU:

Barnsley mental health

Key Issues

• Acute inpatient wards continue to experience high demand, with acuity contributing to on-going agency and bank expenditure. Bed occupancy levels remain high. Resources are being utilised across the wards and effective skill-mixing deployed to support the service
• Average length of stay remains in excess of target and is rising and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services, in particular the work around criteria lead discharge.
• Action plans and data improvement plans are in place to address areas identified for performance improvement including CPA reviews which are demonstrating positive outcomes
• The psychology waiting list reduction plan in core, funded by the clinical commissioning group (CCG), continues on track
• Progress has been made with recruitment in community services, although some demand and capacity challenges remain
• We are working with the CCG and primary care partners to scope and plan integrated services at neighbourhood and primary care network level

Strengths

• The mobilisation plans for recruitment into all age liaison psychiatry posts, and the newly funded posts in intensive home based treatment team and core 24 mental health liaison, are proceeding.
• As a result of the successful bid in partnership with South Yorkshire Housing for wave 2 funding for individual placement and support (IPS) provision across South Yorkshire & Barnsley integrated care system, new IPS workers are ready to commence in post in community teams in December
• Continued success in recruitment to medical posts has meant currently no agency medical staff in the business delivery unit (BDU).
• Willow ward achieved a gold rating in their recent internal quality monitoring visit. Service users told the visit team 'that they feel involved in their care and were aware of their care plan. They also said the benefits and risks of their treatment had been explained to them.'
• Ongoing management of patient flow is proceeding as well as possible despite growing pressures

Challenges

• Demand and capacity in acute and community services continues to be a challenge
• The action plan and training around care programme approach (CPA) reviews, data quality and activity and improvement in how we use SystmOne is leading to positive impact, and is being closely monitored and supported at trio level.

Areas of Focus

• Admissions and discharges and patient flow in acute adults.
• Continue to improve performance and concordance in service area hotspots tracked team by team by general managers.
• Demand and capacity work, including safer staffing, in community services
• Support for staff wellbeing across the BDU and in particular the wellbeing of staff in the acute service line

Calderdale & Kirklees BDU:

Key Issues

• Older adult wards remain under pressure with high acuity and need levels.
• The number of delayed transfers of care have reduced. Some alternative community provision gaps remain in complex older adult continuing care provision in Calderdale.
• Increase in pressures on adult acute beds use and recently some short term use of out of area capacity. Acute medical and accident and emergency systems are under intense pressures with silver system calls up to 3 times a week.
• Positive ongoing discussions and agreement with commissioners to develop older adult crisis team in Calderdale from beginning of 2020. Kirklees improving access to psychological therapies (IAPT) increased investment agreed ahead of plan in early 2020.
• Calderdale local authority adult mental health social worker workforce is very low, currently 1.8 WTE out of 8 WTE established workforce. Urgent discussions underway with local authority senior leaders.

Strengths

• High performance on mandatory training continues.
• Discussions have commenced with the three CCGs about next year's investment and business plans. Kirklees have identified additional plans over and above five year forward view to develop enhanced single point of access capacity and an emotionally unstable personality disorder trauma informed managed clinical network.

Challenges

• Calderdale psychological therapies remain under pressure with support from the CCG to commission some additional wider community capacity in third sector and also moving forward to recruit additional therapists. Commissioner provided with business plan but yet to confirm support and investment.

Areas of focus

• See above

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Forensic BDU:

Key Issues
• 8 learning disability (LD) beds de-commissioned by NHSE. Appleton is now full with 8 LD service users with a further 2 service users with a learning disability on another ward. The plans to transfer service users from Stockton Hall where appropriate continue.
• Occupancy for medium secure in month 98%, Bretton Centre 98% and Newhaven 75%.
• Work with the West Yorkshire Provider Collaborative continues. West Yorkshire and Harrogate integrated care system has released funding to support this work.
• Bid for a forensic community service was re-submitted to NHSE. Approval now granted to develop the service. Mobilisation has commenced.
• Forensic Outreach Learning Disability service (FOLS) is offering a consultancy and advisory service across the core week. Recruitment continues and we have successfully appointed to several key posts.
• Secure estate has now been transferred from forensic BDU and will form part of the generic CAMH services provided by the Trust.
• Programme of organisational development in place across the BDU looking at culture, well-being, reducing sickness, improving engagement and communication. This work is extensive and on-going.
• Improving our volunteer opportunities to be a focus.

Strengths
• Strong performance on mandatory training.
• Appraisal band 6 and above 87%, band 5 and below 82%. BDU helping to pilot new e-appraisal system.
• Supervision figures as reported to commissioners for Q2 90.2%.
• Good track record delivering CQUIN targets.
• Progress being made on CQC action plans. Only action waiting to be addressed is the call system which forms part of the wider Trust response.
• Review of psychology service has led to improved performance.
• Excellent service user engagement at service and regional level.

Challenges
• Recruitment of registered staff in all disciplines. Significant resource is being utilised to optimise recruitment activity. Exploration of alternative roles being undertaken.
• High turnover – this is being looked at in some detail and supported by HR.
• Reducing sickness

Areas of Focus
• The BDU are undertaking a large piece of work supported by HR and will focus on the following areas:
*Leadership
*Sickness/absence
*Turnover
*Well-being
*Bullying and harassment
• Ensuring the culture remains positive and reflects the values of the organisation.
• Recruitment to all clinical posts across the BDU

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Specialist BDU:

Challenges
• Vacancy levels in community learning disability services continue to be challenging with specific vacancies in senior nursing roles, psychology, speech and language therapy (SALT) adversely impacting on the ability to complete assessments/care planning within 18 weeks of referral. Data quality is being assured through routine performance clinics and each case breaching 18 weeks is tracked to ensure the reason for breaching is understood/recorded.
• A combination of high sickness levels and vacancies in Horizon inpatients has created a pressure on staff bank (and other wards/community services) to provide cover.
• Barnsley clinical commissioning group procurement of child and adolescent mental health service closed 14 November.

Areas for focus
• Business cases submitted to clinical commissioning groups in relation to 24/7 access to a learning disability specialist and maintaining the dynamic risk registers across children and adult learning disability and / or autism cohorts.
• The management of forensic child and adolescent mental health service (CAMHs) (Wetherby young offenders institute and Adel Beck) has transferred to specialist services business delivery unit as part of the CAMHS service line. Significant progress made in clarifying leadership and clinical model in accordance with improvement notice requirements
• Waiting times from referral to treatment in Wakefield and Barnsley CAMHs are reducing with robust action plans being developed to accelerate progress. In both areas waiting list initiative finance has been secured.
• Proactively addressing vacancy levels in CAMHs (Wakefield) and learning disability services.

Wakefield and Acute Inpatients Trust wide

Key issues
• The acute service line continues to experience high demand and staffing pressures leading to ongoing bank expenditure, with acuity on the wards particularly in psychiatric intensive care unit (PICU). Support for staff wellbeing is a priority.
• Good progress continues to be made on Ward 18 which had been experiencing particular challenges with staffing levels and retention. Action and improvement plans are on track with safer staffing and professions support. New leadership arrangements are being consolidated.
• Out of area beds for Wakefield service users has been maintained as nil acute usage and intensive work takes place to adopt collaborative approaches to care planning, to build community resilience; and for presenting acute episodes, to explore all possible alternatives at the point of admission.
• Average length of stay remains in excess of target and has been identified as part of the trust wide programme of improvement in addressing demand and capacity in acute services, drawing on the work around criteria lead discharge

Strengths.
• Management of patient flow and for Wakefield nil out of area acute bed usage
• The electro convulsive therapy service has been reviewed and has been re-awarded its electroconvulsive therapy accreditation service accreditation
• Staff from Nostell ward have presented at the Royal College of Psychiatrists' quality improvement network on their success in reducing restrictive practices. Furthermore in October, the success continued: with no usage of restrictive practices – seclusion, restraint or rapid tranquilisation – at all in the ward
• Colleagues from the memory service, Richard Clibbens and Angela Depledge, have had an article published in The British Journal of Nursing 'Developing the advanced nurse practitioner role in a memory service'.

Challenges
• Adult acute occupancy and acuity levels remain high.
• E-discharge performance is inconsistent and an improvement action plan in place led by the matrons across the wards.
• Adult community medical vacancies and gaps continue to be a pressure leading to financial challenges.
• Expenditure on bank and agency staffing in acute services and agency spending on medical staff in community remains a challenge.
• Care programme approach reviews performance which has been subject to action planning lead by the quality and governance lead has made significant progress and is nearly on target.

Areas of Focus
• Admissions and discharge flow in acute adults with an emphasis on current approach to alternatives to admission and collaborative inter-agency planning.
• Improvements to staffing levels and support for staff wellbeing on Ward 18.
• Continue to improve performance in service area hotspots through focussed action planning.
• Support for staff wellbeing across the BDU and in particular the wellbeing of staff in the acute service line.

This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Communications, Engagement and Involvement

Marketing and communications

- Unity centre opened on 10 October and was promoted through all our channels.
- Promotion of the i-hub challenge on reducing waste
- Support to EyUp! Christmas campaign. Website updated to support external awareness raising. Support for EyUp! charity eco cups – comms launch plan executed
- Creative Minds comms principles and toolkit shared through the charitable funds committee and with the creative minds team
- Support to Barnsley BDU regarding integrated care proposals. Comms strategy developed.
- Central intranet resource developed to support the information resource project group, to make information more accessible. The resource is now live.
- Support for smokefree service for Stoptober – promoting success of service and support available to internal and external audiences.
- Pharmacy waste communications plan, focused on cost effective prescribing and co-producing of materials with pharmacy team / prescribers
- SystmOne for mental health – comms strategy commenced for phase 2 – optimisation
- Further development of a partnership communication campaign with Barnsley Hospital, the CCG and GP Federation to promote alliance working and partnership working successes. Meetings have taken place for Barnsley 2030 project.
- Further development work on a Wakefield-district wide communications and engagement group, with action plan, for children and young people's mental health and wellbeing.
- Facilitating a workshop on comms and engagement at the West Yorkshire and Harrogate Health and Care Partnership for non-executive directors and governors.
- Developing comms and engagement approach for integrated care in Kirklees. Partnership forum established. Communications strategy presented to the Kirklees Integrated Partnership Board and approved. Work now progressing on the action plan.
- #Allofusimprove – promoting i-hub challenges and continued support promoting the IHI training across the Trust. #Allofusimprove case studies continue to be developed and rolled out.
- Supported flu campaign, including developing materials and delivering on the communication plan.
- Wellbeing marketing campaign plan has been developed, focused on gathering insight of staff wellbeing. The plan is for an insight report to be created which will be shared with relevant leads and used to scope campaign which will begin in 2020
- Internal bullying and harassment campaign in development
- Freedom to speak up guardian campaign in development
- Further meetings with regional communications colleagues to plan for Brexit
- Excellence awards 2019 to be held on 19 November. Films have been produced for all 15 team categories. Guest speaker at the event will be Kim Leadbeater – Ambassador for the Jo Cox Foundation and sister of Jo.
- Ongoing support to recruitment and retention. Transfer Talk campaign developed and will be launched in the New Year.
- Support for all staff networks, including the BAME and LGBT+ network
- Promotion for the NHS staff survey, including myth busting.
- Co-ordinating engagement briefings for EMT colleagues in advance of Overview and Scrutiny and Health and Wellbeing Board meetings.
- Production of in-house film for Nostell ward on reduction in restrictive practice – also production and support of presentation for national conference
- Infection and prevention control week – co-developed and delivered comms strategy with infection prevention and control team

Engagement and involvement

- Developing an engagement and involvement approach to support the strategy.
- HR support to build a culture of involving service users in the delivery of recruitment and selection. Three workshops will take place in Calderdale, Kirklees, Wakefield and Barnsley to identify service users, carers and families who have an interest in supporting the recruitment and selection process.
- Support to Barnsley BDU on engagement for integrated care proposals. Development of an engagement and equality plan which will identify the areas for engagement going forward. The areas already identified include:
  - o Single point of access
  - o Digital technology
  - o Third sector support
  - o Single assessment and care plans
  - o Supported self-care

Current work includes mapping the existing intelligence and equality impact assessment documents to identify any gaps in intelligence.

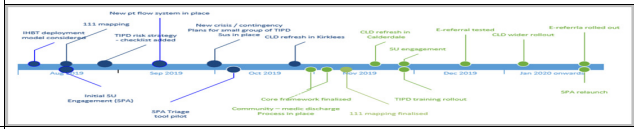
- Older People Services (OPS) will require a formal consultation to take place if scenarios form future proposals. Work will take place to create a high level timeline to demonstrate the process required to support this work.
- Single Point of Access (SPA) have delivered one engagement event in Calderdale and plan to deliver a second in Kirklees to further understand the development of the model.
- Work with CAMHS to identify an approach which will ensure the involvement of young people in the design of an enhanced service model will take place.
- Stakeholder engagement analysis will be used to develop an approach to involving key stakeholders in the work of the Trust. The analysis will act as baseline intelligence to ensure the relevant stakeholders are considered in any future plans or proposals.
- Working with West Yorkshire and Harrogate Health Care Partnership. We will continue to be actively involved in engagement activity relating to learning disability and mental health services. The work on ATU has already had input from the team.
- The renewal of volunteering accreditation and assessment is underway and meetings will take place throughout November with key staff members.
- Working with partners in Kirklees to enhance the offer of volunteering opportunities across Kirklees in our services.
- Volunteer annual survey completed outcomes to be reviewed for better working practices.

This is the November 2019 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for October 2019. The priority programme areas of work providing an update in this report are:
- Wakefield Projects
- Barnsley Projects
- South Yorkshire Projects
- West Yorkshire Projects
- SystmOne Optimisation
- Embed #allofusimprove to enhance quality
- Provide all care as close to home as possible (Out of Area)
- Improve our mental health offer for older people

The framework for this update is based on the Trust priorities for 2019/20 (as agreed in April 2019), and provides details of the scope, improvement aims, delivery and governance arrangements, and progress to date including risk management. Some areas of focus are for the Trust where the position is strategic and emergent; others are priority change programmes which will be delivered over 2019/20. The reporting arrangements for each programme of work are identified; some are hidden as they either report elsewhere on the IPR, do not report on the IPR, or do not report this month on the IPR. The proposed delivery is in line with the agreed integrated change framework.

Priority	Scope	SRO	Change Manager	Governance Route	Improvement Aim(s)	Reporting Frequency	Narrative Update	Progress RAG rating	
IMPROVE HEALTH									
Work with our partners to join up care in Wakefield	1. To develop and deliver partnership structures and relationships that underpins integrated working 2. To deliver integrated networks in the neighbourhoods of Wakefield which meet the requirements of primary care home objectives whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas determined as priorities by the Wakefield integrated care provider. These include (but not limited to): • Elderly and frailty • Mental health (via the MH alliance) • Dementia (via the MH alliance) 5. SWYPFT to take a lead partnership role in the development and delivery of a MH alliance for Wakefield that oversees • the delivery of priority work streams: - Crisis pathway - Personality disorder - Suicide prevention • the delivery of the 8 projects that make up the dementia programme • the delivery of legacy commitments for the following: - Peri-natal mental health investment - Psychiatric liaison core 24 - Children and young people eating disorders - Improving access to psychological therapies (IAPT)-long term conditions (in partnership with Turning Point). • the development and delivery of the Wakefield response to the NHS long term plan for mental health. 6. Working with partners, develop and implement the operational requirements of the districts response to the agreed strategy for the children and young peoples plan priority of emotional wellbeing and mental health.	Sean Rayner	Sharon Carter	Transformation Board	By 31/03/20• All primary care home neighbourhoods will have: - an established integrated leadership team - co-produced priority areas of focus - population health data pack available to underpin decisions - produced stories that demonstrate impact for the people in their area • Each programme area will have delivered on key improvement aims as set out at the beginning of the year.	Monthly on IPR	Plans are on-going to re-launch Future in Mind as a whole system with a clear transformation plan in Wakefield. Work is taking place with the Wakefield primary care homes leads to identify areas where they would like to put the resource to use. Additional funding to support this is being sought via a West Yorkshire integrated care system bid, scheduled for submission in mid-November. Work continues on the mobilisation of MH alliance priority workstreams. Next meeting of the W MH alliance will focus on 2020/21 priorities.	Progress Against Plan	
							Risks are managed by each programme of work, led by transformation manager, reporting to MH Alliance Board on a monthly basis. Areas of risk to report include: individual schemes in the plan will not be measured effectively in terms of their respective impact. The Alliance is working on an outcomes and benefits framework as part of risk mitigation. Programme manager commences post in December, and recruitment for band 6 project manager will commence in November. Both posts will be hosted at SWYPFT.	Management of Risk	
							By 31/03/20 Each scheme in the plan will have delivered to the outcomes framework developed. It is envisaged that the schemes will commence reporting against the outcomes measures from January 2020 onwards.		
Work with our partners to join up care in Barnsley	1. To develop and deliver partnership structures and relationships that underpin integrated working 2. To deliver integrated care networks in the six neighbourhoods of Barnsley which meet the requirements for primary care networks whilst fully engaging the communities 3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us 4. To deliver improvement programmes in key areas as identified by the partnership groups. These include: a. Frailty b. CVD c. Stroke 5. To develop and deliver a communication and engagement plan that promotes integrated working, inspires staff to work in different ways and helps create an empowered public that takes more responsibility for their health and wellbeing. To underpin this work with a clear plan for SWYPFT in via the Barnsley and SY internal integration group.	Salma Yasmeen	Sue Barton	Transformation Board	By 31/03/20 All six neighbourhoods will have • an established integrated leadership team • co-produced priority areas of focus • population health data pack available to underpin decisions • produced stories that demonstrate impact for the people in their area • The integrated care outcomes framework will be used by partners to begin to demonstrate impact of the different pieces of work • Each programme area will have delivered on key improvement aims as set out at the beginning of the year	Monthly on IPR	Stroke: the clinics are currently working well and there are no immediate issues across the system from the implementation of the hyper acute stroke unit at the beginning of October. After agreement on the model for early supported discharge the management of change is being undertaken to ensure staff are working in the new approach. It is anticipated that it will be February before this is fully in place due to recruitment. The team have been asked to do a presentation to SY&B ICS on their work which has received national endorsement. Neighbourhood team specification: significant work is being undertaken to mobilise the new specification with partnership workstreams in place for Single Point of Access, Population Health management, contracting & KPIs , workforce and communications/engagement as well as internal workstreams for estates, HR, IM&T and finance. Integrated neighbourhood working and the Primary Care Networks continue to develop alongside each other with good progress being made across all areas.	Progress Against Plan	
							Risk has reduced for stroke services with the agreement of the early supported sdscharge model although there are still concerns about our ability to recruit fully to the new team The main risk identified in the mobilisation of the neighbourhood team specification relates to capacity to deliver within the short timescale in particular in relation to information systems. The detail of this work is currently being scoped. The risk is compounded by the lack of information on the Key Performance Indicators for the new model. Other risks so far include: Inadequate resources to deliver core hours beyond current service offers and resource envelope Mobilisation of a 24/7 SPA admin and clinical triage , not currently resourced Out of Hours Delivering management of change in a short period of time Estates challenges to move to a hub model in the 6 neighbourhood networks Possibility of memory assessment service being aligned away from core mental health Impact on staff owing to changes in working arrangements. We are keeping our staff informed with regular briefing sessions and information updates.	Management of Risk	
							Implementation plan/key milestones: By 31/07/19 Programme areas have identified key improvement aims for 19/20 By 31/03/20 New integrated community teams to be mobilised		

Working with our partners to join up care in West Yorkshire	Work across the West Yorkshire and Harrogate Health & Care Partnership (WY&HHCP) Integrated Care System (ICS), including active membership of the West Yorkshire Mental Health, Learning Disabilities & Autism Service Collaborative, to deliver shared objectives with our partners in the areas of: • Forensic services including adult, children and LD project. SWYPFT is the Lead Provider for the WY&H Adult Secure Provider Collaborative. • Adult Mental Health Services • LD transforming care partnerships • Children and Adolescent Mental Health services (CAMHS) whole system pathway development • Suicide Prevention • Autism and ADHD We aim to underpin this work with a clear plan for SWYPFT via the WY internal integration group.	Sean Rayner	Sharon Carter & Sarah Foreman	Transformation Board	By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year, and/or reshaped (rescoped) as determined by the ICS Programme Board in Autumn 2019.	Monthly on IPR	•A high level analysis by CCG on the mental health investment standard for 2020/21, and over the five year planning period was presented at WY&H mental health, learning disability & autism programme Board on 18th October. WY & H ICS consolidated five year financial plans demonstrate a clear commitment to achieve the mental health investment standard as all CCGs are more or less projecting spend that is equal to or greater than the required mental health spend (excluding learning disability & dementia). Programme highlight reports were presented at the at WY&H MH, LD & Autism Programme Board on 18th October, these included: • Tier 4 CAMH unit, Leeds: Reported that first phase planning approval had been secured. Completion scheduled for September 2021. •Personality disorder pathway strategy for the Yorkshire & Humber region has been published and will be considered in the context of our Forensic Provider Collaborative clinical service model. •Suicide prevention initial campaign proposal was supported. The WY&H Mental Health, Learning Disability and Autism strategy was discussed at SWYPFT Board in October and comments feedback. Final version comes to the WY&H MH, LD & Autism programme board in November.	Progress Against Plan	
							Risks are managed by each programme of work. Areas of risk to report include: Failure to deliver timely response to bids and proposals due to lack of resource, other work priorities and skills. There is a risk that the timescales are too ambitious and do not allow for sufficient time to engage with all partners. Stakeholder engagement remains a challenge to progression for the majority of the programmes. West Yorkshire Forensic Lead Provider Business Case: whether a NMOC for forensics is deliverable in the context of the financial & contracting due diligence that will need to be undertaken over the following months.	Management of Risk	
							By 31/03/20 Each programme area will have delivered on key improvement aims as set out at the beginning of the year.		
Improve our mental health offer for older people	To deliver the agreed community model within each BDU. In November 2019, EMT agreed to a change in scope of this priority programme to include developing an updated inpatient Business Case.	Subha Thiyagesh	work managed within BDU s	OMG	To implement the community model in each BDU as far as the existing resources allow. For this to be evidenced by self-assessment. In November 2019, EMT agreed to a change in scope of this priority programme to include developing an updated inpatient Business Case	at key milestones	There has been recent activity to review and refresh findings from the original inpatient business case, which considered the case for establishing specialist needs based units across the Trust. EMT have agreed to a change in scope of this priority programme to include developing an updated inpatient Business Case. Further planning work is being taken forward through November to establish the resources to support this work.		
							Further risk analysis will be undertaken as part of any inpatient business case refresh		
							timescales for BDUs to update on their progress to implementing new models to be agreed new milestones for producing business case for implementation of new inpatient model to be agreed.		

IMPROVE CARE									
Provide all care as close to home as possible	To reduce the use of inpatient beds (both out of area and within the Trust) in a way which contributes to increased quality and safety across the whole pathway and improves staff wellbeing.	Carol Harris	Ryan Hunter	OMG (with monthly report to EMT)	To deliver the programme of work described in the driver diagram and associated plans. The programme of work is a mixture of significant change & Important Improvement projects.	Monthly on IPR	Highlights include: • Appropriate inpatient stays: Work to refresh criteria led discharge has now commenced. High level process map, new protocol and roles and responsibilities (RACI) model have been produced. The pilot has commenced in late October in Ward 18 and will start in early November at the Dales. The project team has visited the wards in advance to prepare for the refresh. • Patient flow - New sitrep report is now in place and meetings are being held with intensive home based treatment (IHBT) managers to confirm how joint working with the patient flow team will happen. Still awaiting confirmation of new office space for team. Feedback from patient flow service is that there are still high pressures in the system. • There is evidence of the community strand continuing to have an impact, with continued reductions in numbers of people waiting to be stepped down from IHBT to community teams across Calderdale and Kirklees and some reductions in weekend handovers from enhanced to IHBT. A new framework for core is in draft and a meeting to focus medics caseloads has been held in October. This has resulted in a plan to pilot changes in North Kirklees. Priority work remains to get the community caseloads to more manageable levels to enable recovery focussed work. • The work in community should help enable new ways of working in IHBT, in particular establishing more joint out of hours mental health act assessments with AMHPs, but resourcing issues in the IHBT continue to limit opportunities to develop this, though plans are in place to resolve recruitment issues. Barnsley IHBT have visited the Kirklees IHBT team in October and learning from this will help inform a workshop to be planned with the team. • Triage tool testing and SBAR use has taken place in SPA in October – feedback is very positive from the team and work is now taking place to establish resource implications of implementing the tool. Joint work with Calderdale GP lead continues, with plans to test e-referral on a small scale by Christmas. 111 meeting to finalise changes required is being organised. Service user engagement events are planned for November. • The Trauma Informed Personality Disorder (TIPD) pathway activity continues to make good progress. Teams are now establishing collaborative care plans and aiming to implement new ways of working. The new pathways have been drafted and PD champions are being identified. A training programme is being established and rolled out in late 2019. • Work continues to ensure that the right level of information is available across all levels of management and governance in the organisation. The overall numbers of out of area bed days are now much lower than out long term averages and a step change in the numbers of out of area placements in 2019 can now be demonstrated.	Progress Against Plan	
							Key risks identified on programme risk register are set out below. There are plans in place to mitigate and track activity against these risks and more detail is provided in the highlight report to EMT: 1) Failure to deliver timely improvement due to lack of resource, other work priorities and skills - this has been flagged to steering group given some slippage - although plans are being rebased and progress is being made across all strands. Activity across the programme is likely to run well into 2020. CLD refresh to run until approximately March 2020. SPA set to refresh in early 2020. 2) Lack of relevant information and poor data quality could lead to poor decision making and / or poor assessment of changes, leading to: - being unable to quantify impact of some changes - changes having a negative impact - changes leading to other unintended consequences Dashboards now developed but not fully in use. Trajectories need to be agreed based on the dashboards and then tracked via new performance management processes. Further development of dashboards into Power BI was put forward as critical to success by SSG in recent challenge review. 3) Activity required to reduce admissions to beds may not be sustainable in the long term, either due to resources or external pressures. Proposed to refresh sustainability model via self-assessment. 4) Differing cultures across the trust and varying levels of engagement could lead to failure to deliver the proposed changes. The programme continues to work with key stakeholders including staff to develop and implement the required changes. Regular communication is to include thanks and appreciation. To bring even more people into the engagement, including staff, service users/carers.	Management of Risk	
									
Embed #allofusimprove to enhance quality		Tim Breedon & Salma Yasmeen	Vicki Whyte	EMT	Capability across the Trust will be increased A network of #allofusimprove Champions and Facilitators will be in place across the Trust to support continuous improvement. The #allofusimprove toolkit and helpdesk will be refreshed to support people to 'do and share' their improvements ideas. I Hub will be re-launched and used to strengthen the sharing, development and embedding of improvement and innovation across the Trust	at key milestones	Trust priority conversation 'Spending wisely and reducing waste' launched in October and has generated 22 ideas to date. 226 staff across the Trust currently completing the IHI Certificate of Quality & Safety with an extended deadline of 31.01.19 107 staff completed IHI Certificate and are now Trust Improvement Facilitators 4 members of staff have completed QSIR practitioner training with ACT Academy and are developing a programme of silver training, coaching and mentoring. The next Trust Board session is due to take place on 17th December on Leading for Improvement. The #allofusimprove toolkit has been refreshed and is now live on the intranet. SPC measurement for improvement tools used in Care Closer to Home programme. Case studies published on intranet demonstrating impact. Learning Library established to share learning from experience. Knowledge Café on Change and Innovation took place on 30th October.	Progress Against Plan	
							no key risks identified	Management of Risk	
							By 1/05/19 I Hub Relaunched. By 31/08/19#allofusimprove toolkit updated and in place. By 31/03/20: 250 people to complete quality improvement training 24 improvement case studies developed and shared 4 x QI Silver Training sessions held 20 x Improvement Coaching & Mentoring sessions held.		

IMPROVE RESOURCES									
Make the most of our clinical information	Delivering SystmOne optimisation plan - Following review at programme steering group in October 2019, and agreed at EMT in November, scope for SystmOne Optimisation has now reduced to 6 main projects – care plans, risk assessment, tasks, sharing out, and e-referrals, together with an overarching priority around reducing variation/improving data quality.	Salma Yasmeen	Jules Williams & Sharon Carter	Transformation Board	Completion of phase 1: implementation of clinical record system, SystmOne for MH, project closure report. Completion of phase 1: SystmOne for MH post implementation review. Build on from lessons learnt into phase 2: optimisation Co create and co deliver all priority areas of Optimisation plan	Monthly on IPR	Following review at programme steering group in October 2019, scope for SystmOne Optimisation has now reduced to 6 main projects – care plans, risk assessment, tasks, sharing out, and e-referrals, together with an overarching priority around reducing variation/improving data quality. Programme of work has been extended to September 2020. Progress in October is as follows: Care Plans: The new mental health care plans successfully went live in Forensics Services on 14th October. Trustwide engagement and support commenced with All SystmOne Improvement groups involved in the co design and co-creation of the MH care plans, and from these groups we have improvement champions demonstrating the care plans to their teams across the Trust. Feedback received is universally positive, and a 'toolkit' has been produced to help staff prepare for the launch of the new mental health care plans on 25 November. Clinical Safety and Design Group have been tasked to develop a Standard Operating Procedure regarding standards for completing care plans and linking risks to care plans as highlighted during CQC visits. Risk Assessments: A working group led by Deputy Director of Nursing has held 2 workshops, training clinicians on the principles of Formulation-Informed Risk Management, including use of the new SystmOne Risk Assessment. Further testing of the risk assessments in the demo environment is taking place with all clinicians attending the FIRM training being given access to the demo system. Further testing and demonstrations of the new Risk Assessments and User Guides will take place at SystmOne Improvement Groups from November 2019. An Action Plan for rollout was agreed at Programme Steering Group (23.10.19) with risk assessments to be fully rolled out by end of February 2020. E-Referral, Tasks and Sharing: Co-creation of the e-referral form is taking place with an e-RS Project Group including representation from Primary care. A meeting to look at technical issues related to e-referral, tasks and sharing is taking place with representation from Primary Care on 6th November and an Action Plan will be developed after that meeting. Reducing Variation/Data Quality: Following co-creation and co-design with SPA and IHBT services, event templates to support improvement in activity recording and data quality went live in SystmOne on 21st October 2019. A task and finish group from MH community services is being set up via SystmOne Improvement groups members and other interested parties to co-create Event Detail Templates for Community Services. Matching the current 120+ Activity Codes on SystmOne to SNOMED codes is complete in preparation for rationalising the list.	Progress Against Plan	
							Optimisation Risk assessment will be undertaken as part of workstream planning, coordinated by workstream leads meeting. Preliminary risks have been identified as: There is a risk insufficient time/resources being made available by external stakeholders, or lack of commitment to the changes from external stakeholders impacting on the success of pilots or on wider roll-out of major optimisation activities such as tasks. Insufficient resources to be able to configure the clinical system, to be able to train and support clinicians, and to lead/manage the project as required. Although these risks have been reduced owing to reduction in scope for the programme, the risks still remain. External pressures such as changes to the Barnsley Community Services specification might place pressure to divert resources. In the event of end-user staff not engaging in optimisation there will be a risk of not capturing all processes/ways of working which will result in configuration of SystmOne having not made any improvement or being unsafe. There is a risk that without sufficient resources, and a consistent approach and guidance, that clinicians will continue to record data incorrectly or use their own individual 'work-around'. Inadequate number of staff attending the training and demonstrating competency will result in the organisation not getting the best use out of the clinical records system and no improvements identified.	Management of Risk	
							The High Level Optimisation plan signed off by EMT in July 2019 suggested preliminary milestones for the project. Owing to extending the period of stabilisation, sign off of the plan being delayed until July, CQC inspection and project management not commencing until August, the initial phase of engagement and prioritising has been rescheduled. A robust plan for ongoing engagement and involvement throughout further stages of the project is in development, and delivery of the project remains on target as 31st May 2020. Owing to the above, Optimisation programme plan rescheduled and to be in place by end of October 2019 (following sign off by PSG) As agreed by EMT in July, Post implementation Review rescheduled to be completed by October 2020. Secondary changes made by the supplier to the new Care Plan design based on initial feedback delayed roll out of the care plans for testing. Roll out (subject to sign-off by CSDG) has been rescheduled to commence in October.		
MAKE THIS A GREAT PLACE TO WORK							These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR		

Progress against plan rating	
	On target to deliver within agreed timescales / project tolerances
	ability/confidence to deliver actions within agreed timescales / project tolerances
	ability/capacity to deliver actions within agreed timescales / project tolerances
	Actions will not be delivered within agreed timescales / project tolerances
	Action complete

Risk Rating	Likelihood			
Consequence	1 Rare	2 Unlikely	3 Possible	5 Almost certain
5 Catastrophic	5	10	15	25
4 Major	4	8	12	20
3 Moderate	3	6	9	15
2 Minor	2	4	6	10
1 Negligible	1	2	3	5

Green	1 – 3	Low risk
Yellow	4 – 6	Moderate risk
Amber	8 – 12	High risk
Red	15 – 25	Extreme / SUI risk

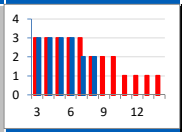
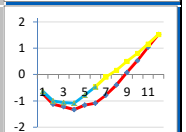
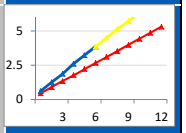
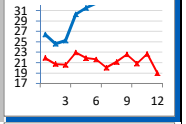
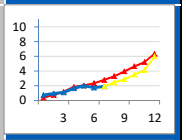
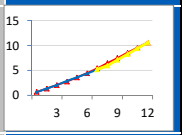
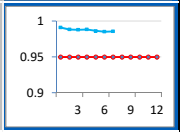
Glossary:

C&YP Children and Young People
ICS Integrated Care System
WY West Yorkshire
SYB South Yorkshire and Bassetlaw
NHS National Health Service
PCH Primary Care Hub (also referred to as Primary Care Network)
PCN Primary Care Network (also referred to as Primary Care Hub)
IHBT – Intensive Home Based Treatment
MH mental health
VCS voluntary and community sector
DBT Dialectic Behavioural Therapy
MOU memorandum of understanding
IAPT Improving Access to Psychological Therapies
LTC long term conditions
CCG Clinical Commissioning Group
IM&T Information management and technology
P&I performance and information
ESD Early Supported Discharge
WY&H West Yorkshire and Harrogate
HCP Health Care partnership
LD Learning Disabilities
UEC Urgent and Emergency Care
BDCFT Bradford District Care Trust
SWYPFT South West Yorkshire Partnership Foundation Trust

ATU Assessment and Treatment Unit
HASU Hyper acute stroke unit
SPA single point of access
NHSE/I National Health Service England/ NHS Improvement
IPS individual placement support
NMOC new model of care
OMG organisational management group
OPS older peoples services
SRU stroke rehabilitation unit
FIRM Formulation informed risk assessment
CSDG clinical safety design group
QI quality improvement
SPC statistical process control
IHI Institute for Health Improvement
QSIR Quality, Service Improvement and Redesign)
SSG an external consultancy company
EMT executive management team
GP General practitioner
TIPD Trauma Informed Personality Disorder
SBAR Situation - Background - Assessment – Recommendation – quality improvement tool
AMHP Approved mental health professional
RACI roles and responsibilities indicator
LTP long term plan
ICT Integrated change team

Overall Financial Performance 2019/20

Executive Summary / Key Performance Indicators

	Performance Indicator	Year to date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in October. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£0.9m)	(£0.2m)	October financial performance is a surplus of £201k excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.9m. The year end deficit of £0.2m is still considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£3.9m	£7.5m	Agency expenditure is higher than plan with £0.7m spent in October, £0.2m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements.	
4	Cash	£34.3m	£32.4m	Cash in the bank continues to be above planned levels; partly due to opening balances being higher than plan but also due to continued actions in year.	
5	Capital	£1.9m	£6m	Capital spend is below plan at the end of October. Forecast remains at £6m to reflect the current most likely position.	
6	Delivery of CIP	£5.2m	£10.6m	Year to date £5.2m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.3m is rated as red with a high risk on delivery.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

Red	Variance from plan greater than 15%	Plan
Amber	Variance from plan ranging from 5% to 15%	Actual
Green	In line, or greater than plan	Forecast

Contracting - Trust Board

Contracting Issues - General

Kirklees CCGs are providing additional investment for 2019/20 related to key mental health investment standard priority areas including, expansion of children's and young people's crisis services/all age liaison and further expansion of perinatal and IAPT services. Kirklees CCGs have also confirmed additional investment for attention deficit hyperactivity disorder (ADHD) services. Contract negotiations for 2020/21 are underway with key commissioners. Calderdale CCG has approved investment for the development of mental health crisis services for older people.

CQUIN

Results awaited for Q2 CQUIN submissions.

Contracting Issues - Barnsley

Work continues in relation to the implementation of the 2019/20 mental health investment plan including improving access to psychological therapies (IAPT) expansion, extension to development of all age and crisis liaison services and support for children and young people with a diagnosis of attention deficit hyperactivity disorder (ADHD) waiting for treatment. A review of neighbourhood nursing has been completed and workforce implications will feed into the wider work related to the Barnsley integrated care system specification. Implementation of work related to children's therapies expansion and waiting list reduction is ongoing. The new Barnsley smoke free service model commenced on 1 November 2019.

Contracting Issues - Calderdale

Calderdale CCG has confirmed additional investment to develop mental health crisis intervention services for older people. Key ongoing work priorities include early intervention in psychosis (EIP), reduction in out of area (OOA) in adult mental health, continued development of perinatal services and further development of children and young people's services in line with implementation of the THRIVE model. Work is ongoing to implement individual placement support and to implement additional crisis investment gained through bids to NHSE. Contract negotiations for 2020/21 are underway.

Contracting Issues - Kirklees

Kirklees CCGs are providing additional investment for 2019/20 related to key mental health investment standard priority areas including, expansion of children's and young people's crisis services/all age liaison and further expansion of perinatal and IAPT services. Kirklees CCGs have also confirmed additional investment for adult ADHD services. Contract negotiations for 2020/21 are underway. Key ongoing work priorities include continued development of psychological therapies for adults covering both core and long term conditions services, expansion of early intervention in psychosis services, continued development of perinatal services transformation of mental health services for older people to support provision of care closer to home through community based provision. Commissioners are

Contracting Issues - Wakefield

Key ongoing work priorities include continued development of perinatal mental health services, development of all age liaison psychiatry and the expansion of crisis services and support for addressing waiting lists for children and young people with a mental health need. Work continues in implementation of the additional mental health investment streams related to increasing capacity within the intensive home based treatment team, expanding capacity for police liaison and providing new capacity to offer dialectic behavioural therapy within community mental health teams. Work has commenced in relation to contract negotiations for 2020/21 contracts.

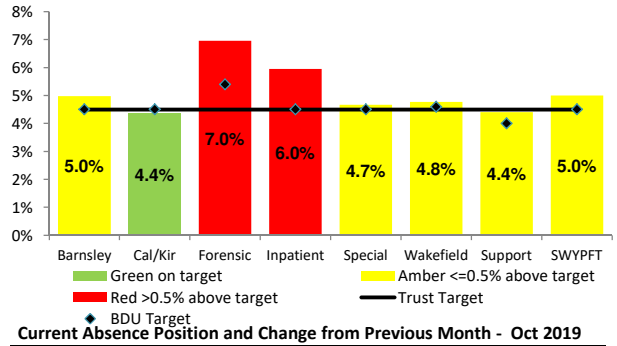
Contracting Issues - Forensics

The key priority work stream for 2019/20 remains the review and reconfiguration of the medium and low secure service beds as part of the work with NHS England in addressing future bed requirements as part of the wider regional and West Yorkshire integrated care system work. SWYPFT successful in a bid to become the lead provider for the West Yorkshire Collaborative for adult secure services on the further development track workstream to commence from April 2022.

Workforce

Human Resources Performance Dashboard - October 2019

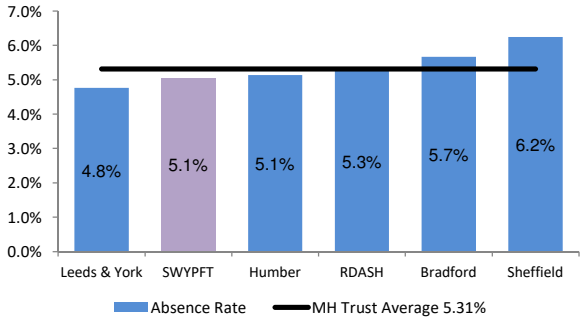
Sickness Absence



Current Absence Position and Change from Previous Month - Oct 2019

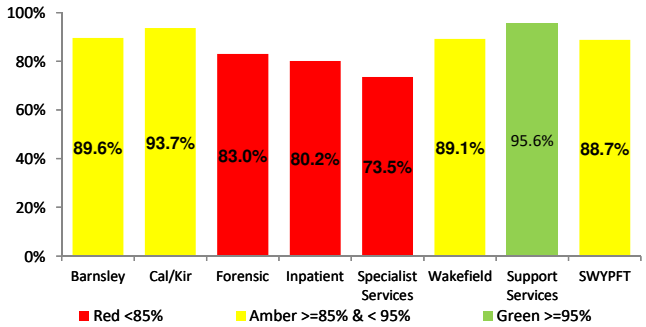
	Barn	Cal/Kir	Fore	Inpat	Spec	Wake	Supp	SWYPFT
Rate	4.8%	5.0%	6.3%	6.0%	4.5%	5.8%	4.3%	5.1%
Change	↑	↑	↓	↓	↑	↑	↓	↑

The Trust YTD absence levels in October 2019 (chart above) were above the target at 5%.



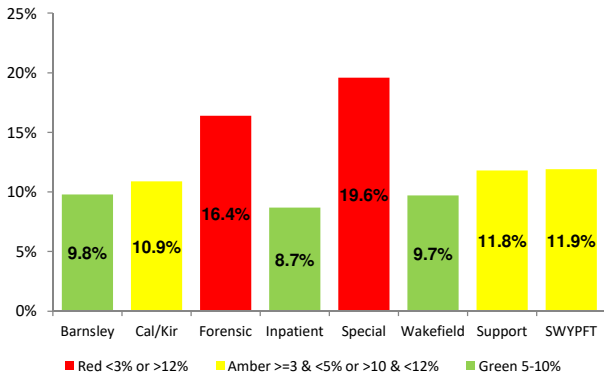
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 2018-19 financial year.
During this time the Trust's absence rate was 5.05% which is below the regional average of 5.31%.

Appraisals - All Staff

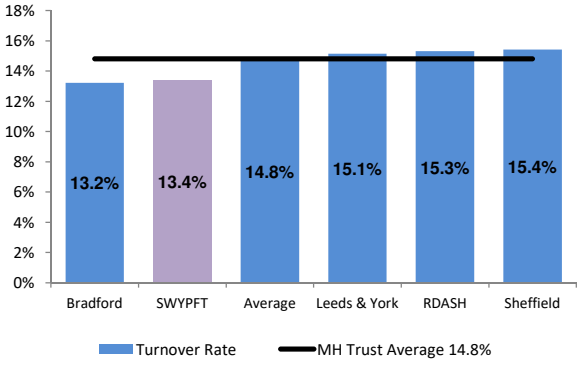


The above chart shows the appraisal rates for the Trust to the end of October 2019.
Until August, the figures only included staff on Band 6 and above. From September's report onwards, they include all staff.
The Trust target for all staff is to reach 95% by the end of September.

Turnover and Stability Rate Benchmark

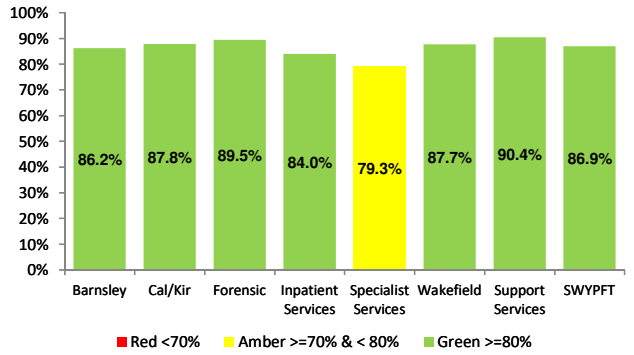


This chart shows the YTD turnover levels up to the end of October 2019.
The turnover data excludes decommissioned services



This chart shows turnover rates in MH Trusts in the region 2018-19.
This is calculated as: leavers/average headcount
These figures include temporary staff who are usually excluded from the Trust's local reports and so these figures are higher than ours.
Decommissioned services are included in this benchmark data.

Fire Training Attendance



The chart shows the 12 month rolling year figure for fire lectures to the end of October 2019. Specialist Services are still slightly below the target but all other areas and the Trust continue to achieve the 80% target.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.6%	4.8%	4.9%	5.0%	5.1%	5.1%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%	5.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.1%	5.7%	5.8%	5.7%	5.8%	5.1%	4.6%	4.7%	4.7%	5.2%	5.3%	5.0%	5.0%	5.1%
Appraisals (Band 6 and above) [1]	Improving Resources	Well Led	AD	>=95%	95.0%	95.8%	98.1%	98.2%	99.1%	99.1%	99.1%	6.3%	19.8%	66.2%	76.2%	80.3%	83.8%	91.6%
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	78.6%	87.2%	94.3%	95.0%	96.5%	97.5%	97.5%	0.2%	1.5%	7.8%	26.4%	39.1%	69.7%	86.8%
Aggression Management	Improving Care	Well Led	AD	>=80%	82.2%	81.3%	81.4%	82.5%	83.1%	82.9%	81.7%	81.6%	82.8%	84.0%	84.3%	84.0%	82.8%	82.8%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	81.6%	80.1%	80.2%	81.2%	82.1%	81.4%	80.7%	80.2%	80.1%	81.3%	81.3%	82.8%	83.0%	86.8%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	85.8%	85.8%	86.1%	87.4%	87.8%	88.7%	88.4%	87.9%	88.7%	88.3%	86.8%	87.8%	88.7%	88.6%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	89.8%	90.2%	90.7%	91.3%	90.9%	91.0%	90.3%	89.6%	89.8%	90.3%	91.2%	91.2%	91.5%	92.0%
Fire Safety	Improving Care	Well Led	AD	>=80%	86.3%	86.8%	86.7%	88.1%	85.2%	84.9%	84.6%	84.6%	84.6%	85.7%	86.1%	85.5%	86.6%	86.8%
Food Safety	Improving Care	Well Led	AD	>=80%	81.7%	81.9%	84.1%	82.2%	82.3%	83.7%	83.4%	83.6%	83.6%	83.3%	83.8%	83.0%	82.0%	81.9%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	89.1%	89.3%	89.1%	89.7%	89.5%	90.4%	89.9%	90.5%	90.8%	91.1%	91.7&	91.7&	92.2%	92.0%
Information Governance	Improving Care	Well Led	AD	>=95%	92.1%	92.3%	90.2%	90.8%	96.1%	97.6%	98.5%	97.2%	94.3%	94.5%	94.5%	94.0%	94.2%	94.0%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	87.2%	87.3%	88.6%	89.0%	87.8%	88.9%	90.5%	90.4%	91.4%	91.8%	92.0%	91.9%	91.7%	92.1%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	90.9%	91.4%	92.6%	92.3%	92.7%	92.5%	91.7%	91.2%	91.7%	91.6%	92.4%	92.7%	93.2%	93.9%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	85.9%	85.8%	87.7%	86.7%	86.7%	86.4%	84.5%	84.2%	85.2%	86.8%	88.2%	88.6%	88.8%	90.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	83.8%	82.6%			86.8%			75.1%			73.1%			Due Jan 20
Prevent	Improving Care	Well Led	AD	>=80%											80.8%	81.5%	83.5%	86.0%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	91.5%	92.1%	93.0%	93.7%	93.2%	93.4%	92.9%	92.4%	92.5%	93.2%	93.5%	93.8%	94.2%	94.4%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	90.0%	90.4%	89.4%	91.4%	91.3%	90.9%	91.1%	89.6%	91.0%	91.7%	92.2%	92.3%	91.5%	91.8%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	94.6%	94.6%	94.1%	94.5%	93.9%	94.5%	94.9%	94.0%	94.8%	95.1%	95.2%	95.9%	96.0%	96.3%
Bank Cost	Improving Resources	Well Led	AD	-	£845k	£615k	£674k	£678k	£752k	£1048k	£772k	£625k	£844k	£695k	£708k	£889k	£770k	£700k
Agency Cost	Improving Resources	Effective	AD	-	£522k	£537k	£536k	£530k	£596k	£545k	£634k	£613k	£641k	£619k	£772k	£629k	£628k	£674k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£507k	£586k	£571k	£572k	£602k	£476k	£482k	£479k	£494k	£521k	£541k	£507k	£497k	£534k
Business Miles	Improving Resources	Effective	AD	-	279k	267k	299k	279k	286k	270k	289k	274k	240k	293k	281k	245k	284k	264k
Health & Safety																		
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	Reporting commenced 19/20							7			4			Due Jan 20

1 - this does not include data for medical staffing.

Mandatory Training

• The Trust is above 80% compliance for all 14 mandatory training programmes with 7 being above 90%. Information Governance training has a target of 95% and is currently slightly below this.

Appraisals

• Appraisal completion rate for band 6 and above has increased to 91.6% however performance to the end of October is below expected levels and is below the level achieved for the same time last year. There is typically a time lag in terms of recording appraisals so an increase is expected by the end of November.

Sickness Absence

• Year to date sickness at the end of October is 5.0% which compares with 4.8% last year. The monthly rate of 5.1% is 0.6% lower than October last year.

Turnover

• Turnover continues to be an area of focus and the recruitment and retention task group have developed an action plan which is monitored through the workforce and remuneration committee.
• Staff turnover decreased to 11.9% month on month which is 1.49% lower than prior year. Particular hotspots are in forensic and specialist services.
• The year to date turnover rate for registered nursing staff is 11.1%

Publication Summary

This section of the report identifies publications that may be of interest to the board and its members.

NHS Improvement provider bulletin: 30 October 2019:
• Take part in NHSI website discovery project
• New criteria-led discharge support resource for managers
• Listen to the second NHS Assembly podcast
• NHS cadets introductory webinar
• Updates from NHSI partners
NHS Improvement provider bulletin: 7 November 2019:
• Tariff engagement document published
• Peer leadership academy open for applications from people with experiences of personalised care
• Monitoring of the early intervention in psychosis (EIP) waiting time standard
• Getting It Right First Time (GIRFT): Ear, nose and throat (ENT) national report
• Forthcoming Electronic Staff Record (ESR) update can help manage conflict of interest declarations
• 100,000 more people set to benefit from personal health budgets
• Transforming imaging services in England — a national strategy for imaging networks
• Pathology networks
• Webinar: Advice and guidance mobilisation
• Updates from NHSI partners

NHS Improvement provider bulletin: 13 November 2019:
• National Patient Safety Alert: Depleted batteries in intraosseous injectors
• The Whistleblowers' Support Scheme opens for applications
• National strategy to transform imaging services
• Electronic staff record (ESR) data collection guidance
• Lessons from the Healthy New Towns programme webinar
• Updates from NHSI partners

NHS workforce statistics: July 2019

Mental Health Act statistics: annual figures, 2018-19

Diagnostic imaging dataset: June 2019

Physical health checks for people with severe mental illness: Q2 2019/20

Children and young people eating disorder collection: Q2 2019/20

Diagnostics waiting times and activity: September 2019

Mixed-sex accommodation breaches: September 2019

Mental health community teams activity: Q2 2019/20

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

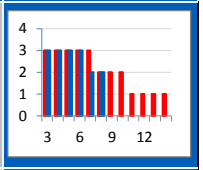
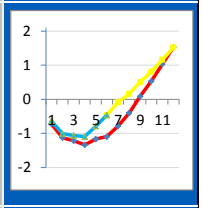
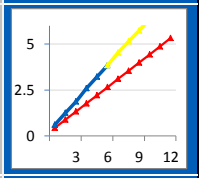
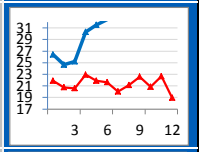
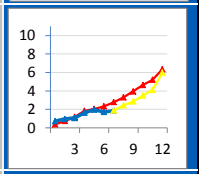
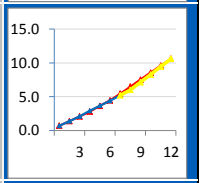
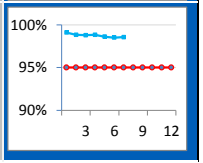
Month 7
(2019 / 20)
Appendix 1

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

Contents

1.0 Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast	Narrative	Trend
1	NHS Improvement Finance Rating	2	2	The NHS Improvement risk rating has remained at 2 in October. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£0.9m)	(£0.2m)	October financial performance is a surplus of £201k excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.9m. The year end deficit of £0.2m is still considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£3.9m	£7.5m	Agency expenditure is higher than plan with £0.7m spent in October, £0.2m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements.	
4	Cash	£34.3m	£32.4m	Cash in the bank continues to be above planned levels; partly due to opening balances being higher than plan but also due to continued actions in year.	
5	Capital	£1.9m	£6m	Capital spend is below plan at the end of October. Forecast remains at £6m to reflect the current most likely position.	
6	Delivery of CIP	£5.2m	£10.6m	Year to date £5.2m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.3m is rated as red with a high risk on delivery.	
7	Better Payment	99%		This performance is based upon a combined NHS / Non NHS value and is ahead of plan.	

Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels	Plan
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels	Actual
Green	In line, or greater than plan	Forecast

1.1 NHS Improvement Finance Rating

The Trust is regulated under the Single Oversight Framework and the financial metric is based on the Use of Resources calculation as outlined below. The Single Oversight Framework is designed to help NHS providers attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right.

			Actual Performance		Plan - Month 7	
Area	Weight	Metric	Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.0	1	2.4	2
	20%	Liquidity (Days)	26.6	1	16.8	1
Financial Efficiency	20%	I & E Margin	-0.1%	3	-0.6%	3
Financial Controls	20%	Distance from Financial Plan	0.5%	1	0.0%	1
	20%	Agency Spend	46%	3	15%	2
Weighted Average - Financial Sustainability Risk Rating				2		2

Impact

The rating remains at 2 for October 2019 although, due to the reducing deficit position, the I & E margin metric continues to improve within its threshold. This metric includes cash received as part of the Provider Sustainability Fund (PSF).

The agency rating is the only metric which is lower than planned. If this increases to 50% then this would reduce to 4 and mean that a maximum 3 rating could be achieved.

Definitions

Capital Servicing Capacity - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

Liquidity - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

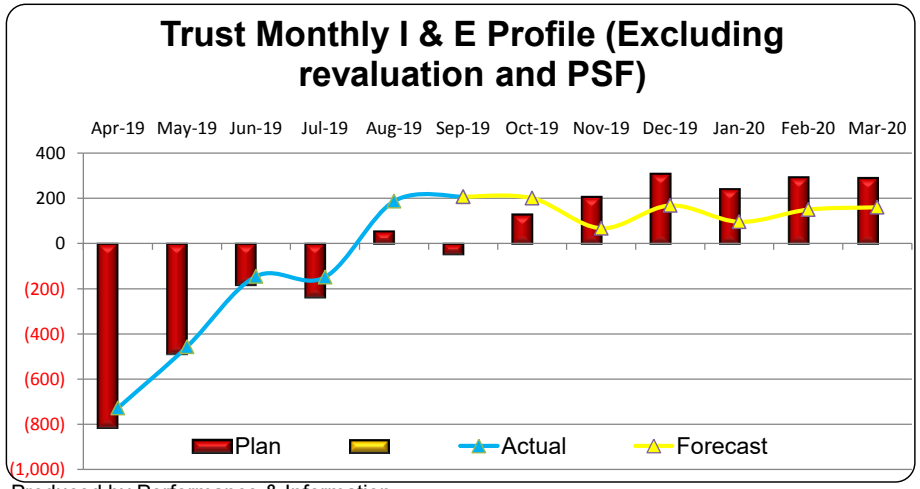
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

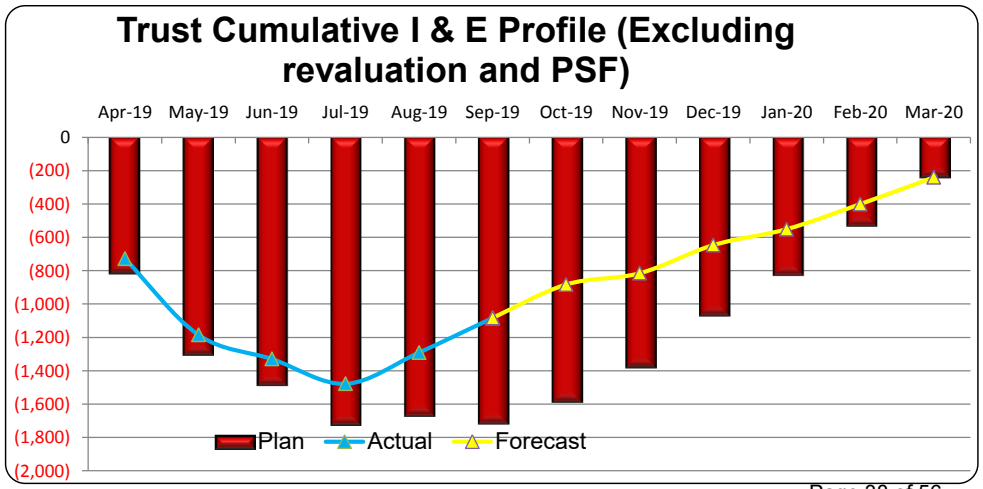
Distance from plan - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

Agency Cap - A cap of £5.3m has been set for the Trust in 2019 / 2020. This metric compares performance against this cap.

2.0 Income & Expenditure Position 2019 / 2020

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**		**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
				18,105	17,906	(199)	Clinical Revenue	124,239	123,329	(910)	213,681	212,647	(1,034)
				18,105	**17,906**	**(199)**	**Total Clinical Revenue**	**124,239**	**123,329**	**(910)**	**213,681**	**212,647**	**(1,034)**
				1,233	1,288	55	Other Operating Revenue	8,357	8,522	165	14,085	14,787	701
				19,338	**19,194**	**(144)**	**Total Revenue**	**132,596**	**131,851**	**(745)**	**227,766**	**227,433**	**(333)**
4,282	4,119	(163)	3.8%	(15,097)	(14,531)	566	Pay Costs	(104,858)	(101,501)	3,357	(179,957)	(176,072)	3,886
				(3,800)	(3,547)	253	Non Pay Costs	(25,037)	(23,797)	1,240	(42,940)	(43,384)	(443)
				349	(225)	(574)	Provisions	340	(2,702)	(3,042)	2,820	10	(2,809)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,282	**4,119**	**(163)**	**3.8%**	**(18,549)**	**(18,304)**	**245**	**Total Operating Expenses**	**(129,555)**	**(128,000)**	**1,555**	**(220,078)**	**(219,445)**	**633**
4,282	**4,119**	**(163)**	**3.8%**	**790**	**890**	**100**	**EBITDA**	**3,041**	**3,850**	**810**	**7,688**	**7,988**	**300**
				(442)	(482)	(40)	Depreciation	(3,093)	(3,271)	(178)	(5,302)	(5,680)	(378)
				(227)	(227)	0	PDC Paid	(1,590)	(1,590)	0	(2,726)	(2,726)	0
				8	20	12	Interest Received	58	128	69	100	178	78
4,282	**4,119**	**(163)**	**3.8%**	**129**	**201**	**72**	**Normalised Surplus / (Deficit) Excl PSF**	**(1,584)**	**(883)**	**701**	**(240)**	**(240)**	**0**
				177	177	0	PSF (Provider Sustainability Fund)	795	795	0	1,765	1,765	0
4,282	**4,119**	**(163)**	**3.8%**	**306**	**378**	**72**	**Normalised Surplus / (Deficit) Incl PSF**	**(789)**	**(88)**	**701**	**1,525**	**1,525**	**0**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,282	**4,119**	**(163)**	**3.8%**	**306**	**378**	**72**	**Surplus / (Deficit)**	**(789)**	**(88)**	**701**	**1,525**	**1,525**	**0**





Income & Expenditure Position 2019 / 20

October 2019 is the third consecutive month where a surplus run rate has been reported. This continues to be facilitated by reduced out of area placement costs.

Month 7

The October position is a pre PSF surplus of £201k and a post PSF surplus of £378k, this is £72k ahead of plan. The key headlines are below. This represents the third consecutive month a surplus has been reported and is largely due to continued reductions in out of area placement costs and expenditure control.
Both pay and non pay categories have continued to underspend, however this has been offset by income being lower than plan with some income risks being recognised.

Income

The year to date clinical revenue position recognises risk around CQUIN delivery and other known risks. Additional income risks are recognised within the provisions position. Additional income has been recognised in month for NHS England funded crisis liaison services across all localities. This is c. £0.8m in 2019/20.

Pay Expenditure

Pay budgets have continued to underspend; £566k in October. Trust working groups on recruitment and retention continue to progress action plans and as such additional recruitment is planned meaning increased expenditure in future months. Additional analysis is included within the pay information report to highlight the different expenditure levels across the services.

Additional information is also highlighted within the report on agency spend. The NHSI maximum agency cap for 2019/20 has been set at £5.3m. In October agency costs are £674k compared to cap of £443k.

Non Pay Expenditure

Non pay is underspent by £253k in October and cumulatively is £1.1m less than the same period last year. The report highlights expenditure on out of area placements which, whilst still a major area of focus, is £1.5m lower than last year. More details are included within the out of area focus page.

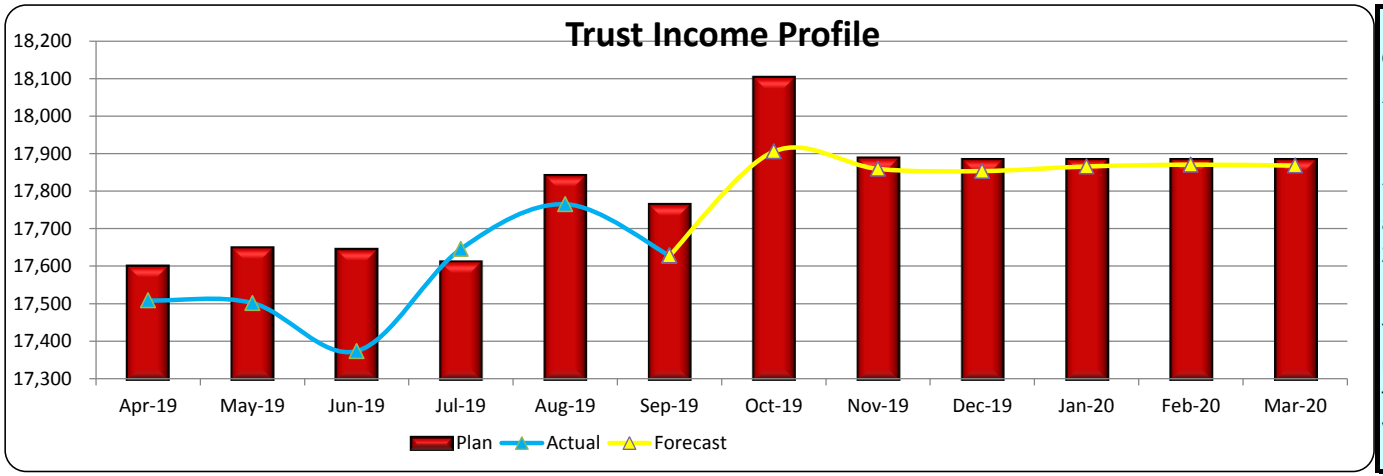
Forecast

The Trust is still forecasting to achieve its year-end control total of £240k deficit. Given a number of unidentified CIPs and other risks, particularly on income achievement, this is not assured at this point in time.

Income Information

The table below summarises the year to date and forecast income by commissioner group. This is identified as clinical revenue within the Trust income and expenditure position (page 5). The majority of Trust income is secured through block contracts and therefore there has traditionally been little variation to plan. This is subject to regular discussions and triangulation with commissioners to ensure that we have no differences of expectation. This is periodically formally assessed by NHS Improvement.

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k	Total 18/19 £k
CCG	9,999	9,999	9,868	10,028	9,973	10,032	10,211	10,089	10,089	10,089	10,089	10,087	**120,551**	**146,036**
Specialist Commissioner	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	**24,297**	**23,356**
Alliance	1,295	1,295	1,295	1,295	1,295	1,334	1,332	1,342	1,338	1,338	1,343	1,340	**15,843**	**14,596**
Local Authority	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**5,074**
Partnerships	614	614	670	631	633	494	744	656	656	656	656	656	**7,677**	**7,172**
Other	3,576	3,570	3,516	3,668	3,839	3,743	3,594	3,749	3,746	3,758	3,758	3,761	**44,278**	**6,708**
Total	**17,509**	**17,502**	**17,373**	**17,646**	**17,765**	**17,628**	**17,906**	**17,859**	**17,854**	**17,866**	**17,871**	**17,868**	**212,647**	**202,942**
18/19	16,696	16,620	16,853	17,044	16,707	16,750	16,684	16,858	17,169	16,752	17,303	17,506	**202,942**	



Income has increased although it remains lower than plan overall. The increase in month is due to:

* Finalised recharges for activity based income including Barnsley neuro rehab beds.

* Inclusion of income for NHS E funded crisis liaison across all localities. This is c. £0.8m additional income in 2019/20 and mobilisation continues (costs are within the BDU financial positions).

Year to date a CQUIN delivery risk of £163k has been recognised across all commissioners. This is an increase from last month recognising the risk relating to flu vaccinations.

2.1 Pay Information

Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 80% of total Trust expenditure.

The Trust workforce strategy was approved by Trust board during 2017 / 18 and annual plans are agreed by the Workforce and Remuneration Committee. The Trust's strategic workforce plan was approved in March 2018 and is updated annually.

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs. Additional analysis has been included to highlight the varying levels of overspend by service and is the focus of the key messages below.

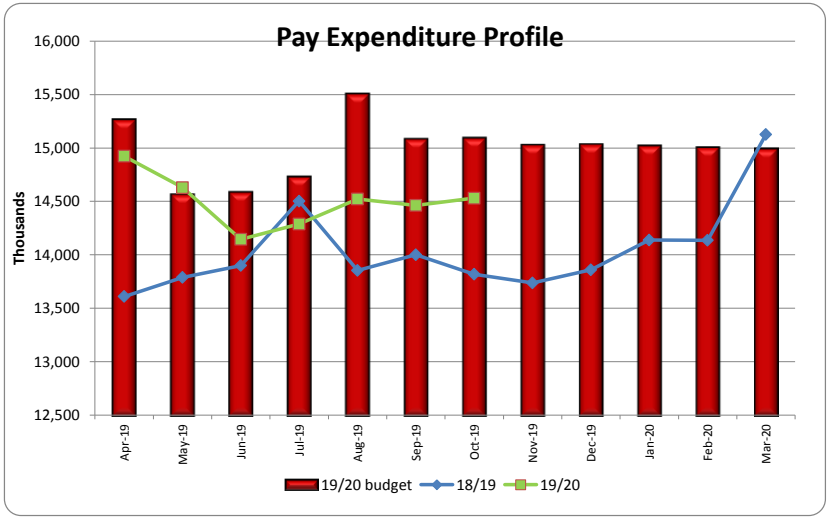
	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
Substantive	13,647	13,082	12,768	12,819	12,959	13,014	13,063						**91,353**
Bank & Locum	663	906	752	747	934	821	794						**5,618**
Agency	613	641	624	722	628	628	674						**4,531**
Total	**14,923**	**14,629**	**14,145**	**14,288**	**14,522**	**14,463**	**14,531**	**0**	**0**	**0**	**0**	**0**	**101,501**
18/19	13,610	13,789	13,901	14,503	13,854	14,000	13,819	13,738	13,861	14,138	14,137	15,126	**168,476**
Bank as %	4.4%	6.2%	5.3%	5.2%	6.4%	5.7%	5.5%						5.5%
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%	4.3%	4.6%						4.5%

Year to Date Budget v Actuals - by staff group

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	13,750	10,789	372	2,322	13,483	267
Nursing Registered	37,821	30,822	1,910	294	33,026	4,796
Nursing Unregistered	11,394	10,294	2,682	1,078	14,054	(2,660)
Other	25,563	24,651	257	810	25,719	(156)
BDU Admin	7,552	6,484	285	10	6,779	773
Corporate Admin	8,778	8,312	112	16	8,441	337
Total	**104,858**	**91,353**	**5,618**	**4,531**	**101,501**	**3,357**

Year to date Budget v Actuals - by service

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	45,572	38,771	1,035	2,809	42,615	2,956
Inpatient	26,859	21,749	3,981	1,501	27,231	(372)
BDU Support	4,214	4,099	119	10	4,228	(14)
Community	12,602	12,019	212	147	12,377	224
Corporate	15,612	14,715	271	64	15,049	562
Total	**104,858**	**91,353**	**5,618**	**4,531**	**101,501**	**3,357**



Key Messages

Overall pay expenditure is higher in 2019/20 than previous years. This is largely a result of the national pay awards and pay increments under Agenda For Change. In addition the Trust has also been successful in securing new services such as Liaison and Diversion (from April 2019) with further investment forecast throughout the course of the year (IAPT, additional bids).

In October pay underspent by £566k. Year to date the underspend is £3.4m. Temporary staffing provided by both agency and bank staff totals £10.1m to date (10% of total pay expenditure) and this level of expenditure is being offset by vacancies. However additional staffing requirements and vacancies are often within different services or BDUs within the Trust. The service, quality and financial impact of this is considered as part of the monthly internal review.

Key variances above highlight that the largest area of underspend is within registered nursing due to known recruitment and retention difficulties. The current workforce strategy includes the utilisation of additional unregistered nurses to provide support. Mobilisation of the recurrent workforce strategy for adult acute inpatient continues following EMT approval. The financial effectiveness of this is being impacted by exceptional levels of sickness in recent months and cases of acuity above those normally expected. This plan replaces existing temporary staff with permeant employees and resets the rota's being utilised.

2.1 Agency Expenditure Focus

The NHS Improvement agency cap is £5.3m

Spend, for the year to date, is £1.4m more than cap.

Agency costs continue to remain a focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below.

The financial implications, alongside clinical and other considerations, continues to be a high priority area for the Trust. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible use of resources and providing a cost effective strategy.

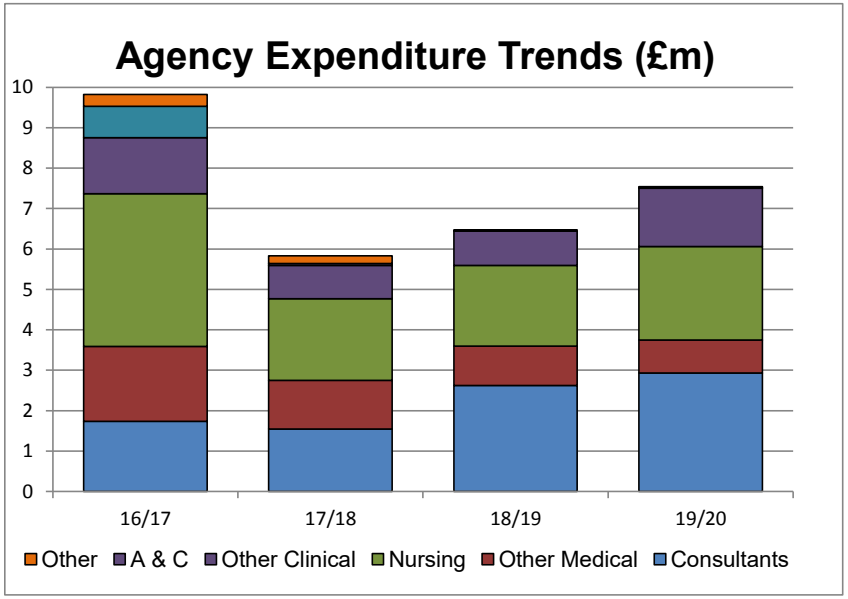
The maximum agency cap established by NHSI for 2019/20 is £5.3m which is £0.1m higher than the 2018/19 cap. In 2018/19 spend was £6.5m which breached the cap by £1.3m (24%). The NHSI agency cap has been profiled equally across the year with a maximum spend of £443k a month. The Trust plan assumed spend in excess of the cap at £5.9m.

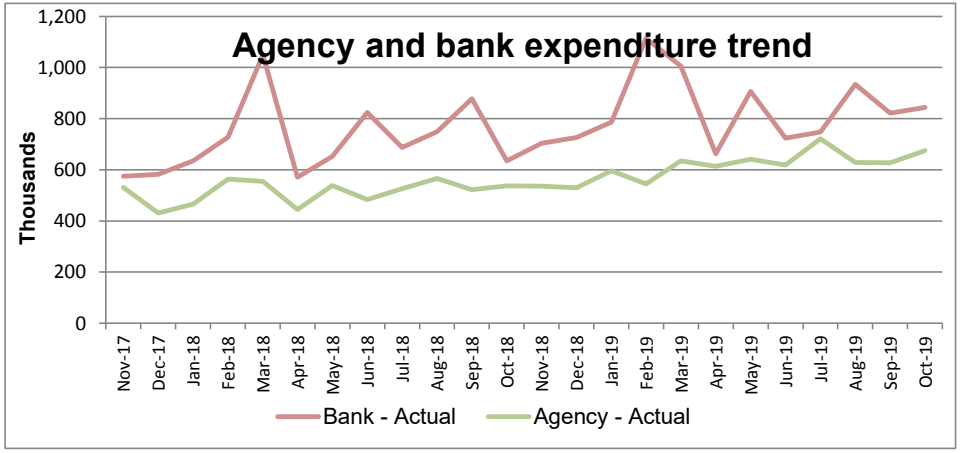
Actual agency usage continues to be reported to NHS Improvement on a weekly basis.

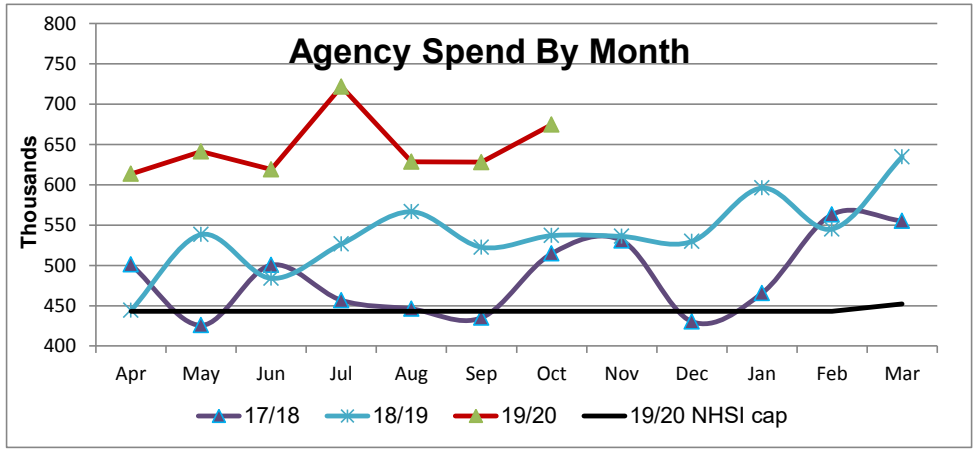
October agency spend is £674k, 52% above cap. This is an increase from the previous two months. Cumulatively agency spend is £4.5m which is 46% above cap and 25% higher than the same period last year. Actions within the Trust agency action group continue to progress reducing agency spend overall.

The current forecast, based upon these plans, is £7.5m. This is a £0.1m increase from last month. This has been a similar value for a number of months; reductions in forecast medical spend have been offset by increases in nursing and other clinical staff to support commissioner investment. For 2019/20 this is estimated to be c. £0.4m (5% of the total). The remainder relates to coverage of recurrent issues.

Bank and locum expenditure in October 2019 is £0.7m which is lower than previous months.





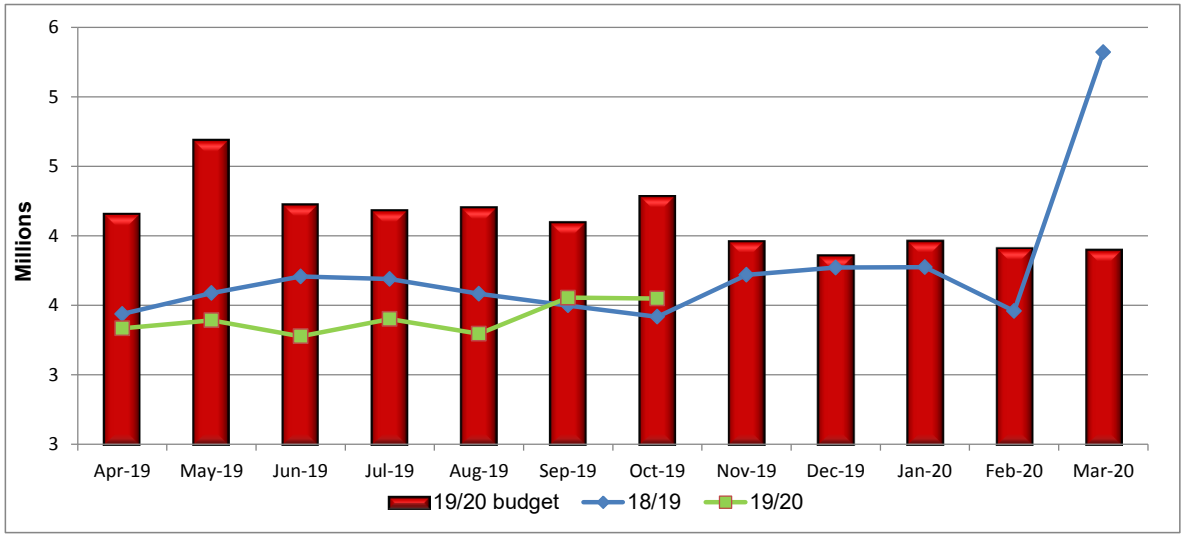


2.1 Non Pay Expenditure

Whilst pay expenditure represents over 80% of all Trust expenditure, non pay expenditure presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation and PDC).

	Apr-19 £k	May-19 £k	Jun-19 £k	Jul-19 £k	Aug-19 £k	Sep-19 £k	Oct-19 £k	Nov-19 £k	Dec-19 £k	Jan-20 £k	Feb-20 £k	Mar-20 £k	Total £k
2019/20	3,333	3,391	3,276	3,400	3,295	3,554	3,547						**23,797**
2018/19	3,437	3,588	3,706	3,689	3,582	3,498	3,417	3,719	3,771	3,773	3,458	5,321	**44,959**

Non Pay Category	Budget Year to date £k	Actual Year to date £k	Variance £k
Clinical Supplies	1,556	1,591	(35)
Drugs	2,128	2,019	110
Healthcare subcontracting	3,073	2,652	421
Hotel Services	1,068	952	116
Office Supplies	2,939	2,796	143
Other Costs	2,863	2,513	350
Property Costs	4,109	4,285	(176)
Service Level Agreements	3,618	3,578	40
Training & Education	249	272	(23)
Travel & Subsistence	2,041	1,713	328
Utilities	623	715	(92)
Vehicle Costs	770	710	59
Total	**25,037**	**23,797**	**1,240**
Total Excl OOA and Drugs	**19,835**	**19,126**	**709**



Key Messages

Budgets and plans were reset during the 2019/20 annual planning round. The plan included resetting those categories which have historically overspent such as healthcare subcontracting (use of out of area placements) and drugs. Overall most categories are underspent against these reset budgets with the exception of Estates related lines (property costs, utilities).

As illustrated by the graph, year to date non pay expenditure is £1.1m lower than in the previous year, although both September and October are slightly higher than their comparators. Savings have been made primarily in the out of area bed placements.

The largest single underspend is within healthcare subcontracting (£421k), this includes out of area bed costs. The second largest is other costs (£350k) This encompasses a range of varied spend areas not covered by the other headings. These are being reviewed for areas of recurrent CIP saving.

The non pay review group continues to focus on areas of wastage and inefficiency to ensure that all non pay expenditure offers value for money.

2.1 Out of Area Beds Expenditure Focus

In this context the term out of area expenditure refers to spend incurred in order to provide clinical care to service users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key trends are highlighted below.

- Specialist health care requirements of the service user not available directly from the Trust or not specifically commissioned.
- No current bed capacity to provide appropriate care

On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust footprint.

This analysis is for the out of area placements relating to adult acute beds including PICU in all areas. This excludes activity relating to locked rehab in Barnsley

Out of Area Expenditure Trend (£)

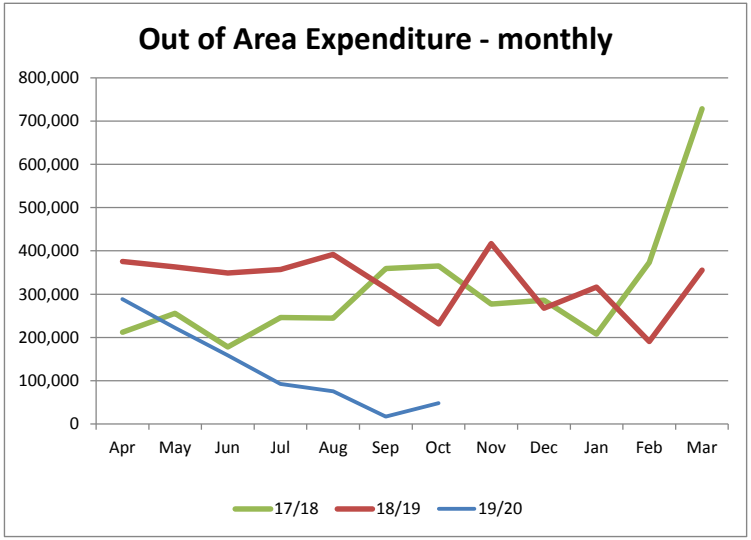
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	**3,733**
18/19	376	363	349	357	392	314	232	417	268	317	191	355	**3,929**
19/20	289	222	158	93	76	17	48						**903**

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
17/18	282	367	253	351	373	427	479	434	414	276	626	762	**5,044**
18/19	607	374	412	501	680	473	245	508	329	358	197	220	**4,904**
19/20	282	354	238	206	156	28	53						**1,317**

Bed Day Information 2019 / 2020 (by category)

PICU	32	26	30	26	0	0	15						**129**
Acute	160	277	178	150	142	24	7						**938**
Appropriate	90	51	30	30	14	4	31						**250**
Total	282	354	238	206	156	28	53	0	0	0	0	0	**1,317**



In 2019/20 the PICU out of area budget has been set to fund 2 appropriate out of area placements at any time. The acute out of area budget is phased to fund 9 out of area placements in April 2019 reducing to 5 placements by March 2020.

Usage of out of area placements remains low in October. There has been occasional spikes in activity; two individuals in acute placements, although actions have meant that these days have been minimised with both placements ceased by 31st October 2019.

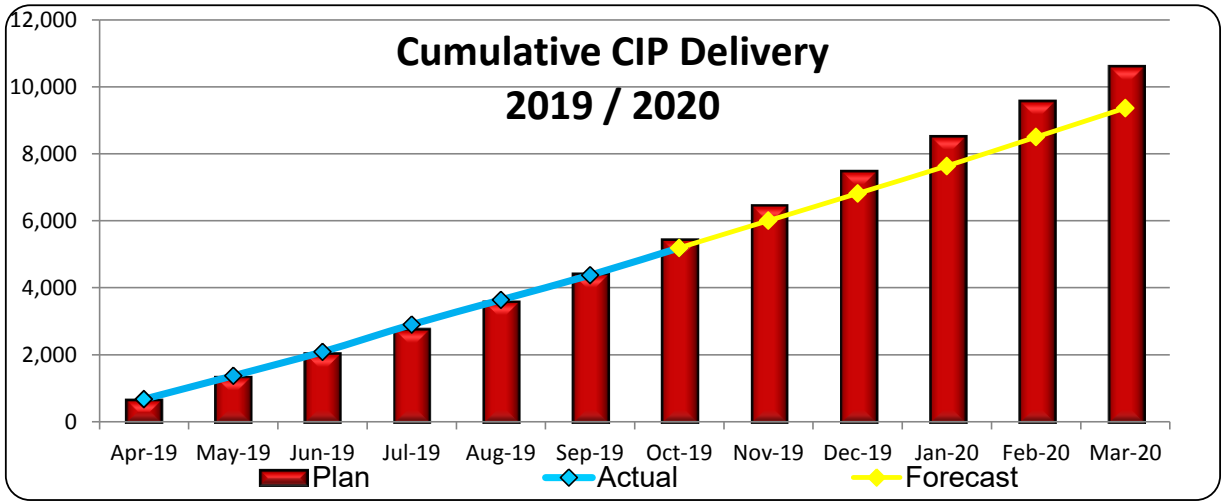
Overall the number of the bed days has reduced from 3,292 to 1,317 for the April to October period. This represents a £1,479k reduction in costs.

This is positive from an operational and financial perspective and the October activity and outcomes highlights two points. Firstly that activity remains variable and being able to guarantee zero out of area placements is not possible. Secondly that the team take appropriate timely actions to minimise the impact.

There continues to be huge focus on this issue across the Trust and the results achieved have been through significant effort by a large number of staff.

2.1 Cost Improvement Programme 2019 / 2020

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
TOTAL - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	688	1,376	2,066	2,790	3,615	4,439	5,455	6,481	7,507	8,542	9,596	10,624	5,455
Achieved - plan	669	1,353	2,018	2,788	3,489	4,195	4,906	5,616	6,326	7,045	7,807	8,571	4,906
Achieved - mitigation	4	19	69	113	151	181	287	389	491	593	695	798	287
Mitigations - Upside schemes									314	628	942	1,256	0
Shortfall / Unidentified	**15**	**4**	**(21)**	**(111)**	**(25)**	**63**	**262**	**476**	**375**	**276**	**152**	**0**	**262**



The Trust has set a challenging CIP target for 2019/20 of £10.6m which included £1.4m of unidentified savings at the beginning of the year.

Year to date performance is £262k behind plan. This is a stepped increase in October due to the phasing of the unidentified savings target.

The current level of mitigation required is £1.3m to offset the delay in a consolidated temporary staffing solution, pharmacy, procurement schemes and identification of any new schemes.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
RECURRENT - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	418	838	1,258	1,720	2,282	2,844	3,598	4,352	5,106	5,870	6,632	7,368	3,598
Achieved - plan	378	772	1,186	1,693	2,129	2,565	3,007	3,449	3,891	4,348	4,826	5,307	3,007
Achieved - mitigation	3	17	66	86	109	130	152	174	195	217	239	260	152
Shortfall / Unidentified	**38**	**50**	**7**	**(59)**	**45**	**149**	**439**	**729**	**1,019**	**1,306**	**1,567**	**1,801**	**439**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
NON RECURRENT - CUMULATIVE	£	£	£	£	£	£	£	£	£	£	£	£	£
Target	269	538	808	1,070	1,332	1,595	1,857	2,129	2,400	2,672	2,964	3,256	1,857
Achieved - plan	291	582	832	1,095	1,360	1,631	1,899	2,167	2,435	2,698	2,981	3,263	1,899
Achieved - mitigation	1	2	3	27	42	51	135	215	296	376	457	537	135
Shortfall / Unidentified	**(23)**	**(46)**	**(28)**	**(52)**	**(70)**	**(86)**	**(177)**	**(254)**	**(330)**	**(402)**	**(473)**	**(544)**	**(177)**

3.0 Balance Sheet 2019 / 2020

	2018 / 2019 £k	Plan (YTD) £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	100,005	100,620	98,617	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	3,299	1,862	2
Non NHS Trade Receivables (Debtors)	1,007	1,470	1,140	3
Prepayments, Bad Debt, VAT	1,559	2,581	2,393	
Accrued Income	5,138	3,388	3,032	4
Cash and Cash Equivalents	27,823	20,024	34,273	5
Total Current Assets	**38,806**	**30,994**	**42,959**	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(2,734)	(3,522)	6
Capital Payables (Creditors)	(1,070)	(248)	(435)	
Tax, NI, Pension Payables, PDC	(6,002)	(6,228)	(5,906)	
Accruals	(8,020)	(7,863)	(12,204)	7
Deferred Income	(276)	(561)	(1,064)	
Total Current Liabilities	**(20,031)**	**(17,634)**	**(23,132)**	
Net Current Assets/Liabilities	**18,775**	**13,360**	**19,827**	
Total Assets less Current Liabilities	**118,780**	**113,980**	**118,444**	
Provisions for Liabilities	(7,221)	(5,743)	(6,928)	
Total Net Assets/(Liabilities)	**111,560**	**108,237**	**111,516**	
Taxpayers' Equity				
Public Dividend Capital	44,221	44,221	44,265	
Revaluation Reserve	9,453	9,845	9,636	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,666	48,951	52,395	8
Total Taxpayers' Equity	**111,560**	**108,237**	**111,516**	

The Balance Sheet analysis compares the current month end position to that within the annual plan. The previous year end position is included for information.

1. Capital expenditure is detailed on page 14.

2. The team continue to focus on minimising the level of NHS trade debtors. The value outstanding has reduced again in October and continues to be lower than plan. A number of aged debts have been escalated to support recovery.

3. Non NHS debtors are lower than plan and reduced from previous month, all debts over 30 days are actively chased to identify issues early.

4. Accrued income remains lower than plan, all accrued income is reviewed monthly to ensure that all invoices are raised in a timely and appropriate manner.

5. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 16.

6. Payments to creditors continue to be paid in line with the Better Payment Practice Code (page 17).

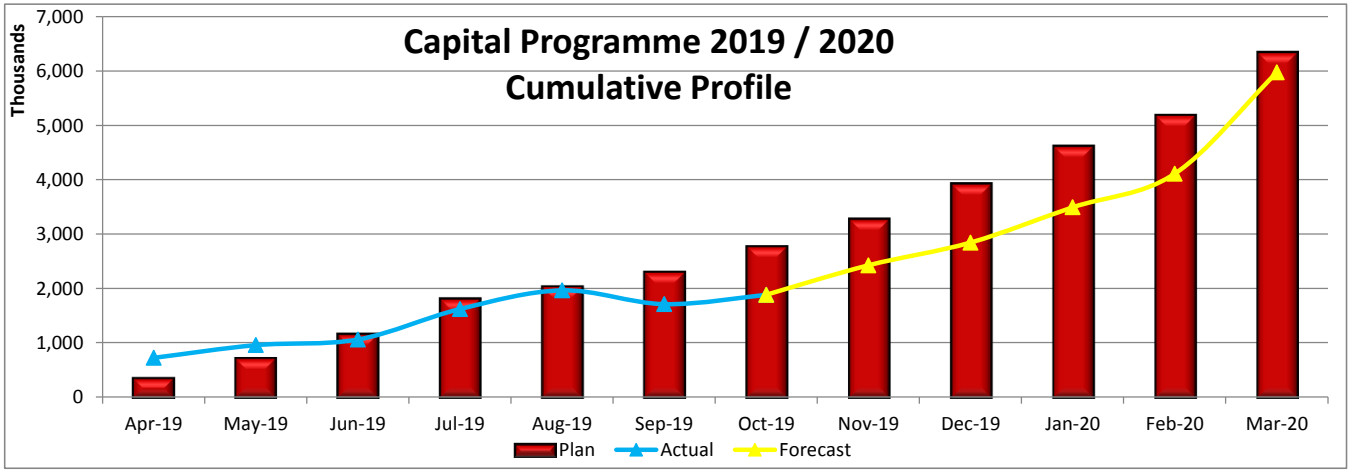
7. Accruals are higher than plan as the Trust awaits invoices for goods and services received.

8. This reserve represents year to date surplus plus reserves brought forward.

3.1 Capital Programme 2019 / 2020

	REVISED Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,715	583	280	(303)	2,614	(101)	
Equipment Replacement	93	20	30	10	90	(3)	
IM&T	2,195	1,003	938	(65)	2,480	285	
Major Capital Schemes							
Fieldhead Non Secure	936	936	458	(478)	458	(478)	
Nurse Call system	200	48	64	15	200	0	
Clinical Record System	211	196	186	(9)	207	(3)	
VAT Refunds	0	0	(75)	(75)	(75)	(75)	1
TOTALS	**6,350**	**2,786**	**1,882**	**(904)**	**5,975**	**(375)**	

The capital programme has undertaken a number of revisions in year. The current plan is £6.35m.



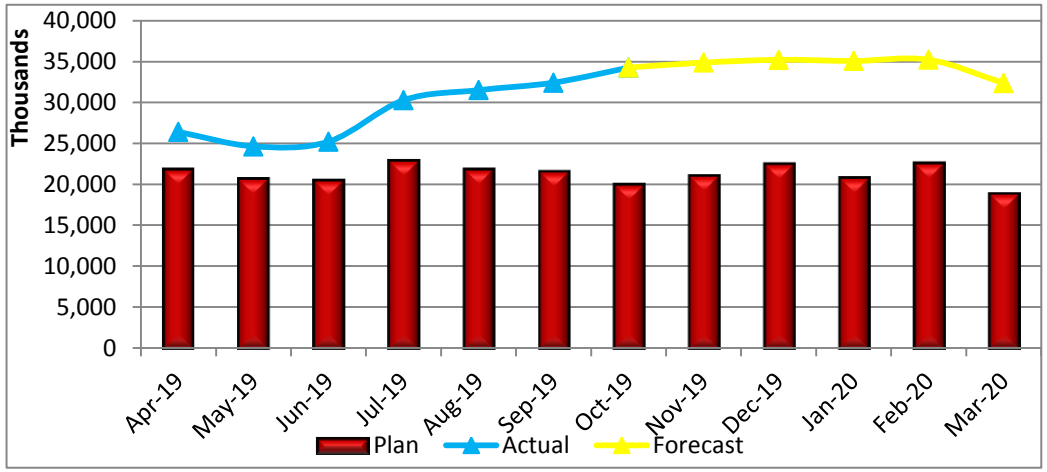
Capital Expenditure 2019 / 2020

1. The originally agreed capital plan for 2019 / 20 was £7.0m and schemes are guided by the current estates and digital strategies.

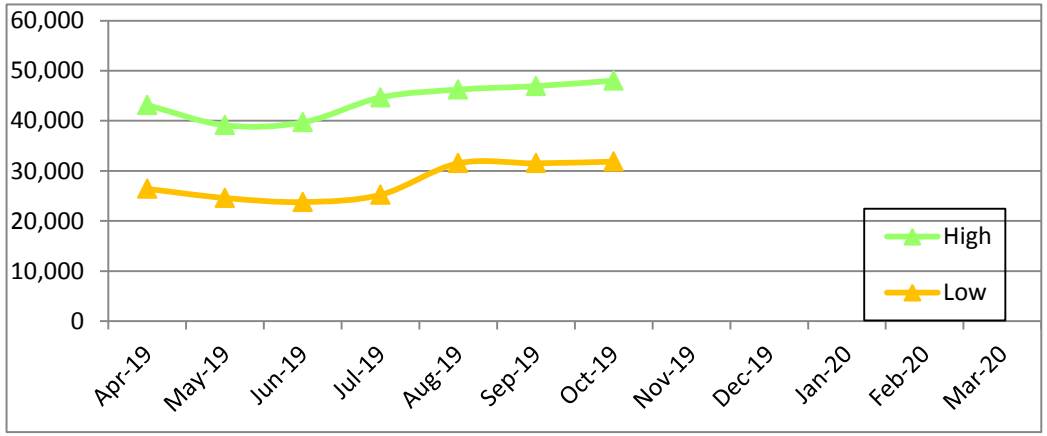
The current forecast, taking into account national guidance, is £6.0m

All schemes continue to be progressed.

3.2 Cash Flow & Cash Flow Forecast 2019 / 2020



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	20,024	34,273	14,249



The Trust cash position remains positive and higher than plan.

The Trust cash position remains on a upward trend. Capital is currently behind plan and the monthly surpluses are helping this trend.

A detailed reconciliation of working capital compared to plan is presented on page 16.

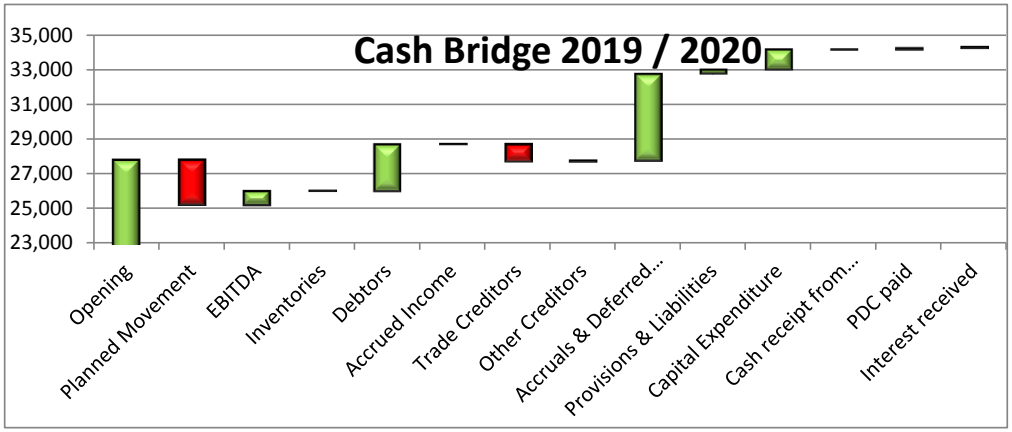
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £48m
The lowest balance is: £31.8m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**22,617**	**27,823**	5,206	1
Surplus / Deficit (Exc. non-cash items & revaluation)	3,831	4,645	814	2
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(364)	2,297	2,661	3
Trade Payables (Creditors)	(547)	(1,527)	(980)	5
Other Payables (Creditors)	0	44	44	
Accruals & Deferred income	2	4,972	4,970	4
Provisions & Liabilities	(532)	(292)	240	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(3,677)	(2,517)	1,161	
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	(1,362)	(1,300)	62	
PDC Dividends received			0	
Interest (paid)/ received	56	128	72	
Closing Balances	**20,024**	**34,273**	**14,250**	



The plan value reflects the April 2019 submission to NHS Improvement.

Factors which increase the cash positon against plan:

1. The opening cash balance was higher than included in the annual plan submission.

2. The in year I & E position is better than plan.

3. Debtors, including accrued income, continue to be better than plan. Day to day management continues although a number of historical issues remain which are being pursued with other organisations for resolution.

4. Accruals are higher than plan whilst we await invoices. This improves cash as we have not yet paid for goods and services received.

Factors which decrease the cash position against plan:

5. Creditors are higher than planned. Invoices are paid in line with the Trust Better Payment Practice Code and any aged creditors are reviewed and action plans for resolution agreed.

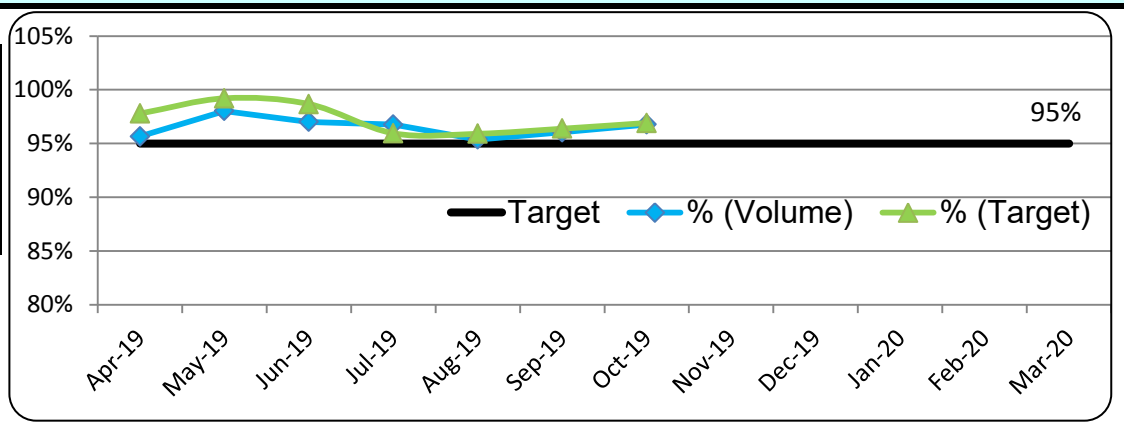
The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

4.0 Better Payment Practice Code

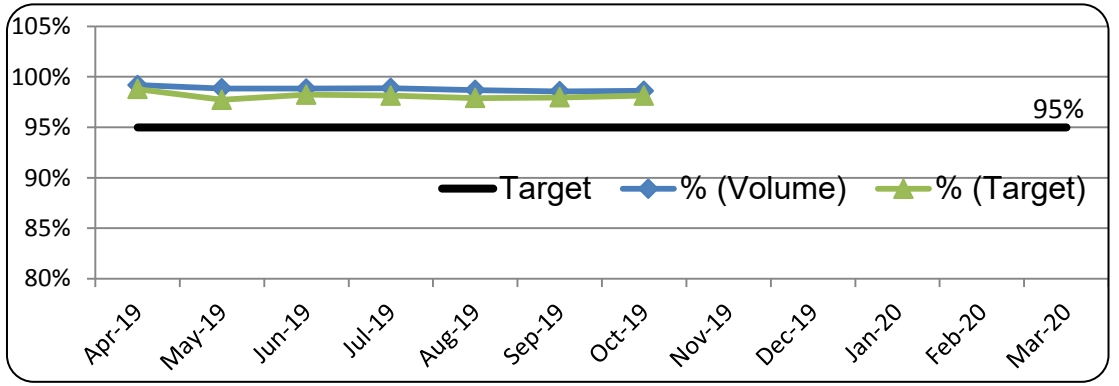
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Overall year to date progress remains positive.

NHS	Number %	Value %
Year to September 2019	96%	96%
Year to October 2019	97%	97%



Non NHS	Number %	Value %
Year to September 2019	99%	98%
Year to October 2019	99%	98%



4.1 Transparency Disclosure

As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
21-Oct-19	Property rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3121195	226,501
30-Aug-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3116314	162,856
04-Oct-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3119909	138,119
08-Oct-19	IT services	Trustwide	Daisy Corporate Services Trading Ltd	3120126	93,125
04-Oct-19	Staff recharge	Wakefield	Wakefield MDC	3119810	64,216
14-Oct-19	CNST contributions	Trustwide	NHS Litigation Authority	3120593	64,044
02-Oct-19	Photocopying Rental & Charges	Trustwide	Xerox (UK) Ltd	3119488	54,460
26-Sep-19	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3118926	42,263
14-Oct-19	Fixtures & fittings	Forensics	Kingsway Group	3120717	42,048
07-Oct-19	Staff recharge	Trustwide	Leeds and York Partnership NHS FT	3119922	40,542
04-Oct-19	Drugs	Trustwide	Lloyds Pharmacy Ltd	3119821	38,540
23-Sep-19	Purchase of Healthcare	Forensics	Sheffield Children's NHS Foundation Trust	3118533	37,087
03-Oct-19	Property rental	Barnsley	Community Health Partnerships	3119675	31,925
07-Oct-19	Computer Software / License Fees	Trustwide	SilverCloud Health Limited	3119968	31,807
08-Oct-19	Purchase of Healthcare	Out of Area	Cygnet Health Care Ltd	3120159	30,898
04-Oct-19	Purchase of Healthcare	Forensics	Humber NHS Foundation Trust	3119867	27,015
08-Oct-19	Purchase of Healthcare	Forensics	Humber NHS Foundation Trust	3120120	27,015
07-Oct-19	Property rental	Barnsley	SJM Developments Limited	3119994	27,000
17-Oct-19	Communications	Trustwide	Vodafone Corporate Ltd	3120994	26,255
03-Oct-19	Property rental	Barnsley	Community Health Partnerships	3119675	25,624
08-Oct-19	Electricity	Trustwide	EDF Energy	3120041	25,543
24-Oct-19	Communications	Trustwide	Virgin Media Payments Ltd	3121562	25,533

4.2 Glossary

* Recurrent - an action or decision that has a continuing financial effect

* Non-Recurrent - an action or decision that has a one off or time limited effect

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. For 2018 / 2019 the Trust were set a control total deficit.

* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.

* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.

* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.

* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

* Provider Sustainability Fund (PSF) - is an income stream distributed by NHS Improvement to all providers who meet certain criteria (this was formally called STF - Sustainability and Transformation Fund)

Appendix 2 - Workforce - Performance Wall

Barnsley District

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.2%	4.8%	4.9%	5.2%	5.4%	5.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.4%	4.8%	4.9%	6.0%	6.0%	4.6%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.7%	8.1%	22.1%	68.2%	73.1%	78.8%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	96.7%	0.4%	2.7%	13.7%	30.9%	44.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.2%	77.8%	77.9%	81.0%	81.8%	80.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.7%	83.5%	82.4%	82.7%	81.3%	83.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	84.6%	78.0%	81.9%	80.3%	80.3%	79.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.8%	88.9%	89.7%	90.5%	91.7%	91.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.9%	81.6%	81.7%	83.7%	84.4%	84.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	81.7%	82.4%	82.3%	79.3%	79.4%	77.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.0%	89.9%	90.9%	91.9%	92.4%	92.6%
Information Governance	Resources	Well Led	AD	>=95%	97.8%	96.8%	92.6%	92.9%	93.5%	92.9%
Moving and Handling	Resources	Well Led	AD	>=80%	87.6%	87.0%	87.3%	87.0%	87.8%	89.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	87.4%	86.5%	88.3%	89.3%	89.8%	90.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	78.8%	75.6%	78.6%	81.4%	84.1%	84.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.2%	87.5%	88.3%	90.0%	90.5%	91.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.1%	85.8%	87.2%	88.8%	89.8%	90.4%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.2%	90.5%	93.7%	91.9%	94.1%	95.9%
Agency Cost	Resources	Effective	AD		£37k	£28k	£57k	£46k	£56k	£53k
Overtime Costs	Resources	Effective	AD		£2k	£3k	£1k	£0k	£1k	
Additional Hours Costs	Resources	Effective	AD		£10k	£17k	£14k	£15k	£15k	
Sickness Cost (Monthly)	Resources	Effective	AD		£165k	£125k	£132k	£160k	£167K	£127k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		79.37	84.36	80.88	78.97	89.98	100.58
Business Miles	Resources	Effective	AD		97k	97k	99k	109k	104k	94k

Calderdale and Kirklees District

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.3%	4.1%	4.0%	4.0%	4.0%	4.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.2%	4.1%	4.0%	3.8%	4.1%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	100.0%	9.7%	25.1%	66.9%	77.3%	81.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	98.5%	0.2%	1.7%	5.3%	18.0%	29.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.4%	81.9%	82.3%	83.3%	84.0%	83.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	77.3%	76.3%	75.1%	75.9%	75.5%	79.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	89.8%	91.3%	91.2%	90.4%	87.8%	87.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	90.9%	90.3%	90.2%	90.8%	91.1%	91.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.5%	84.2%	84.3%	85.6%	85.8%	84.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	83.4%	82.5%	81.5%	78.9%	79.5%	78.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	88.4%	90.1%	90.0%	89.5%	91.5%	90.7%
Information Governance	Resources	Well Led	AD	>=95%	98.8%	97.8%	98.1%	95.8%	95.7%	95.0%
Moving and Handling	Resources	Well Led	AD	>=80%	89.6%	90.5%	91.3%	92.0%	92.5%	92.2%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.6%	91.3%	91.6%	92.4%	93.7%	93.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.4%	86.9%	87.3%	89.6%	91.0%	90.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.4%	91.7%	92.3%	92.9%	93.0%	92.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.6%	89.5%	90.8%	90.3%	91.1%	91.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	95.9%	96.6%	96.4%	97.0%	96.8%	96.6%
Agency Cost	Resources	Effective	AD		£135k	£146k	£157k	£120k	£159k	£125k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£7k	£2k	£2k	
Additional Hours Costs	Resources	Effective	AD		£4k	£5k	£4k	£1k	£1k	
Sickness Cost (Monthly)	Resources	Effective	AD		£109k	£92k	£94k	£84k	£84k	£90k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		68.72	75.61	80.5	71.04	95.92	101.97
Business Miles	Resources	Effective	AD		82k	66k	45k	65k	£67k	53k

Appendix - 2 - Workforce - Performance Wall cont....

Forensic Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	7.5%	5.6%	5.9%	6.3%	6.5%	6.8%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.6%	5.6%	6.2%	7.1%	6.9%	7.5%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	94.4%	3.5%	15.5%	58.8%	80.3%	80.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	98.1%	0.7%	0.7%	3.6%	35.2%	53.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.5%	85.1%	85.9%	87.7%	88.2%	87.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	85.8%	83.1%	86.1%	88.1%	90.2%	89.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	89.9%	90.3%	90.2%	92.3%	91.7%	92.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.4%	91.1%	91.4%	91.4%	91.2%	91.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	87.7%	86.8%	89.3%	88.5%	88.0%	89.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	83.6%	84.3%	82.1%	82.4%	83.9%	83.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.4%	90.1%	90.4%	91.9%	91.7%	91.6%
Information Governance	Resources	Well Led	AD	>=95%	98.5%	97.0%	93.3%	95.7%	93.9%	94.9%
Moving and Handling	Resources	Well Led	AD	>=80%	94.6%	95.3%	95.3%	95.0%	94.9%	93.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.0%	89.2%	91.9%	91.4%	93.2%	93.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.8%	83.9%	83.7%	91.3%	93.0%	92.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	96.1%	95.1%	94.6%	94.5%	94.9%	95.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.6%	88.4%	89.6%	89.7%	91.7%	91.3%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.9%	90.3%	90.5%	96.8%	94.1%	93.3%
Agency Cost	Resources	Effective	AD		£69k	£50k	£59k	£65k	£65k	£75k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£0k	£0k	£1k	
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£2k	£3k	£1k	
Sickness Cost (Monthly)	Resources	Effective	AD		£55k	£52k	£59k	£67k	£69k	£74k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		64.52	78.25	84.96	88.64	86.39	90.11
Business Miles	Resources	Effective	AD		9k	5k	6k	8k	10k	5k

Specialist Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.9%	4.4%	4.8%	4.9%	5.2%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.8%	4.4%	5.1%	4.9%	6.0%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.5%	2.8%	10.9%	53.7%	64.7%	69.7%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	92.7%	0.0%	2.4%	9.4%	26.1%	37.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.9%	82.9%	81.6%	82.0%	81.0%	81.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	76.7%	78.6%	79.0%	78.1%	80.1%	80.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.6%	94.4%	95.6%	95.3%	93.7%	96.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.3%	87.5%	86.3%	85.7%	87.4%	88.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.7%	81.6%	82.4%	79.8%	7.8%	79.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.0%	73.3%	70.0%	73.3%	71.0%	72.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.7%	90.9%	89.4%	90.6%	89.9%	90.3%
Information Governance	Resources	Well Led	AD	>=95%	98.7%	98.3%	95.2%	95.1%	94.3%	94.3%
Moving and Handling	Resources	Well Led	AD	>=80%	90.2%	89.7%	91.3%	91.9%	91.4%	90.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.4%	93.4%	91.1%	89.9%	89.2%	89.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.9%	87.3%	84.9%	85.2%	86.5%	87.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.2%	93.1%	91.3%	92.1%	91.6%	92.1%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	91.2%	90.7%	90.8%	92.1%	91.1%	91.8%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	92.3%	92.8%	94.4%	93.2%	92.4%	94.5%
Agency Cost	Resources	Effective	AD		£275k	£283k	£268k	£258k	£296k	£229k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£2k	£2k	£1k	
Additional Hours Costs	Resources	Effective	AD		£3k	£10k	£5k	£5k	£3k	
Sickness Cost (Monthly)	Resources	Effective	AD		£32k	£48k	£59k	£53k	£64k	£49k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		61.42	55.85	63.99	0	81.8	81.77
Business Miles	Resources	Effective	AD		35k	34k	34k	45k	36k	37k

Appendix 2 - Workforce - Performance Wall cont....

Support Services

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.30%	4.70%	4.50%	4.60%	4.40%	4.40%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.30%	4.60%	4.40%	4.70%	4.60%	4.40%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.50%	3.30%	12.90%	66.70%	77.00%	82.20%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	99.20%	0.00%	0.20%	2.50%	19.80%	29.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	68.00%	72.10%	80.10%	79.30%	79.70%	81.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.60%	76.90%	86.00%	83.30%	87.50%	87.50%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.50%	90.00%	89.70%	90.60%	92.00%	90.80%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.00%	89.10%	89.30%	90.30%	92.30%	91.10%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.90%	99.60%	97.10%	96.40%	97.10%	97.10%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.30%	92.00%	92.10%	92.60%	92.90%	92.70%
Information Governance	Resources	Well Led	AD	>=95%	99.20%	95.70%	94.20%	94.30%	95.30%	92.80%
Moving and Handling	Resources	Well Led	AD	>=80%	92.90%	92.40%	94.60%	95.70%	96.70%	95.20%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.30%	98.90%	99.00%	99.10%	99.70%	99.70%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	95.20%	90.50%	90.00%	94.10%	88.90%	88.20%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.50%	97.60%	97.80%	98.30%	98.70%	98.30%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.90%	96.50%	97.60%	97.90%	98.40%	98.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Agency Cost	Resources	Effective	AD		£12k	£14k	£15k	£6k	£5k	£5k
Overtime Costs	Resources	Effective	AD		£45k	£5k	£16k	£29k	£15k	
Additional Hours Costs	Resources	Effective	AD		£17k	£10k	£8k	£11k	£10K	
Sickness Cost (Monthly)	Resources	Effective	AD		£63k	£64k	£64k	£68k	£61k	£66k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		49.57	45.38	37.6	43.44	41.67	36.42
Business Miles	Resources	Effective	AD		29k	35k	22k	27k	29k	22k

Wakefield District

Month	Objective	CQC Domain	Owner	Threshold	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.8%	5.7%	5.2%	4.8%	4.8%	4.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.7%	5.6%	4.7%	3.9%	4.9%	3.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	99.5%	4.3%	23.8%	80.7%	85.5%	95.0%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.8%	0.0%	0.8%	13.9%	27.0%	42.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.2%	86.8%	87.6%	87.3%	87.1%	85.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	80.8%	79.0%	79.6%	81.8%	82.3%	82.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	83.6%	83.4%	82.8%	79.5%	78.9%	84.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.3%	89.8%	90.7%	90.8%	91.2%	91.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.9%	87.0%	84.5%	85.3%	86.0%	86.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	74.0%	72.7%	79.3%	90.2%	88.3%	88.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	90.5%	90.2%	91.6%	91.8%	92.6%	92.3%
Information Governance	Resources	Well Led	AD	>=95%	98.9%	98.3%	95.5%	95.4%	95.3%	96.2%
Moving and Handling	Resources	Well Led	AD	>=80%	92.6%	92.2%	93.0%	92.9%	92.6%	92.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.8%	90.8%	89.7%	91.3%	92.8%	92.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	83.6%	84.5%	83.5%	86.9%	88.2%	88.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.3%	94.9%	95.1%	95.7%	95.0%	94.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.1%	89.8%	92.4%	94.0%	94.2%	93.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.1%	93.8%	93.4%	94.2%	94.6%	95.6%
Agency Cost	Resources	Effective	AD		£107k	£92k	£84k	£24k	£34k	£31k
Overtime Costs	Resources	Effective	AD		£0k	£1k	£2k	£1k	£2k	
Additional Hours Costs	Resources	Effective	AD		£3k	£4k	£5k	£3k	£3k	
Sickness Cost (Monthly)	Resources	Effective	AD		£58k	£58k	£48k	£40k	£48k	£36k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		39.69	39.49	37.44	31.39	32.68	38.98
Business Miles	Resources	Effective	AD		37k	38k	34k	39k	34k	32k

Glossary

ACP	Advanced clinical practitioner
ADHD	Attention deficit hyperactivity disorder
AQP	Any Qualified Provider
ASD	Autism spectrum disorder
AWA	Adults of Working Age
AWOL	Absent Without Leave
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield
BDU	Business Delivery Unit
C&K	Calderdale & Kirklees
C. Diff	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CCG	Clinical Commissioning Group
CGCSC	Clinical Governance Clinical Safety Committee
CIP	Cost Improvement Programme
CPA	Care Programme Approach
CPPP	Care Packages and Pathways Project
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CROM	Clinician Rated Outcome Measure
CRS	Crisis Resolution Service
CTLD	Community Team Learning Disability
DoV	Deed of Variation
DoC	Duty of Candour
DQ	Data Quality
DTOC	Delayed Transfers of Care
EIA	Equality Impact Assessment
EIP/EIS	Early Intervention in Psychosis Service
EMT	Executive Management Team
FOI	Freedom of Information
FOT	Forecast Outturn
FT	Foundation Trust
FYFV	Five Year Forward View
HEE	Health Education England
HONOS	Health of the Nation Outcome Scales
HR	Human Resources
HSJ	Health Service Journal
HSCIC	Health and Social Care Information Centre
HV	Health Visiting
IAPT	Improving Access to Psychological Therapies
IBCF	Improved Better Care Fund
ICD10	International Statistical Classification of Diseases and Related Health Problems
ICO	Information Commissioner's Office
IG	Information Governance
IHBT	Intensive Home Based Treatment
IM&T	Information Management & Technology
Inf Prevent	Infection Prevention
IPC	Infection Prevention Control
IWMS	Integrated Weight Management Service
JAPS	Joint academic psychiatric seminar
KPIs	Key Performance Indicators
LA	Local Authority
LD	Learning Disability
MARAC	Multi Agency Risk Assessment Conference
Mgt	Management
MAV	Management of Aggression and Violence
MBC	Metropolitan Borough Council
MH	Mental Health
MHCT	Mental Health Clustering Tool
MRSA	Methicillin-resistant Staphylococcus Aureus
MSK	Musculoskeletal
MT	Mandatory Training
NCI	National Confidential Inquiries
NHS TDA	National Health Service Trust Development Authority
NHSE	National Health Service England
NHSI	NHS Improvement
NICE	National Institute for Clinical Excellence
NK	North Kirklees
NMoC	New Models of Care
OOA	Out of Area
OPS	Older People's Services
ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related applications
PbR	Payment by Results
PCT	Primary Care Trust
PICU	Psychiatric Intensive Care Unit
PREM	Patient Reported Experience Measures
PROM	Patient Reported Outcome Measures
PSA	Public Service Agreement
PTS	Post Traumatic Stress
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QTD	Quarter to Date
RAG	Red, Amber, Green
RiO	Trusts Mental Health Clinical Information System
SIs	Serious Incidents
S BDU	Specialist Services Business Delivery Unit
SK	South Kirklees
SMU	Substance Misuse Unit
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Plans
SU	Service Users
SWYFT	South West Yorkshire Foundation Trust
SYBAT	South Yorkshire and Bassetlaw local area team
TB	Tuberculosis
TBD	To Be Decided/Determined
WTE	Whole Time Equivalent
Y&H	Yorkshire & Humber
YHAHSN	Yorkshire and Humber Academic Health Science
YTD	Year to Date

KEY for dashboard Year End Forecast Position / RAG Ratings	
1	On-target to deliver actions within agreed timeframes.
2	Off trajectory but ability/confident can deliver actions within agreed time frames.
3	Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
4	Actions/targets will not be delivered
	Action Complete

NB: The year end forecast position for the dashboards was reviewed in October 2019 and revised to alisgn with the NHSI rating system.

NHSI Key - 1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019
Agenda item 6.2

Title:	**Serious incident report Quarter 2 2019/20 (including Learning from healthcare deaths Quarter 2 2019/20)**
Paper prepared by:	Director of Nursing and Quality
Purpose:	This report provides information in relation to incidents in Quarter 2 and more detailed information in relation to serious incidents. Also to provide assurance that learning from healthcare deaths arrangements are in place. The report provides cumulative data for 2019/20 deaths. The learning from healthcare deaths report requires publication on the Trust website.
Mission/values:	➢ We are respectful, honest, open and transparent ➢ We put the person first and in the centre ➢ We are always improving
Any background papers/ previously considered by:	Previous quarterly reports which have been submitted to Trust Board, along with annual incident reports and Our learning journey reports. Trust Board has also received papers about the introduction of the national requirement for learning from healthcare deaths and the policy.
Executive summary:	➢ This report is produced by the patient safety support team and shows the data for incidents. Detailed Quarterly reports have been produced and shared with each BDU. All managers have access to Datix dashboards to interrogate data further. ➢ This report has overall figures for incident reporting. Q2 had 3487 incidents; slightly lower than the previous quarter (3511). ➢ 86% of incidents are graded as “low” or “no harm” showing a positive culture of risk management (the more green incidents reported mean action taken proactively at an early stage before harm occurs). ➢ “Physical aggression/threat (no physical contact): by patient” 345 incidents (10%) remains as the most reported category. ➢ “Violence and Aggression” continues to be the highest reported incident type (29% (1015) of all incidents reported in the quarter, consistent with the previous quarter) [fig 1]. Staff have reported that this can be linked to frequent incidents by a small number of service users but also some incidents are linked to the trust’s current smoking policy. ➢ There have been no ‘Never Events’ reported in the Trust during Q2: the last Never Event reported was in 2010/11. ➢ The total number of serious incidents reported through Strategic Executive Information System (STEIS) in Quarter 2 was 15; this is consistent with what was reported in Quarter 1 (14). The range of serious incidents reported this quarter has included deaths (14) and pressure ulcers (1). Deaths resulting from apparent suicide where the person was under our care at the time of death are usually reported as serious incidents to ensure appropriate follow up. Of the 14 deaths in Q2, 11 were apparent suicides. All deaths that meet our scope in the Learning from Healthcare Deaths policy are reviewed (investigated or case record review) irrespective of whether they meet the SI reporting criteria. ➢ In quarter 2, the highest category of serious incident is “Suicide (including

apparent suicide) community team care – current episode" (10). This is higher than quarter 1 which was 5.

- The category of apparent suicide (those reported as serious incidents) for the last 4 quarters is 5, 14, 5, and 10 totalling 34. This is the estimated level based on National Confidential Inquiry numbers and our population - 34/35. It is too soon to say if this has been influenced by our approach to zero suicide.
- All incidents that are graded red or amber are extracted from Datix for inclusion in a report that is reviewed at the weekly risk panel.
- All deaths are reviewed in line with the learning from healthcare deaths policy.
- We are implementing our Trust wide suicide prevention strategy, which includes conducting a deep dive analysis on hotspot areas and targeting clinical teams and service user groups where there is concern.
- We have taken the lead on the West Yorkshire and Harrogate Health Care Partnership 5-year suicide prevention strategy, which has adopted an evidence-based approach to suicide prevention and zero suicide philosophy for targeted areas and hotspots.
- 10 serious incident investigations have been submitted to the Commissioner during the quarter and 17 previous serious incidents have been closed by Commissioners.
- The actions from incidents are managed at Business Delivery Unit level. The patient safety support team produces information on completion of action plans from serious incidents and these are monitored through the operational management group.
- Learning from incidents, investigations and reviews is shared trust wide using an SBAR template (Situation, Background, Assessment, and Recommendation) via the 'Learning Library' (see A-Z intranet) and through the Headlines. Urgent learning is shared to all staff by email via Bluelight alerts.
- A number of investigations are outside the 60 working day target; these have agreed extensions with Commissioners. The complexity of investigations has contributed to delays in addition to availability of investigators.
- Within the report are some examples of learning from specialist advisors and work streams for the highest reported incidents.

Learning from healthcare deaths

- Scrutiny of healthcare deaths has been high on the government's agenda for some time, reports such as Francis report and the Mazar's report into Southern Healthcare intensified this.
- There was a requirement for Trusts to report and publish data from Quarter 3 2017/18 onwards. When approved, our reports are made available on our website.
- Our report provides figures on deaths and the number that have been reviewed.
- From April 2017 to September 2017 the Trust started reviewing all deaths reported on Datix using an incremental approach.
- The Trust has adopted the three levels of scrutiny suggested in the National Quality Board guidance:
    - Death Certification
    - Case record review, including Structured Judgment Review. The manager's 48 hour review on Datix is also classed as a first stage case record review.

	o Investigation – that could be service level, serious incident reported on STEIS or other review e.g. Learning Disability Mortality Review (LeDeR), safeguarding. ➢ Total number of deaths reported on Datix by staff between 1/7/2019 – 30/9/2019 (by reported date, not date of death) = 75, all of which have been reviewed. ➢ Total in scope as described in report = 65 ➢ Learning from Structured Judgement Reviews and Investigations is being prepared separately. This will be received by the Mortality Review Group and included in quarterly reports to CGCS Committee and the Trust Board. The report was **scrutinised by the Clinical Governance & Clinical Safety Committee** on the 5 November 2019 who commented as follows:- ➢ The report remains of good quality and well structured. ➢ Robust systems are in place to report and investigate incidents. ➢ The further explanation of the increase in moderate / severe incidents and deaths shown in the IPR and the alignment with this report provided the Committee with additional assurance around potential increasing trend. This issue will be addressed in future quarterly reports. ➢ Further explanation of the difference between the number of incidents reported in the Q2 report and the data shown in the National Reporting Learning System (NRLS) (now included in the report pages 10 and 11) **Risk appetite** ➢ Risk identified – the Trust continues to have a good governance system of reporting and investigating incidents including serious incidents and of reporting, analysing and investigating healthcare deaths. ➢ This report covers assurance for compliance risk for health and safety legislation and compliance with CQC standards for incident reporting. This meets the risk appetite –low and the risk target 1-6. ➢ The clinical risk – risk to service user/public safety and risk to staff safety which is again low risk appetite and a risk target of 1-6. ➢ Financial or commercial risks - Reputational risks, negative impact on perceptions of service users, staff, commissioners. Risk appetite Cautious/Moderate 4-6
Recommendation:	**Trust Board is asked to NOTE the review of the report undertaken at the CGCS, NOTE the additional information provided in the response and COMMENT on any areas requiring further review.**

South West Yorkshire Partnership NHS Foundation Trust

Trust wide Incident Management Report

Quarter 2 2019/20

Incorporating Serious Incidents and Learning from Healthcare Deaths reporting for the period 01/04/2019-30/09/2019

Report prepared by Patient Safety Support Team

October 2019

Contents

Executive Summary

This report provides information in relation to incidents reported in Quarter 2 2019/20 and more detailed information in relation to serious incidents. A brief analysis of actions arising from completed Serious Incident investigations submitted to commissioners for the period of 1 July 2019 to 30 Sept 2019 is included. The report also includes the Trust's report on Learning from Healthcare Deaths to provide assurance that arrangements are in place and to provide cumulative data for the period 01/04/2019 – 30/09/2019. The Learning from Healthcare Deaths report will be available separately on the Trust website.

This report does not cover the work of the BDUs in terms of implementing the learning; this will be available separately.

Quarter 2 2019/20 Headlines

- **3487** incidents reported
- **86%** of incidents resulted in no/low harm
- **15** Serious incidents reported
- Serious Incidents account for **0.4%** of all incidents reported
- No homicides
- No Never Events

High reporting rate with high proportion of no/low harm is indicative of a positive safety culture

- This report is produced by the patient safety support team and shows the data for incidents. Detailed Quarterly reports have been produced and shared with each Business Delivery Unit. Data is also available at service line level. All managers have access to Datix dashboards to interrogate data further.
- This report has overall figures for incident reporting. Q2 had 3487 incidents; slightly lower than the previous quarter (3511).
- 86% of incidents are graded as "low" or "no harm" showing a positive culture of risk management (the more green incidents reported mean action taken proactively at an early stage before harm occurs).
- "Physical aggression/threat (no physical contact): by patient" 345 incidents (10%) remains as the most reported category.
- "Violence and Aggression" continues to be the highest reported incident type (29% (1015) of all incidents reported in the quarter, consistent with the previous quarter) [fig 1]. Staff have reported that this can be linked to individual service users but also say some incidents are linked to the trust's current smoking policy.
- There have been no 'Never Events' reported in the Trust during Q2: the last Never Event reported was in 2010/11.
- The total number of serious incidents reported through Strategic Executive Information System (STEIS) in Quarter 2 was 15; this is consistent with what was reported in

Quarter 1 (14). The range of serious incidents reported this quarter has included deaths (14) and pressure ulcers (1).

- In quarter 2, the highest category of serious incident is “Suicide (including apparent suicide) community team care – current episode” (10). This is higher than quarter 1 which was 5.
- The category of apparent suicide (those reported as serious incidents) for the last 4 quarters is 5, 14, 5, and 10 totalling 34. This is the estimated level based on National Confidential Inquiry numbers and our population - 34/35. It is too soon to say if this has been influenced by our approach to zero suicide.
- All incidents that are graded red or amber are extracted from Datix for inclusion in a report that is reviewed at the weekly risk panel.
- All deaths are reviewed in line with the learning from healthcare deaths policy.
- We are implementing our Trust wide suicide prevention strategy, which includes conducting a deep dive analysis on hotspot areas and targeting clinical teams and service user groups where there is concern.
- We have taken the lead on the West Yorkshire and Harrogate Health Care Partnership 5-year suicide prevention strategy, which has adopted an evidence-based approach to suicide prevention and zero suicide philosophy for targeted areas and hotspots.
- 10 serious incident investigations have been submitted to the Commissioner during the quarter and 17 previous serious incidents have been closed by Commissioners.
- The actions from incidents are managed at Business Delivery Unit level. The patient safety support team produces information on completion of action plans from serious incidents and these are monitored through the operational management group.
- A number of investigations are outside the 60 working day target; these have agreed extensions with Commissioners. The complexity of investigations has contributed to delays.
- Within the report are some examples of learning from specialist advisors and work streams for the highest reported incidents.

Learning from healthcare deaths

- Our report provides figures on deaths and the number that have been reviewed.
- From April 2017 to September 2017 the Trust started reviewing all deaths reported on Datix using an incremental approach.
- The new policy on learning from deaths came into effect from 1 October 2017, which has resulted in more deaths being in scope for review from Quarter 3 17/18 onwards.
- The Trust has adopted the three levels of scrutiny suggested in the National Quality Board guidance:
  - Death Certification
  - Case record review, including Structured Judgment Record Reviews. The managers 48 hour review on Datix is also classed as a first stage case record review.
  - Investigation – that could be service level, serious incident reported on STEIS or other review e.g. Learning Disability Mortality Review (LeDeR), safeguarding.
- Total number of deaths reported on Datix by staff between 1/07/2019 – 30/9/2019 (by reported date, not date of death) = 75, all of which have been reviewed.
- Total in scope as described in report = 55
- Learning from Structured Judgement Reviews and Investigations is being prepared separately.

1. Introduction

This report has been prepared by the Patient Safety Support Team to bring together Trust wide information on incident activity during Quarter 2 2019/20 (1 July 2019 to 30 September 2019) including reported serious incidents and Learning from Healthcare Deaths for the period 1 April 2019 to 30 September 2019.

Please note that figures within this report may vary from the individual Business Delivery Unit reports due to movement/grading changes of incidents whilst producing the reports from a live system.

2. Updates from the Patient Safety Support Team

During Quarter 2, the Patient Safety Support Team priority areas have included:

- Continuing to develop our processes for learning from healthcare deaths.
- Reducing the back log of incidents awaiting final approval.
- Continue to amend data flows for severe harm and death incidents to the CQC.
- Process mapping BDU structures.
- Responding to 4 FOI requests.
- Data production and reporting for annual MH Benchmarking
- Recruitment for the Patient Safety Administrator post.

The Patient Safety Support Team has responded to 4 Freedom of Information requests received between 1 July 2019 to 30 September 2019. The requests included information related to assaults, mixed sex accommodation and pressure ulcers.

3. Incident Reporting Analysis

This report has overall figures for incident reporting. Q2 had 3487 incidents similar to the levels in the previous two quarters.

86% of all incidents reported on Datix are graded as green severity rating meaning they had “low” or “no harm”. This shows a positive culture of risk management (the more green incidents reported mean action taken proactively at an early stage before harm occurs).

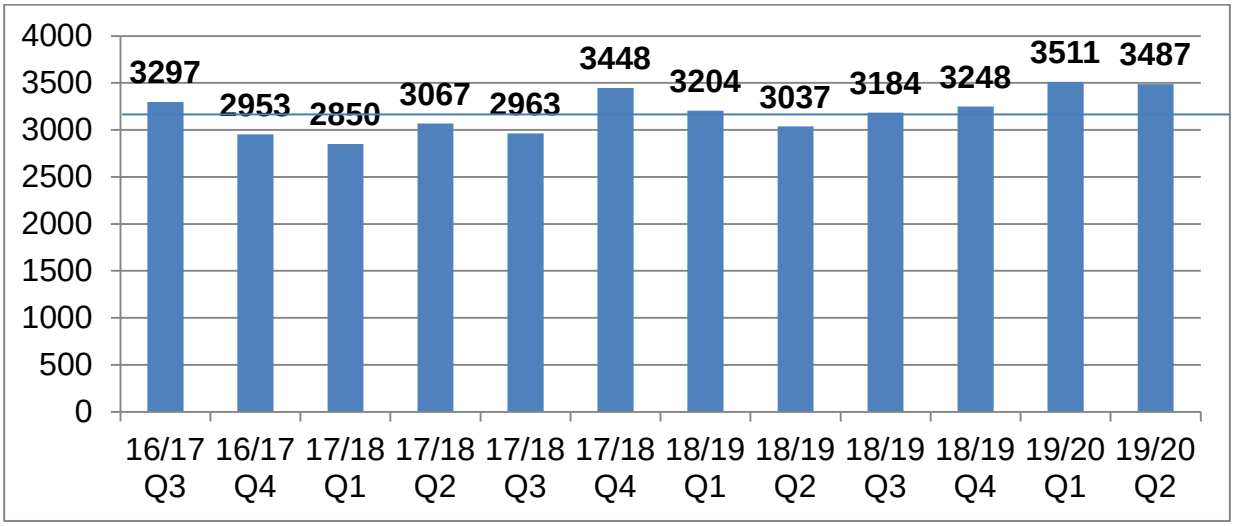
Headlines

Quarter 2 2019/20 Headlines

- **3487** incidents reported
- Decrease on reporting compared with Q1 (3511)
- **86%** of incidents remain **no/low harm**
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture

Figure 1 below shows the pattern and number of incidents reported by quarter in the Trust from Q3 16/17 to Q2 19/20. The rate fluctuates as would be expected. Quarter 2 2019/20 was slightly above as expected the average for a quarter. However with the Trust changing profile of services, direct comparisons should be viewed with caution.

Figure 1 Comparative number of incidents reported by financial quarter Q3 2016/17 to Q2 2019/20



Severity

In Figure 2 there have been 37 red incidents reported. This data is live data at the point of producing the report. The incident may be initially graded red for a number of reasons. An example would be a death (for healthcare deaths we have been encouraging staff to report on Datix) but we later find out this is natural causes or where the individual has not been involved with Trust services for over six months so this may be re-graded and not reported on STEIS, this can take some time to get this information. Not all red incidents will meet the criteria for a serious incident (see page 20).

Figure 2 All incidents reported Trust wide between 01/07/2018 - 30/09/2019 by severity and financial quarter

	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
Green (no harm)	1837	1923	1850	2075	1955
Green	862	896	974	1055	1068
Yellow	247	248	295	258	321
Amber	70	89	96	94	106
Red	21	28	33	29	37
Total	**3037**	**3184**	**3248**	**3511**	**3487**

Figure 3 All incidents reported Trust wide between 1/07/2019 - 30/09/2019 by severity and BDU

	Barnsley Mental Health	Barnsley General Community	Calderdale	Kirklees	Wakefield	Forensic Service	Specialist Services	Trust wide	**Total**
Green (no harm)	181	205	183	280	356	528	192	30	**1955**
Green	122	211	138	149	228	125	81	14	**1068**
Yellow	42	33	19	56	129	24	12	6	**321**
Amber	8	45	3	20	20	5	4	1	**106**
Red	3	2	9	8	10	0	5	0	**37**
Total	**356**	**496**	**352**	**513**	**743**	**682**	**294**	**51**	**3487**

Type and Category of incidents

Figure 4 shows the overarching type of incidents reported in the Trust. All incidents are coded using a three tier method to enable detailed analysis. Type is the broadest grouping, with type breaking into categories, and then onwards into subcategories. This report provides details of the number for type (Figure 4) and the top 10 categories in the quarter (Figure 5).

Figure 4 Type of incident reported in Quarter 2 by BDU

	Barnsley Mental Health	Barnsley General Community	Calderdale	Kirklees	Wakefield	Forensic Service	Specialist Services	Trust wide (Corporate support services)	Total
Violence and Aggression	93	15	88	125	270	295	127	2	**1015**
Care Pathway, Clinical and Pressure Ulcer Incidents	10	383	10	10	28	7	18	0	**466**
Self Harm	118	3	107	88	114	15	20	0	**465**
Medication	18	21	27	43	67	40	14	22	**252**
Health and Safety (including fire)	28	16	16	31	28	66	21	11	**217**
Legislation and Policy	9	0	25	53	25	100	4	1	**217**
Slips, Trips and Falls	13	19	17	45	59	13	5	1	**172**
All Other Incidents	13	7	16	30	39	54	9	3	**171**
Missing/absent service users	21	0	12	33	43	7	2	0	**118**
Security Breaches	8	0	4	13	21	44	7	6	**103**
Safeguarding Adults	7	8	4	14	10	24	8	1	**76**
Death (including suspected suicide)	7	3	13	11	20	0	16	0	**70**
Information Governance Incidents	5	12	4	8	6	12	15	2	**64**
Safeguarding Children	2	1	7	4	2	2	22	0	**40**
IT Related Issues	3	6	2	4	6	1	5	2	**29**
Infection Prevention/Control	1	2	0	1	5	2	1	0	**12**
Total	**356**	**496**	**352**	**513**	**743**	**682**	**294**	**51**	**3487**

Figure 5 Trust-wide Top 10 most frequently reported incident categories in rolling 5 quarters (1/07/2018 – 30/09/2019)

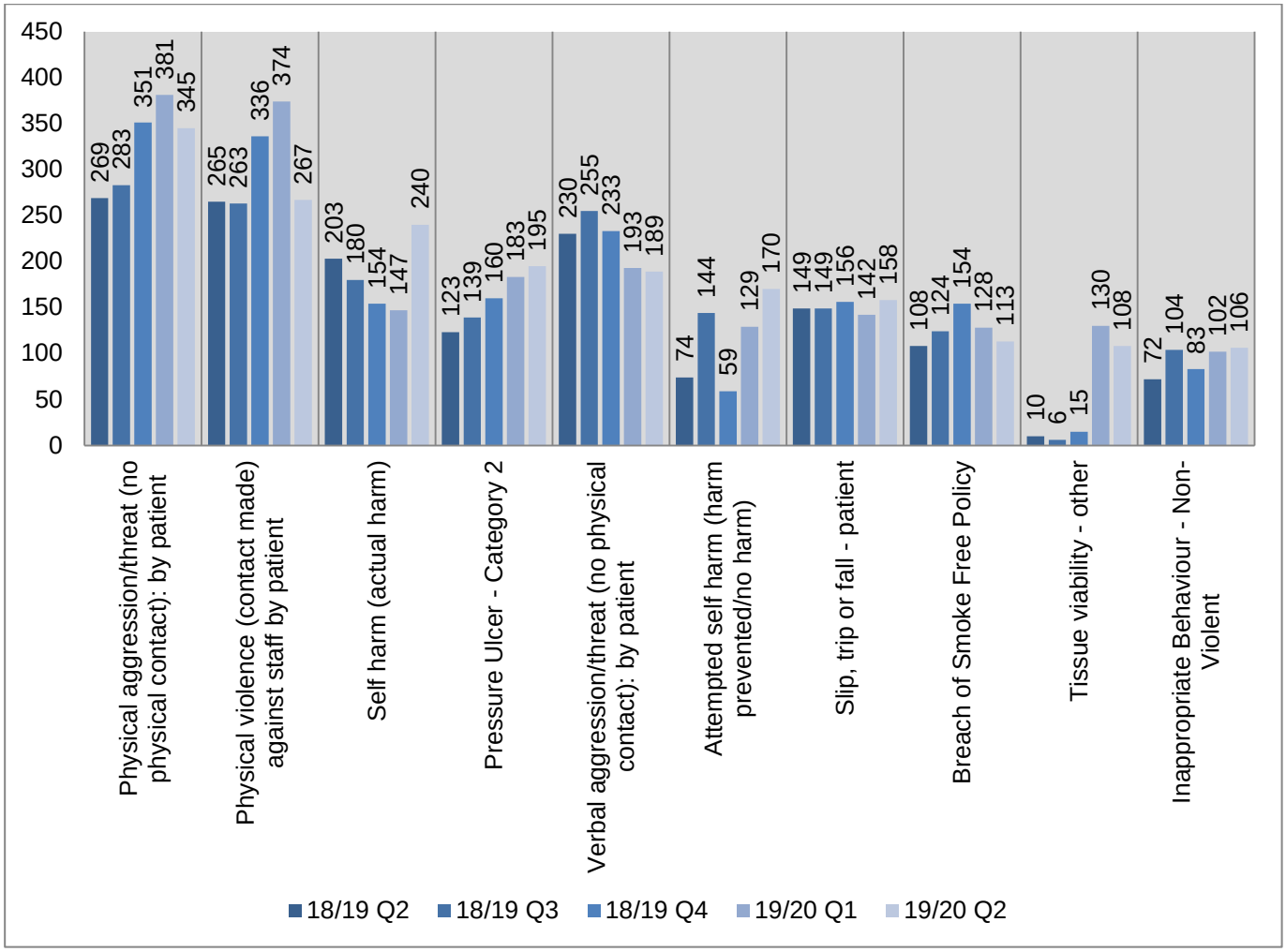


Figure 5 shows that in Quarter 2 2019/20 physical aggression/threat (no physical contact) by patient was the highest reported category of incident. Figures for previous quarters are included for comparison.

Although the Grade 2 Pressure ulcer category appears in the top 10, it should be noted that these are incidents that are generally identified by staff in the community and many are attributable to other agencies. The Datix system is used to capture the identification and actions taken by our staff.

Reporting to National Reporting and Learning System

The Trust captures the severity of all incidents locally on Datix using the risk matrix which scores incidents ranging from green through to red. This includes actual and potential harm of all incidents and near misses (i.e. psychological harm, potential risks).

The Trust uploads patient safety incidents[1] (which are a subset of all incidents reported) from Datix to the National Reporting and Learning System (NRLS) on a weekly basis and has done so since 2004. Local information on Datix is mapped to the national system in the background. The National Reporting and Learning System shares patient safety incidents with the Care Quality Commission (CQC). The CQC may then contact the Trust to enquire further about specific incidents.

Patient Safety incidents do not include non-clinical incidents, or where staff were the affected party (e.g. violence against staff incidents). These are not reportable to NRLS as the harm was not to a patient. The NRLS scores the **actual** degree of harm caused, as opposed to including potential harm as collected locally.

The NHS Patient Safety Strategy [2] published in July 2019 sets out plans for a new national reporting and learning system which will combine NRLS and the Strategic Executive Information System (for reporting serious incidents). This is expected to be launched around 2020/21.

External comparison

Patient Safety Incidents are uploaded to the National Reporting and Learning System (NRLS) when they have been through the internal management review and governance processes. This data uploaded externally is as accurate as it can be. Incidents are exported to NRLS when these reviews have been completed, which results in a natural delay in uploading patient safety incidents to the NRLS.

NHS Improvement publish data from the NRLS system on a six monthly basis.

Prior to August 2018, the National Reporting and Learning System (NHS Improvement), provided reports which enabled the Trust to be directly compared with other similar Trusts in the mental health cluster.

New report formats have since been released by NHS Improvement which are designed to assist NHS trust boards to understand and improve their organisation's patient safety culture and reporting of patient safety incidents to the NRLS. The updated report encourages organisations to compare against themselves over periods of time, rather than with other organisations which may not be comparable for a number of reasons.

The Trust's latest report is available below or through the NHS Improvement website.

NHS Improvement
SWYPFT NRLS report

This report compares the Trust's data for the last two financial years against each other.

[1] A patient safety incident is defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

[2] https://improvement.nhs.uk/resources/patient-safety-strategy/

Reporting culture and reporting patterns

- No evidence of potential under-reporting
- Our reporting rate per 1,000 bed days, October 2017 to March 2018 compared to October 2018 to March 2019 – remains consistent

Has the timeliness of your incident reporting improved?

- Our reporting timeliness improved in October 2018-March 2019 compared with the previous year due to focussed quality improvement time on reviewing incidents internally. This improved the speed with which incidents were uploaded to NRLS. Further work to protect time for this continues.

Are you improving the accuracy with which you report degree of harm?

- There are some small variations (0-3%) in comparative data by degree of harm. The Patient Safety Support Team quality check local data against provisional data from NRLS on a monthly basis and amendments are made as needed. The actions recommended in the report are in place.

Do you understand your most frequently reported incident types?

- The incident types reported on from the national system do not direct correlate with those collected locally. Work takes place every 3 years to confirm our mapped data with NHS Improvement.

Have the care settings of your incidents changed?

- There are very small variations in comparative data by care setting but this would be as expected.

Between 1st April 2018 and 31st March 2019, 95% of SWYPT patient safety incidents reported to NRLS were no or low harm.

4. Learning from incidents

Learning from incidents is identified at all levels in the organisation. Some specialist advisors have provided the following examples.

Safeguarding

Example 1

Safeguarding

The Safeguarding Team have supported the practitioners in a Rehab Unit in Kirklees with a complex case. The team were made aware of the initial incident in July 2019 where a service user with early on-set dementia was noted to becoming close to another service user. On further investigation both service users were asked about their relationship and both indicated that it was platonic at the time. Safeguards were put in place at the unit and a Safeguarding referral was subsequently made. The Safeguarding Team facilitated a Safeguarding supervision session which had been requested by the Ward Manager and included the Consultant and Unit Practitioners. During the supervision the Safeguarding Team were informed that one of the service users, namely the female with early onset dementia, had just disclosed that there had been sexual activity between her and the other service user.

What work is underway to address issues?

The case was discussed with the Ward Manager, Consultant and Practitioners and an action plan was formulated with the advice given by the Safeguarding Team. The Police were informed of the alleged incident and the male service user was transferred to another Unit to minimise risks to both parties. The police interviewed the female service user with an appropriate adult supporting her. The police additionally made a data request to Folly Hall for more clinical information regarding the female service user and their capacity. The Safeguarding Team also advised the unit nursing and medical team to consider obtaining a forensic opinion/advice in relation to the new information disclosed by the female service user, due to historical allegations made against the male service user of a related nature. As a Safeguarding referral had already been submitted to the Local Authority, it was also advised that the Local Authority Safeguarding Team should be updated with the new information reported by the female service user and of police now being involved.

The decision was made to place the female service user with early onset dementia on a 1:1 (Level 2 - Within Eye Sight observations) following the initial concern in July. The service user with dementia was assessed as lacking capacity regarding the decision to have sexual relationships. The intervention of increasing observation levels was not based solely on the sexual incident, but was also due to the service user having cognitive difficulties and there being other risks such as potential financial exploitation (the service user had previously been on leave and left their purse in a shop). Additionally, it was reported by the nursing & medical team at the unit that the female service user's memory and cognition were showing signs of on-going deterioration.
A Professionals Meeting took place to discuss the female service user, which the Safeguarding Team dialled in to. The meeting was a multi-agency, multi professional meeting which also included representation by the SWYPFT legal team. The meeting was convened due to raised concerns regarding the restrictions placed on the service user with dementia in terms of the increased levels of observations and escorted leave which has been implemented. The discussions centred on the issues of legality regarding either the use of the Deprivation of Liberty Safeguards or the use of the Mental Health Act (1983) and which was most appropriate in the case of the female service user. The meeting generated differing opinions as to which Act was appropriate to use in this instance.

Following the Professionals Meeting an application was made for a MHA assessment, with the service user subsequently being formally detained.

A further email was received by the Safeguarding Team requesting further advice due to the female service user with dementia being noted to be becoming close to another male service user. The Safeguarding team responded, identifying that there were existing safeguards already in place but further advising to ensure discussions took place with the service user in order to ascertain their views, their wishes and future plans. In response to this advice the Safeguarding Team were advised that the plan in future was for the female service user to move to another area nearer to her family. Although the initial plan had been to look for community independent living with an appropriate package of care, this had been re-assessed due to the identified further cognitive deterioration and deterioration in her memory, in conjunction with the recent safeguarding incidents and concerns. The current plan is now to secure a 24-hour supported living placement in the local area of her family, with this plan now being actively pursued. It was reported that the female service user had been given the opportunity to discuss the situation regarding the second male service user and she disclosed that she was not interested in pursuing a relationship with the other service user. Advice was given by the Safeguarding Team that the interactions between the two individuals required on-going monitoring and should be managed with updated care plans/risk assessment incorporating the service user's other vulnerabilities such as poor short term memory/recall, daily living skills, life skills, risk of financial exploitation as result of her cognitive impairment.

Are there are any reporting reminders you would want to give to staff via the report?

It is important that when there are identified potential safeguarding concerns that all Practitioners engage in open dialogue from the outset with partners to ensure that there is a robust plan of individualised care in place for the service user. It is also important for practitioners to utilise available Specialist Advisers such as the Trust Safeguarding Team, Trust Legal team and the Practice Governance Coaches / Modern Matrons for appropriate support, advice and guidance.

Safeguarding

Safeguarding Children

One to one supervision undertaken with a practitioner who requested additional support regarding a young person and the care he was receiving from CAMHS as well as other UK involved services he had been under at the point of input. Discussed the concerns that the practitioner had in regards to his safety and the care by his parents, all of which were known to both social care and the police (there had been a previous referral to PREVENT by the young person's school). The practitioner had raised a concern that the young person was to returning (with his parents) to his birthplace in the EU and the parents, were considering a second opinion regarding his mental health back in his home country. All partner agencies involved were aware of the plan for the young person to return to his birthplace with his parents for a holiday over the summer period, however, the practitioner felt concerned that he was at risk on returning home and that there was something that could be done to stop the return visit from taking place. On further discussion, the perceived risk by the practitioner was from parents who were not engaging in the CAMHS support in the UK, seeking to gain support from mental health services in the EU nation the young person was from, however as a punitive measure. She also was suspicious that the young person would not be able to return to the country and be left by his parents with extended family and be unable to continue to access CAMHS support.

1. **What work is underway to address issues?**

The decision was made to support the practitioner through structured safeguarding supervision due to the complexities of the case.

Supervision is a formal, accountable process involving one or more practitioners with a suitably experienced supervisor. It affords professional support and learning which enables practitioners to develop knowledge, skills and competence, assume responsibility for their own practice and enhances the safety and protection of children in complex situations (DoH 1993, Knapman and Morrison 2008, Skills for Care and Children's Workforce Development Council (CWDC 2007). There are several guidance documents that support the use of supervision, it has been stated 'Working to ensure children are protected from harm requires sound judgements to be made (HM Government 2018), and effective and accessible safeguarding supervision is essential if staff are to put into practice the critical thinking required to understand child protection cases and complete holistic, analytical assessments (Brandon et al 2009)'.

Landmark et al (2004) suggest that, not only does supervision create an arena to explore thoughts, feelings and reactions to complex situations, but also the opportunity to reflect on successful situations, a concept which is often lost in everyday practice.
The safeguarding children supervision process is different from, and supplementary to, the day to day consultation/advice provided by the Named Professionals and is in addition to mandatory clinical supervision.

The Safeguarding Advisor discussed the concern of the practitioner at length during the supervision one to one session utilising a variety of tools in the supervision toolkit to identify risk factors, supporting factors and safety planning in relation to analysing and assessing any risk. The Safeguarding Advisor referred to the safeguarding children policy and the supervision appendix. A plan was put in place to review the young person on his return back to this country based on the outcome of the risk assessment and discussion.

2. What changes in practice have you seen in services as a result of incidents?

The safeguarding team undertake supervision to a number of teams across the organisation and endeavour to deliver supervision in a timely and planned way, the safeguarding team will always respond to clinicians and practitioners who are wanting more structured, individual safeguarding advice where there are complex issues to be considered.

3. Are there are any reporting reminders you would want to give to staff via the report?

That the safeguarding team are available to deliver individual supervision when this is required for more complex and difficult cases however there is a requirement to liaise with the safeguarding team for arrangements to be made.

Infection Prevention and Control

Example of learning 1 – Safer Sharps

A number of Datix reports highlighted issues with the safer sharps insulin needles, staff members were inappropriately using the devices. It was found that the device that the trust used to use had been taken off NHS supply chain and so an inferior device was being used. Staff focus groups also confirmed that there were other issues such as patient comfort.

A review of all safety devices on the market led to the introduction of the Microdot Max Safety pen needles for administration of insulin.

Example of learning 2 – Decontamination of Medical Devices and Blood Spillages Quality Improvement Audit

In response to a recent quality improvement audit in relation to blood and body fluid spillages a review of the products on the market found that Clinell Spill Wipes offer the potential for greater consistency, ease of use and a cost effective method of decontaminating blood, urine and vomit spills than that of the current products that are used in South West Yorkshire Partnership NHS Foundation Trust.

Clinell spill wipes have been introduced Trustwide and should now replace blood a body fluid spill kits which are expensive, difficult to use and time consuming.

Example of learning 3 - Training Need for FFP3 (Filtering Face Piece) Identified

A service user with suspected Tuberculosis required staff to work in close proximity for long periods of time due to his debilitated presentation. Policy states that when prolonged close contact is needed for service users with suspected or confirmed infectious TB that a FFP3 (filtering face mask) should be worn. These masks require that the staff member undergoes training to use the mask.

The use of these masks is very infrequent in a community health care setting and so is logistically difficult.

The trust now has contingencies in place for the eventuality that this happens again.

Key staff have been identified through the trust who have or are to be trained in the process of training (train the Trainer) others to fit an FFP3 mask.

Supplies of FFP3 masks have been purchased (emergency planning and resilience) and stored.

Stock of fit test equipment and masks will be placed at designated sites across the trust to enable key staff to obtain quickly.

Example/s of learning from incidents

The learning library has been developed as a way to gather and share examples of learning from experience. A summary of our learning process is described in the image below. The latest content has been added to the shared network folder -K:\#allofusimprove and the intranet page is being further developed.

Examples of recently added content include:

Sharing of information to prevent suicide consensus statements.
Reducing the Risk of Medication Errors
Learning briefing – safeguarding children - neglect
Learning Library – Safeguarding information sharing
Learning Library template Ref: Bad News Mitigation
Learning Library Re: Discharge letters

Greenlight alerts

Greenlight alerts have been created to provide a way to share important information and learning related to medication safety.

Greenlight alerts are available on the intranet:

- Greenlight on fluoroquinolone antibiotics
- Greenlight on adrenaline availability and use in community teams
- Greenlight on flu vaccines 2018/19
- Greenlight to take care with when required (PRN) medicines
- Greenlight on prescribing and administering liquid medicines
- Greenlight on valproate and haloperidol

- Greenlight on Buccolam (midazolam)
- Greenlight on paraffin
- Greenlight on clozapine

Bluelight Alerts

Bluelight alerts have been created to provide a way to share urgent learning quickly across the Trust.

The Bluelight alerts that have already been circulated in Quarter 2 are available on the intranet and below:

Bluelight alert 22 - 17 September 2019 - anti-ligature clothing

Bluelight alert 21 - 16 September 2019 - patient access wristbands

Bluelight alert 20 - 9 Aug 19 - ligature risk

Bluelight alert 19 - 9 July 2019 - Keeping equipment and information safe

If you have urgent safety or learning information that needs to be shared across the Trust urgently, please discuss the information you want to share with your managers to firstly to agree if a Bluelight is the appropriate route for circulation, then follow the process on the intranet http://nww.swyt.nhs.uk/learning-from-experiences/Pages/Bluelight-alerts.aspx

Learning from Serious Incidents

Section 7 is the Serious Incident report. Further information on this is available in the incident management annual report.

Learning from Healthcare Deaths

Section 8 of this report contains our report on learning from healthcare deaths. This includes examples of areas for improving practice identified by the reviewers.

5. Incident reporting processes

Resources

The Datix team continue to provide a range of training options for managers. Further details of our training offer are available on the Patient Safety intranet pages.

Previous quarterly and annual reports on incidents and learning are available on the Patient Safety intranet pages.

Key messages regarding incident reporting processes:

Being open and learning from healthcare deaths policy

The Patient Safety Support Team continues to receive a number of queries in relation to reporting of deaths, and they have been referred to the policy. Staff should be familiar with the learning from healthcare deaths policy to understand what to do when there is a death and which require reporting. http://nww.swyt.nhs.uk/learning-from-deaths/Pages/default.aspx

It doesn't have to be a Duty of Candour incident for us to write a letter and say we are sorry to hear about the death of someone we have been working with, this is just compassionate care. We should also be asking if families have any questions about the care of their family member and ensuring they know where they can seek support.

This should be updated on Datix. We also need to ensure that the clinical records have been reviewed to ensure any concerns about care delivered are identified early. Again, this should be added to death of a service user section.

Manager's Investigation – outcome

A document has been produced for managers to provide guidance on how to complete the field named 'What are the findings and outcome (to date) of your review or investigation of this incident?' within the Manager's Investigation section on Datix. The document can be found on the intranet here

6. Update on some improvement work

#allofusimprove includes Patient Safety as one of its key areas. A number of case studies have been developed to share good practice and improvement work.

Learning library – this is part of #allofusimprove and is our name for our repository of information from a range of sources of learning from experience. A standard template that can be completed by any member of staff using the Situation, Background,

Assessment/Analysis, Recommendation (SBAR) headings has been developed. This helps us to share information in a concise way. These will be shared through the Headlines with links to a shared network drive. Further details are available here http://nww.swyt.nhs.uk/learning-from-experiences/Pages/Learning-library.aspx

Safety Huddles – the implementation of safety huddles sits under the patient safety strategy. There are currently 9 teams actively involved with safety huddles. The focus of huddles is broad, with some teams looking at reducing violence and aggression, falls, seclusion. Achievements of targets continue to be made.

Human Factors – Bronze level on-line training is available to all staff through the Improvement Academy. Silver training is available from the Improvement Academy and several staff have now attended. Human Factors has been incorporated into the Systems Analysis training delivered by the Serious Incident Investigators. Further details are available here. http://nww.swyt.nhs.uk/incident-reporting/Pages/Human-factors-patient-safety-training.aspx

Significant event analysis (SEA) – This tool, which has been developed in the Trust, which incorporates Human Factors, is now available. Specialist Advisors have been trained and they can support teams with its use. http://nww.swyt.nhs.uk/incident-reporting/Pages/Human-factors-patient-safety-training.aspx

7. Trust wide Serious Incident (SI) Report[3] for Quarter 2 2019/20 (Data as at 3 October 2019)

Background context

Serious incidents are defined by NHS England as;

> "…events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare." [4]

There is no definitive list of events/incidents. However, there is a definition in the Serious Incident Framework which sets out the circumstances in which a serious incident must be declared:

Serious incidents are incidents requiring investigation and are defined as an incident that occurred in relation to NHS funded services and care resulting in one of the following:

- the unexpected or avoidable death of one or more patients, staff, visitors or members of the public;
- serious harm to one or more patients, staff, visitors or members of the public or where outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA definition of severe harm)
- a scenario that prevents, or threatens to prevent, a provider organisation's ability to continue to deliver health care services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment. IT failure or incidents in population programmes like screening and immunisation where harm potentially may extend to a larger population
- allegations of abuse
- adverse media coverage or public concern for the organisation or the wider NHS
- one of the core set of *Never Events*[5].

Further information on reporting of SIs is available in on the intranet.

National Update

The NHS Patient Safety Strategy[6] was published in July 2019. This sets out how the NHS will build on two foundations: a **patient safety culture** and a **patient safety system**. Three strategic aims will support the development of both:

[3] Please note the SI figures given in different reports can vary slightly. This report is based on the date the SIs were reported to the CCG via the Department of Health Strategic Executive Information system (StEIS).

[4] NHS England. Serious Incident Framework. March 2015

[5] NHS Improvement. Never Event policy and framework 2018

[6] https://improvement.nhs.uk/resources/patient-safety-strategy/

- improving understanding of safety by drawing intelligence from multiple sources of patient safety information (**Insight**)
- equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (**Involvement**)
- designing and supporting programmes that deliver effective and sustainable change in the most important areas (**Improvement**).

The framework refers to the Patient Safety Incident Response Framework which will replace the current Serious Incident Framework. The Strategy states that full implementation is anticipated by July 2021.

Investigations

Investigations are initiated for all serious incidents in the Trust to identify any systems failure or other learning, using the principles of root cause and systems analysis. The Trust also undertakes a range of reviews to identify any themes or underlying reasons for any peaks. Most serious incidents are graded amber or red on the Trust's severity grading matrix, although not all amber/red incidents are classed as serious incidents and reported on the Strategic Executive Information System (StEIS). Some incidents are reported, investigated and later de-logged from StEIS following additional information. Conversely, some incidents are reported as Serious Incidents on StEIS after local investigation.

Headlines

During Quarter 2 2019/20, there were **15 Serious Incidents reported** to the relevant Clinical Commissioning Group (CCG) via the NHS England Strategic Executive Information System (StEIS).

Never Events[7] are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were **no 'never event'** incidents reported by SWYPFT in Quarter 2 2019/20. The last Never Event reported by the Trust was in 2010/11. A revised list of Never Events came into effect on 1 February 2018. This is available on the Trust intranet.

Quarter 2 Headlines

- 15 Serious incidents reported
- Serious incidents account for 0.4% of all incidents
- No homicides
- No Never Events

[7] NHS Improvement. Never Event policy and framework 2018

Serious Incident Reporting Analysis

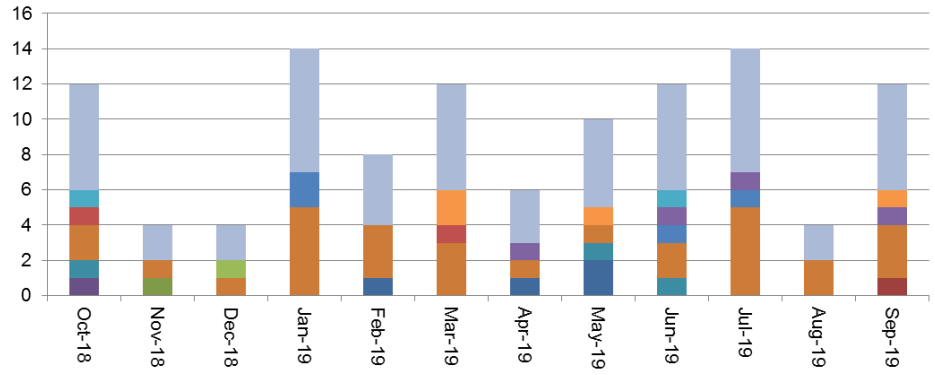
During Quarter 2 2018/19 there have been 15 serious incidents reported on STEIS, as shown in Figure 6 by financial quarter, with comparative data for previous years.

Figure 6 Serious Incidents reported to the Commissioner by financial year and quarter up to 30/09/2019 (2015/16 - 2019/20)

Financial Quarter	15/16	16/17	17/18	18/19	19/20
Quarter 1	23	13	15	8	14
Quarter 2	23	13	18	9	15
Quarter 3	15	15	26	10	-
Quarter 4	20	23	12	17	-
Totals	81	64	71	44	29

Figure 7 shows a breakdown of the 56 serious incidents in a rolling 12 month period (1/10/2018-30/09/2019) by the type of incident and the month reported. The number of SIs reported in any given period of time can vary, and given the relatively small numbers involved and the wide definition of an SI, it can be difficult to identify and understand the reasons for this. However it is important that any underlying trends or concerns are identified through analysis.

Figure 7 Types of All Serious Incidents reported on STEIS in the 12 month period (01/10/2018 – 30/09/2019)



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Total	6	2	2	7	4	6	3	5	6	7	2	6
Pressure Ulcer - Category 3	0	0	0	0	0	2	0	1	0	0	0	1
Physical violence (contact made) against staff by patient	1	0	0	0	0	0	0	0	1	0	0	0
Homicide by patient	0	0	0	0	0	0	1	0	1	1	0	1
Unwell/Illness	0	0	1	0	0	0	0	0	0	0	0	0
Suicide (incl apparent) - inpatient care - current episode	1	0	0	0	0	1	0	0	0	0	0	0
Suicide (incl apparent) - community team care - discharged	0	0	0	2	0	0	0	0	1	1	0	0
Suicide (incl apparent) - community team care - current episode	2	1	1	5	3	3	1	1	2	5	2	3
Self harm (actual harm) with suicidal intent	1	0	0	0	0	0	0	1	1	0	0	0
Lost or stolen paperwork	1	0	0	0	0	0	0	0	0	0	0	0
Information disclosed in error	0	1	0	0	0	0	0	0	0	0	0	0
Death of service user by homicide (alleged or actual)	0	0	0	0	0	0	0	0	0	0	0	1
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	0	0	0	1	0	1	2	0	0	0	0

All serious incidents are subject to a manager's review within 48 hours of reporting. This is to enable any themes/trends /issues to be identified early and as close to services as possible.

Figures 8 and 9 show the SI reported in the quarter (15) by the team type and BDU and incident category.

Figure 8 Serious Incidents reported by team and BDU during Q2 2019/20

Team/BDU	Barnsley Mental Health	Barnsley General Community Services	Calderdale	Kirklees	Wakefield	Specialist Services	Total
Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale	0	0	1	0	0	0	1
CAMHS (Barnsley)	0	0	0	0	0	1	1
Core Team - Calderdale	0	0	1	0	0	0	1
Core Team East - Wakefield	0	0	0	0	1	0	1
Core Team North - Kirklees	0	0	0	1	0	0	1
Core Team West - Wakefield	0	0	0	0	1	0	1
Enhanced Team North 1 - Kirklees	0	0	0	1	0	0	1
Enhanced Team South 1 - Kirklees	0	0	0	1	0	0	1
Enhanced Team South 2 - Kirklees	0	0	0	1	0	0	1
Enhanced Team West - Wakefield	0	0	0	0	1	0	1
Intensive Home Based Treatment Team (IHBTT) - Barnsley	1	0	0	0	0	0	1
Intensive Home Based Treatment Team (IHBTT) - Wakefield	0	0	0	0	1	0	1
Intensive Home Based Treatment Team (Kirklees)	0	0	0	2	0	0	2
Neighbourhood Team - North (Barnsley)	0	1	0	0	0	0	1
Total	1	1	2	6	4	1	15

Figure 9 Serious Incidents reported by incident category and BDU during Q2 2019/20

Category/BDU	Barnsley Mental Health	Barnsley General Community	Calderdale	Kirklees	Wakefield	Specialist Services	Total
Death of service user by homicide (alleged or actual)	0	0	0	1	0	0	1
Suicide (incl apparent) - community team care - current episode	1	0	2	3	4	0	10
Suicide (incl apparent) - community team care - discharged	0	0	0	1	0	0	1
Homicide by patient	0	0	0	1	0	1	2
Pressure Ulcer - Category 3	0	1	0	0	0	0	1
Total	1	1	2	6	4	1	15

Apparent Suicides

The highest category of serious incidents during Quarter 2 (Figure 9) related to apparent suicide of current service users in contact with community teams (10). Figure 10 shows the method of all apparent suicides.

Figure 10 Apparent suicides by method reported on STEIS between 01/07/19 – 30/09/19

	Hanging - self injury	Illicit drug - self poisoning	Other self injury	Over the counter medication - self poisoning	Prescription medication - self poisoning	Total
Barnsley Mental Health	1	0	0	0	0	1
Calderdale	0	1	1	0	0	2
Kirklees	2	0	0	1	0	3
Wakefield	3	0	0	0	1	4
Total	6	1	1	1	1	10

The most common method of suicide in England[8] is hanging/strangulation (44%), self-poisoning (23%) and jumping/multiple injuries (16%), accounting for 83% of all apparent suicides. The Trust data for quarter 2 is small in number but includes some of these methods.

National and local demographic comparison of apparent suicides

The National Confidential Inquiry (NCI)[5] figures **October 2018** indicate that over the period of 2006-2016 there was an average of 4514 deaths in the general population (England only) that were registered as suicide or 'undetermined'.

Using this data, the NCI stated that the rate of suicide per 100,000 general population for our regions should be approximately 10 in the West Yorkshire STP footprint, and 10.0 within South Yorkshire and Bassetlaw.

This information must be viewed with caution, because the Trust does not have access to the actual local suicide numbers in general population data. The data from the National Confidential Inquiry may not reflect trends until two years later.

The NCI report states that on average during 2006-2016, patient suicides accounted for 28% of the general population suicide figures (13,698 deaths i.e. the individual had been in contact with mental health services in the 12 months prior to death). This represents an average of 1,245 patient suicides per year, though the number has fallen each year since 2012.

Analysis using population size[9] and NCI data[5] shows that a Trust covering Barnsley, Calderdale, Kirklees and Wakefield would expect to see between 34-35 patient deaths by apparent suicide per year. Figure 1 provides an indication of the number of patient suicides by

[8] National Confidential Inquiry into Suicide and Homicide 2018. Pending updated figures- November 2019.
[9] Office of National Statistics.

district against predicted levels using the NCI statistics.

Figure 11 Populations of the Trust's Districts and Average Suicide Rates

	Population ONS[6] – population estimates Mid 2017	General population suicide rate (NCI) 10.0 (West Yorkshire STP) & 10.0 (South Yorkshire and Bassetlaw) per 100,000 population	Patient suicide rate (28% general pop) (NCI)[6]
Barnsley	241,341	24.3	6-7
Calderdale	209,454	20.9	5-6
Kirklees	437,145	43.7	12-13
Wakefield*	340,790	34.0	9-10
Trust wide	1,230,730	123.07	34-35

Figure 12 All Apparent Suicides reported between the last 12 months 01/10/18 – 30/09/19 by Quarter and geographical area.

	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	Total	Rate
Barnsley Mental Health	1	2	1	1	5	In development
Calderdale	0	3	1	2	6	
Kirklees	4	6	1	3	14	
Wakefield	0	2	2	4	8	
Specialist Services	0	1	0	0	1	
Total	5	14	5	10	34	

The rolling 4 quarter data (Figure 12) shows that the Trust is below the expected number of suicides (apparent suicides reported in the last 12 months) based on the National Confidential Inquiry figures (Figure 10) for a population the size of the Trust and patient suicide rate (28%). This figure (34) includes apparent suicide occurring in specialist services (CAMHS). The specialist services death is not allocated to a geographical area, but did occur in Wakefield district. Calderdale is as expected the number for their respective geographical areas as well as Kirklees, Wakefield is below the expected number. Barnsley is slightly below the expected level. Caution is advised with these comparisons due to the sensitivity of the figures if just one or two more incidents occur, and because the figures are not weighted by characteristics such as age, gender or socio-economic status.

It must be noted that the figures above are apparent suicides and not confirmed by the Coroner. All apparent suicides are reviewed by teams, and in line with the learning from healthcare deaths policy. Deaths will either be serious incident investigations, service level investigations, Mortality Structured Judgement Reviews or considered through safeguarding processes.

The data from the National Confidential Inquiry may not reflect trends until two years later. The Trust looks at apparent suicides on an annual basis and reports any difference between the national data and that of the Trust. The Trust may on occasions report and investigate deaths that are later removed from the numbers as the death was not found to be due to suicide. However, when we have compared apparent suicides with results from the Coroner there is minimal data change.

Serious Incident Investigations completed during Quarter 2 2019/20

This section of the report focusses on the 10 serious incident investigation reports that were completed and submitted to the relevant commissioner during Quarter 2 2019/20. Please note this is not the same data as those reported in this period as investigations take a number of months to complete. The term 'completed' is used in this section to describe this.

Headlines

Quarter 2 Serious incident investigation headlines

- **10** SI Investigation Reports have been completed
- **17** SI investigations closed by the Commissioners
- **31** SI investigations remain under investigation (as at 01/10/19)
- Top recommendations are:
  - Communication (1st):
  - Staff education training and supervision (2nd);
  - Care pathway (joint 3rd); Care delivery (joint 3rd); Carers/family (joint 3rd); Policy and procedure - in place but not adhered to (joint 3rd) and Team service systems, roles and management (joint 3rd)

From 1 April 2015, the national policy (Serious Incident Framework, NHS England) was updated, and the timescales for completion was revised to complete investigations within 60 working days. While the Trust tries to achieve this, it has the support of commissioners to complete a quality report above a timely report. The Trust requests extensions from commissioners to agree revised dates and the investigators also keep families informed.

Of the 31 investigations that are underway, they are at different stages of progress. Five are over the 60 working day timeframe (Figure 13).

Figure 13 Breakdown of SI investigations over 60 working day timescale in each quarter 01/03/18 to 30/09/19 compared with the total number of investigations underway at that time (at 01/10/19)

	Quarter 3 2018/19	Quarter 4 2018/19	Quarter 1 2019/20	Quarter 1 2019/20
Serious Incident investigations over 60 working days timeframe	6 (30%)	5 (22%)	4 (17%)	5 (16%)
Total number of ongoing SI investigations	20	23	24	31

Serious Incident Investigation progress is monitored through the weekly patient safety support team investigators meeting, and reported through the weekly clinical risk panel. The reasons for delays varying but relate to issues such as complexity, staff availability to conduct interviews and investigation allocation delays due to capacity because of absence. Bank investigators and external investigators have been used to manage some of this pressure.

SI Action Plans

Each BDU monitors the implementation of action plans. The Patient Safety Support Team send out information on the current position status based on information completed on Datix each month in the Clinical risk report for Operational Management group report. This is providing real time data more regularly and reducing overdue action plans. The Greater Huddersfield Clinical Commissioning Group (on behalf of West CCGs) randomly review completed action plans to provide Clinical Commissioning Group Assurance. There is a move towards CCGs seeking to assess the effectiveness of action plans in changing practice.

Serious Incident learning and themes

During Quarter 2, the number of investigations completed and sent to the commissioners was 10. There were 32 separate actions made to improve the system or process to prevent recurrence**.**

Categorisation of recommendations

In analysing the actions, it isn't always straightforward to identify which category an action should be included in - some don't easily fit into any category, and some could be included under more than one. The analysis undertaken has included each action under the issue/theme that seemed the best match. In an attempt to gain consistency, the theming of actions is undertaken by the Lead Serious Incident Investigators.

Many actions take some time to implement. These are monitored through the operational managers group and BDU governance groups. Work to ensure monitoring and implementation of all Serious Incident action plans continues.

A standard recommendation to share learning is in common use. This is to support learning being shared across the teams, service, BDU, Trust and wider health economy. These recommendations have been removed from the analysis below.

Figure 15 shows the action themes arising from the 10 serious incidents completed and sent to commissioners during Quarter 2.

Figure 15 Quarter 2 2019/20 completed SI investigation by action themes

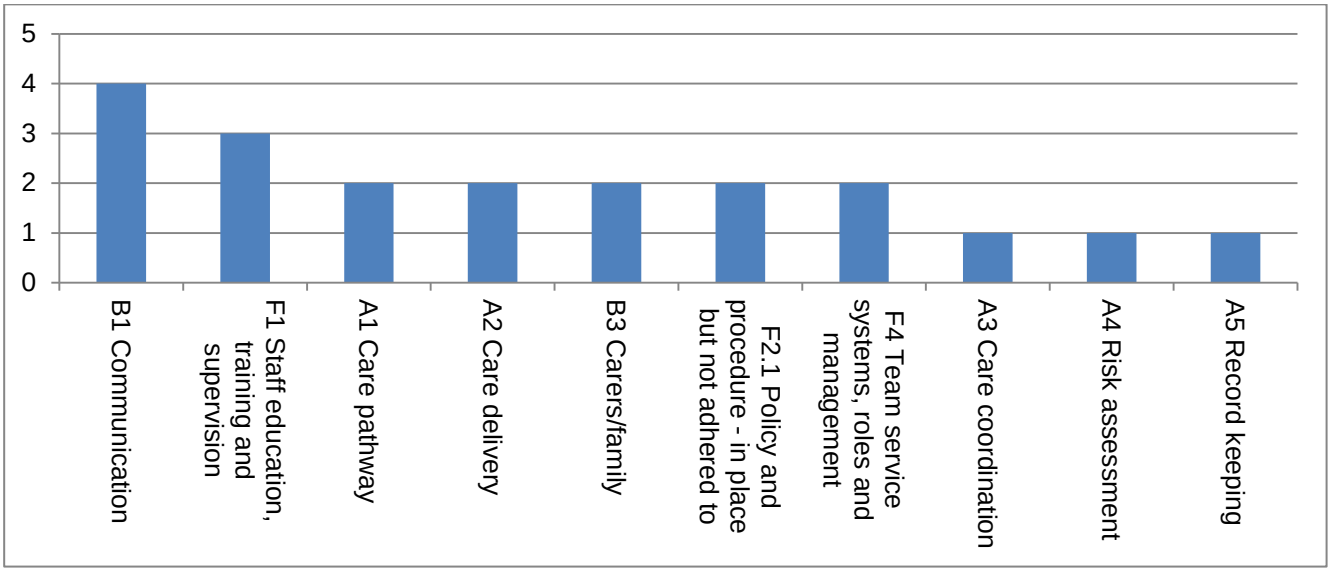
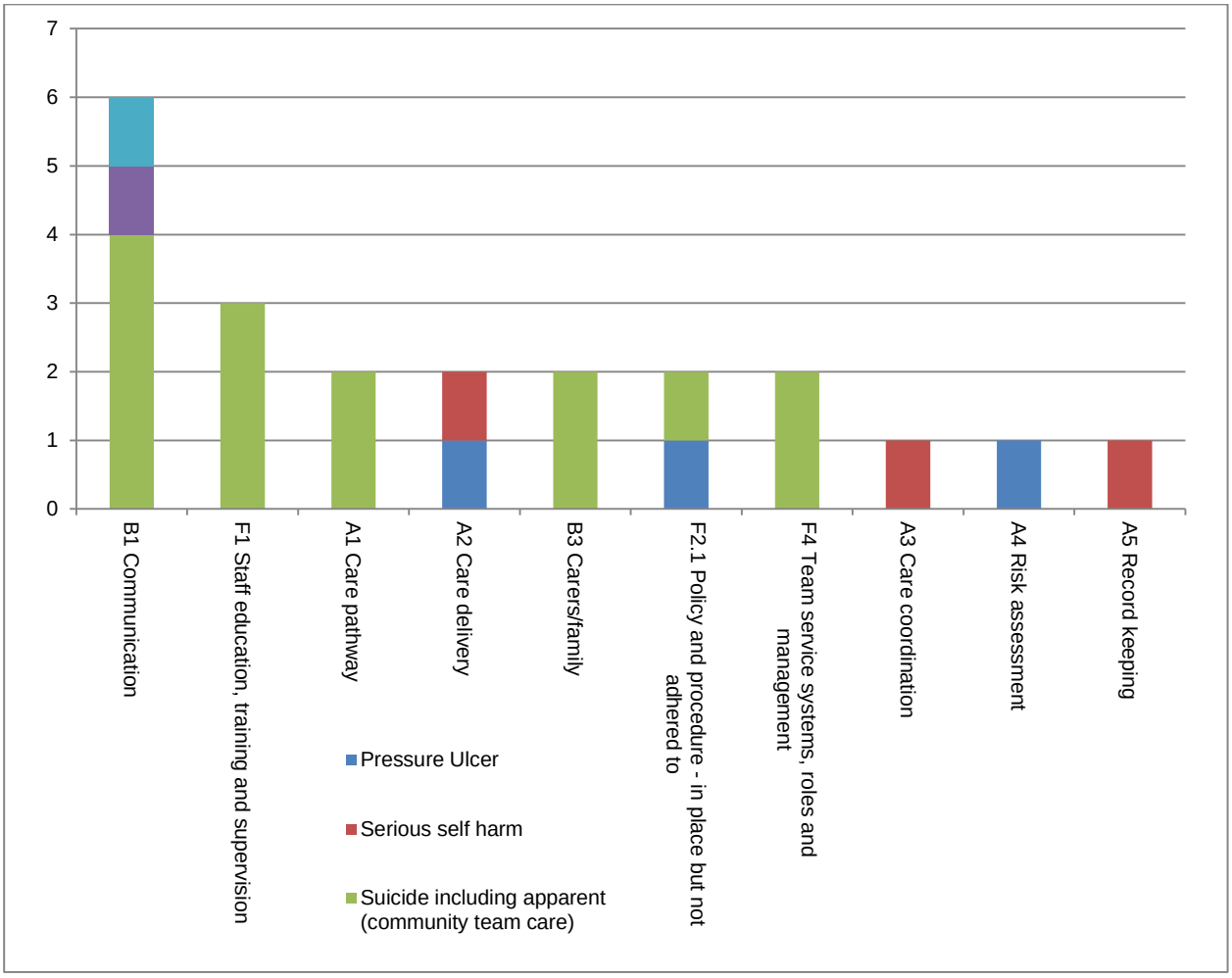


Figure 16 Comparison of action themes by incident type in Quarter 2 2019/20



As shown in Figure 16, suicide including apparent (community team care) incidents had the largest number of actions, which correlates with the number of investigations sent to the commissioners in the quarter.

In Quarter 2, 2019/20 the most frequent[10] action themes were Communication (4) Staff education, training and supervision (3), Care pathway (2), Care delivery (2), Carers/family (2) Policy and procedure - in place but not adhered to (2), Team service systems, roles and management (2).

A majority of the actions from serious incident investigations apply directly to the team or BDU involved. Each BDU lead investigator works closely working with the practice governance coaches and BDUs to present learning from recommendations which is included in 'Our learning journey' reports. The SBAR learning template is now completed at the end of the investigation process to summarise the learning from an SI investigation. This is shared through Operational Management group and added to the learning library.

[10] Excludes recommendation to share learning

Learning within this quarter:-

- A number of individual teams have taken time to share and discuss the learning from particular incidents
- The incidents were shared in the team, service line and BDU

Areas for improvement from the top 3 themes are as follows:

Communication:

- IHBTT to provide assurance that discharges are documented as per Trust policy.
- The Intensive Home Based Treatment Team should seek to strengthen the connections with the external agencies for reduction in harmful alcohol use.
- Review links with Recovery Steps as per Trust's Dual Diagnosis Policy.
- Check that notifications go to an administrator/duty worker to ensure the message is picked up and actioned in a timely way.

Staff education, training and supervision:

- The IHBTT should re-establish psychology led supervision sessions with a focus on risk formulation and understanding risk for individuals with a personality disorder and where non-suicidal self-injury and suicidal intentions are present.
- Caseload supervision should include checks of the current risk assessment and management plans recorded on the clinical system.
- Provide training in dual diagnosis for clinical staff as per Trust policy.
- Reporting of IT issues that impact on data sharing and privacy, such as the loss of a shared drive, to the ServiceDesk.
- IG team to deliver bespoke training on transferring confidential information.
- Reminder to all staff that personal data must only be shared by email using NHS.net accounts as set out in the Acceptable Use and Safe Haven Policies.
- There will be amendments to the junior doctor's handbook distributed during induction procedures to clearly identify that electronic clinical records should not be printed out for use on the wards.
- A reminder should be sent out to all medical staff within the Wakefield BDU that they should not print electronic patient records including the bed status sheet.
- Staffing responsibilities that are impeded due to changes in capacity or capability should be reviewed as part of the management supervision process and action taken to mitigate against the risk of service user care being compromised, this should be in line with trust policy and procedure.

Care pathway:

- Practitioners from IHBTT should be reminded of the procedure when a request is made to SPA to accept a referral.

- Referral pathway for Kirklees Dual Diagnosis service to be updated.

Care Delivery:

- An audit of compliance.

- The services need to ensure that contact is being made with service users as set out in the persons care plan.

Carers/Family:

- Carer support should be offered to anyone involved with the service user, not just next of kin but with consideration of wider networks who may be a real source of support.

- The Intensive Home Based Treatment Team should seek to ensure that the needs of family and carer's are captured within the care planning process and that agreed information leaflets have been left with the service user and their families.

Policy and procedure - in place but not adhered to:

- Review the associate competency framework for assessing patients at risk of developing pressure damage.

- Team managers to reinforce the importance of ensuring that level 2 assessments are completed within the allotted timeframe.

Team service systems, roles and management

- The multidisciplinary team process, changes have been made and are under review to ensure continuity of care, and improve recording of clinical decision making. Risk assessments and care plans to be updated when identifying a change in need and not solely recorded in the progress notes. Physical health monitoring to be promoted and captured in initial assessment, in line with policy for physical examination of service users in mental health and learning disability services, working alongside GP.

- The Intensive Home Based Treatment Team should review the current process in place used to capture team tasks for service users in receipt of care and treatment; to ensure that the multi-disciplinary team (MDT) is able to flag unmet areas of electronic record keeping.

Learning from healthcare deaths Report: The right thing to do
Annual Cumulative Report 2019/20 (covering the period 1/4/2019 – 30/9/19)

1. Background context

1.1 Introduction

Scrutiny of healthcare deaths has been high on the government's agenda for some time. In line with the National Quality Board report published in 2017, the Trust has had Learning from Healthcare Deaths policy in place since September 2017 that sets out how we identify, report, investigate and learn from a patient's death. The Trust has been reporting and publishing our data on our website since October 2017.

Most people will be in receipt of care from the NHS at the time of their death and experience excellent care from the NHS for the weeks, months and years leading up to their death. However, for some people, their experience is different and they receive poor quality care for a number of reasons including system failure.

The Five Year Forward View for Mental Health identified that people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people. Therefore, it is important that organisations widen the scope of deaths which are reviewed in order to maximise learning.

The Confidential Inquiry into premature deaths of people with learning disabilities showed a very similar picture in terms of early deaths.

The Trust has worked collaboratively with other providers in the North of England to develop our approach. The Trust will review/investigate reportable deaths in line with the policy. We aim to work with families/carers of patients who have died as they offer an invaluable source of insight to learn lessons and improve services. 3

1.2 Scope

The Trust has systems that identify and capture the known deaths of its service users on its electronic patient administration system (PAS) and on its Datix system where the death requires reporting.

The Trust's Performance and Information team is also working with local registration of deaths services to ensure data on deaths is accurate and timely.

From 1 October 2017, the Trust introduced our Learning from healthcare deaths – the right thing to do policy which introduced a revised scope for reporting deaths. Staff must report deaths where there are concerns from family, clinical staff or through governance processes and where the Trust is the main provider of care, reporting these deaths on Datix within 24 hours of being informed. The policy was reviewed and updated in January 2019.

Each reported death that meets the scope criteria is reviewed in line with the three levels of scrutiny the Trust has adopted in line with the National Quality Board guidance:

In scope deaths should be reviewed using one of the 3 levels of scrutiny:		
1	Death Certification	Details of the cause of death as certified by the attending doctor.
2	Case record review	Includes: (1) Managers 48 hour review (2) Structured Judgement Review
3	Investigation	Includes: Service Level Investigation Serious Incident Investigation (reported on STEIS) Other reviews e.g. LeDeR, safeguarding.

1.3 Next Steps

Our work to support learning from deaths continues, and includes:

- Development of processes to support bereaved families and carers.
- Ongoing development of the Clinical Mortality Review Group
- Thematic review and analysis of learning from deaths findings
- Further development of internal processes and consistency in data collection
- Continued training for Structured Judgement Reviewers.

2. Annual Cumulative Dashboard Report 2018/2019 covering the period 1/4/2019 – 30/9/19

Table 1 Summary of 2019/20 Annual Death reporting by financial quarter to 30/9/2019

	2018/19 total	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20	2019/20 total
Total number of deaths reported on SWYPFT clinical systems where there has been system activity within 180 days of date of death*	2583**	739	data not yet available			
Total number of deaths reported on Datix by staff (by reported date, not date of death)	344	74	75			
Total number of deaths reviewed	344	74	75			
Total Number of deaths which were in scope	274	62	55			
Total Number of deaths reported on Datix that were not in the Trust's scope	37	5	18			
Total Number of reported deaths which were rejected following review, as not reportable or duplicated.	33	7	2			

**Data extracted from Business Intelligence and Datix risk management systems. Data is refreshed each quarter so figures may differ from previous reports. Data changes where records may have been amended or added within live systems. Dashboard format and content as agreed by Northern Alliance group

* since this figure was run, the data source is now solely from SystmOne, therefore figures will have increased due to improved flow of data. For the purposes of this report and data contained in 2018/19 Quality Accounts the total for 2018/19 has not been refreshed.

Table 2 Breakdown of the total number of deaths reviewed by service area by financial quarter up to 30/9/2019

Total Number of Deaths reviewed	Mental Health Community	Mental Health Inpatient	General Community	General Community Inpatient	Learning Disability	Specialist Services CAMHS
Q1	Q1	Q1	Q1	Q1	Q1	Q1
62	**44**	**3**	**3**	**0**	**12**	**0**
Q2	Q2	Q2	Q2	Q2	Q2	Q2
55	**34**	**4**	**3**	**0**	**14**	**0**
Q3	Q3	Q3	Q3	Q3	Q3	Q3
0	**0**	**0**	**0**	**0**	**0**	**0**
Q4	Q4	Q4	Q4	Q4	Q4	Q4
0	**0**	**0**	**0**	**0**	**0**	**0**
YTD	YTD	YTD	YTD	YTD	YTD	YTD
117	**78**	**7**	**6**	**0**	**26**	**0**

Table 3: Summary of total number of in scope deaths and Review process (excluding Learning Disability deaths)

Total Number of Deaths in scope	In-Patient Deaths	Deaths Reviewed in line with SI Framework	Deaths reviewed through other investigation processes	Deaths subject to Structured Judgement Review	Deaths where 48 hour review accepted (1st stage case note review)	Deaths Certified
Q1	Q1	Q1	Q1	Q1	Q1	Q1
48	**3**	**8**	**3**	**8**	**7**	**22**
Q2	Q2	Q2	Q2	Q2	Q2	Q2
41	**4**	**11**	**2**	**5**	**13**	**10**
Q3	Q3	Q3	Q3	Q3	Q3	Q3
0	**0**	**0**	**0**	**0**	**0**	**0**
Q4	Q4	Q4	Q4	Q4	Q4	Q4
0	**0**	**0**	**0**	**0**	**0**	**0**
YTD	YTD	YTD	YTD	YTD	YTD	YTD
89	**7**	**19**	**5**	**13**	**20**	**32**

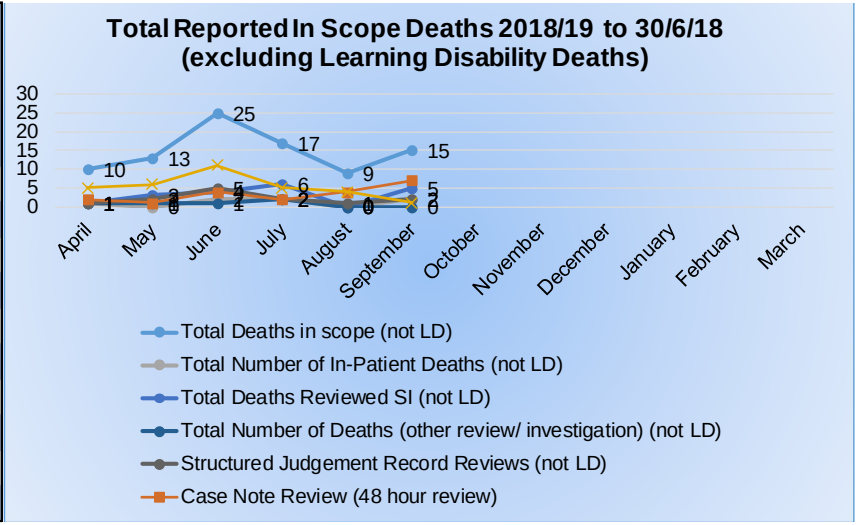
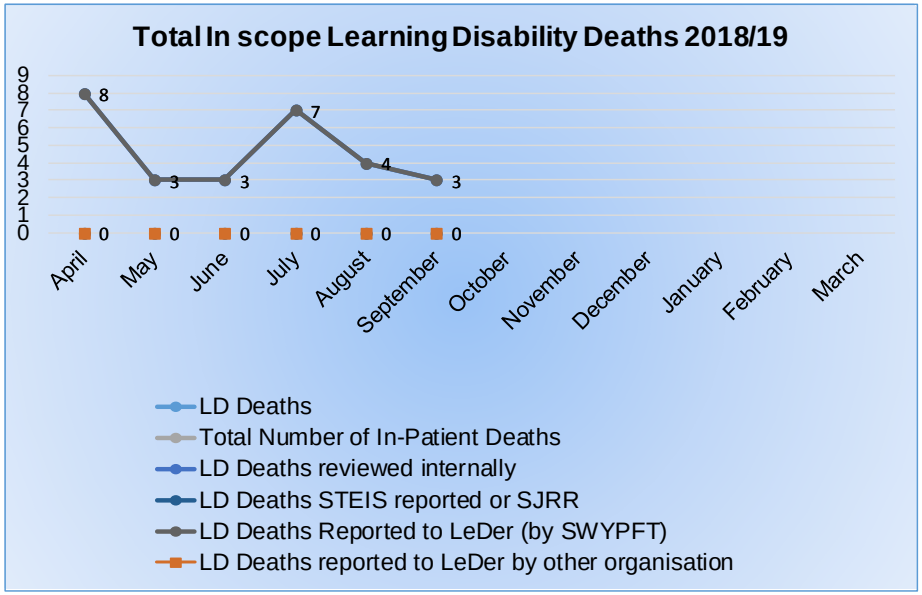


Table 4: Summary of total number of Learning Disability deaths which were in scope

Total Number of Learning Disability Deaths in scope	In-Patient Deaths	Deaths Reviewed internally	Deaths Reviewed in Line with SI Framework or Structured Judgement Review	Deaths reported through LeDer (By SWYPFT)	Deaths reported through LeDer (By other organisation)
Q1	Q1	Q1	Q1	Q1	Q1
14	**0**	**14**	**0**	**14**	**0**
Q2	Q2	Q2	Q2	Q2	Q2
14	**0**	**14**	**0**	**14**	**0**
Q3	Q3	Q3	Q3	Q3	Q3
0	**0**	**0**	**0**	**0**	**0**
Q4	Q4	Q4	Q4	Q4	Q4
0	**0**	**0**	**0**	**0**	**0**
YTD	YTD	YTD	YTD	YTD	YTD
28	**0**	**28**	**0**	**28**	**0**



3. Learning from Healthcare Death reviews and investigations

A thematic review of learning identified from reviews and investigations is being prepared by the Patient Safety Manager from the findings of Structured Judgement Reviews and investigations over a 12 month period. This is expected to be completed by the end of December 2019.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019
Agenda item 6.3

Title:	**Safer Staffing & Workforce Report**
Paper prepared by:	Director of Nursing and Quality
Purpose:	This report provides an update and overview of work undertaken by SWYPFT in response to the safer staffing challenge. The paper outlines the work we have undertaken and what our future plans are to ensure that our clinical areas remain appropriately staffed so that they can run safely and effectively. This report builds on the safer staffing paper which went to Trust Board in April 2019, which now includes updates on Workforce Planning, Nursing Strategy and financial plans within the trust. The report was reviewed by OMG on 23 October 2019. The paper is informed and updated following Clinical Governance Clinical Safety committee review.
Mission/values:	Honest, open and transparent, person first and in the centre and improve and be outstanding.
Any background papers/ previously considered by:	Monthly safer staffing exception reports are submitted to the Trust Safer Staffing Group, Executive Management Team and Deputy District Directors. Business case August 2015, updated paper May 2016 and Establishment Review 2018 presented to Executive Management Team as well as the previous Trust Board report in April 2019.
Executive summary:	The national commitment to safer staffing is ongoing and SWYPFT need to maintain the progress already made in delivering safer staffing as well as being engaged in the national development of the mental health safer staffing tool and related initiatives. The Trust currently meets its safer staffing requirement overall, although there is regularly a shortfall in registered nurses and in some areas difficulty in sustaining sufficient numbers in times of increased demands. In future we will be reporting our fill rates for acute mental health wards against the new establishment staff numbers for acute mental health acute wards. Initial review reveals that overall capacity of actual v planned staffing remains above 100% when new establishment staff numbers used. Shortfall of registered nurses has resulted in the use of existing HCA staff, bank and agency staff to cover. Clinical risks are considered to ensure safe and effective delivery of care. Agency HCA usage in inpatient areas is rising and bank usage continues to increase. This is largely due to increased clinical acuity and demands on the wards.

	The numbers on the staff bank continue to increase and this includes AHPs. The CQC acknowledged an overall increase in staffing levels but they identified in working age adult acute wards that the Trust *must ensure that staffing levels are sufficient to meet the needs of patients, provide therapeutic activity and enable staff to adhere to trust policies and procedures.* The concept of a more peripatetic workforce supported by an enhanced centralised bank staff management system is now established. Activity increases and levels of patient observations are reviewed daily and increased or decreased accordingly The establishment review has been widely accepted and integrated into the annual workforce plans of the BDUs. A subsequent inpatient workforce review has been completed for acute mental health wards. This has resulted in an uplift of establishment, to coincide with clearer career pathway for both our registered and non-registered workforce. Medical staffing bank is established and has 65 doctors, as of February 2019, registered on our bank. The introduction of the Care Hours Per Patient Day allows us to have an overview of where our staffing resources are needed but also closely monitor and support 'hot spots' to ensure that not only the safety but the quality of our care is maintained. A future area of focus for NHSI/E is staff banks and resource management as well as bank rates and practices. Recruitment and retention plans in progress with more initiatives planned for remainder of 2019/20. **New plans for Quarters 3 and 4 2019 include:** ➢ Pilot implementation of staffing judgement tool within community teams ➢ Review the Medical Bank capability and assist in registering everyone on e-roster ➢ Liaise with a trust bank that has successfully implemented a medic bank/agency reduction ➢ Implement new acute mental health ward workforce model and establishment ➢ Review the staff bank procedure and hold various staff bank engagement events in each area to ensure that bank staffs are an integral part of our workforce. ➢ Continue expanding the bank to support other areas including AHPs and community teams ➢ Report staffing fill rates against new establishment by end of Quarter 3 2019. ➢ Support the introduction of the acuity staffing management tool, *SafeCare,* and develop pilot project plan ➢ Work with OMG to review how we capitalise on opportunities arising from new national workforce initiatives (e.g. nursing associates, advanced clinical practitioners) ➢ Contribute to implementation of SWYPFT Recruitment & Retention Strategy ➢ Develop Service Line Arrangements with the local acute trusts to facilitate the reciprocated provision of specialist support

	➢ Maintain link with NHSE&I on Return to Practice programme for nurses, financial support for the introduction of Nurse Associates and encouraging collaborative banking and agency intelligence particularly across ICSs ➢ Development modern career pathways in all professions The report was **scrutinised by the Clinical Governance and Clinical Safety Committee** on 5 November 2019 who commented as follows:- ➢ The report provides a comprehensive review of activity relating to the safer staffing agenda and acknowledged that the increased scope of the report is beneficial. ➢ The revised reporting arrangements following the MH acute ward establishment review were supported. ➢ Update required on discussion with NHSI regarding new reporting arrangements (now included in this Trust Board report version) ➢ Further clarity is required on the methodology applicable to the establishment review. (now included in this Trust Board report version) **Risk Appetite** Failing to maintain safer staffing within the clinical, operational and support services within the Trust is likely to result in risks to service users, staff and other stakeholders. There are also significant reputational risks. The Trust has invested in a safer staffing project to mitigate the risk to supplement existing environmental, procedural and relational solutions and policies and procedures. Capacity and demand are monitored closely and escalation processes in place to maintain safe staffing levels.
Recommendation	**The Trust Board is asked to NOTE the review of the report undertaken by the CGCS on 5 November 2019 and the additional assurance provided in response within the Trust Board version of the report, and COMMENT on any areas requiring further review.**

South West Yorkshire Partnership NHS Foundation Trust

Safer Staffing & Workforce Report

Trust Board Report

November 2019

Authorship

Specialist Advisor for Safer Staffing

Supported by
Deputy Director of Nursing and Quality
Associate Director of Nursing and Quality
Workforce Planning Manager
HR Business Manager

PURPOSE OF THE REPORT

This is the six-monthly Trust Board report that provides an update and overview of work undertaken by SWYPFT in response to the safer staffing challenge.

The paper outlines the work we have undertaken and what our future plans are to ensure that our clinical areas remain appropriately staffed so that they can run safely and effectively.

This report builds on the safer staffing paper which went to Trust Board in April 2019, which now includes updates on Workforce Planning, Nursing Strategy and financial plans within the trust. The report was reviewed by OMG on 23rd October 2019 and amended following submission to Clinical Governance Clinical Safety committee on 5th November 2019.

A Trust Board Safer Staffing Checklist is also provided in Appendix 4 to provide additional assurance.

1. INTRODUCTION

At a national level, there continues to be some key changes around the delivery of the safer staffing agenda. Interest in safer staffing arose from concerns nationally regarding acute inpatient staffing levels.

There is no single accredited tool for calculating safe staffing levels in mental health and learning disability wards. Therefore, we developed a safer staffing decision support tool to consider variables within a ward-based environment, (See Appendix 1).

The Trust is required through National Health Service Improvement (NHSI) to publicly declare staffing fill rates for inpatient settings as well as the Care Hours per Patient Day (CHPPD) for each inpatient area. The CHPPD is categorised according to ward type and compared to the national average. As a Trust, we are proactively comparing ourselves to our peers regionally by utilising the regional data, which is more diversified than the national figures. It includes, for example, a clear difference between Psychiatric Intensive Care Units (PICU) and Acute admission wards.

The focus of much of the work to date has been on ensuring safer staffing levels on inpatient wards. However, we continue to engage with our community teams providing mental health, learning disability and physical health care to scope what safer staffing means to them and what support can be provided following transformation processes.

NHSI and National Health service England (NHSE) have merged and continue work on providing Safe and Sustainable resources for Mental Health and Learning Disability services through the National Quality Board (NQB). One of the major conclusions drawn out of this work is that more research is required in this area.

NHSI and NHSE promote the concept of the right staff at the right time and in the right place. NHSI have led a working group on an evidence based acuity dependency tool which is awaiting publication. Aligned to this is the *Safecare* software package which utilises the indicators of acuity contained within the original Keith Hurst tool for calculating staffing levels. This tool has already been adopted by the Trust to aid our work around ensuring we have the right staff at the right time and in the right area place. A pilot of *Safecare* is planned for Quarter 3 pending EMT approval.

This should allow us to flex our staffing resource to suit the needs of the services. Ensuring that we can safely utilise our staff in the most effective way across wider areas should mean that we would be less reliant on bank and agency staffing. *SafeCare* will mean we need to reduce/increase staffing on a ward on a daily basis. This should also assist in a move away

from thinking about keeping “numbers” of staff on a ward and looking at skill mix requirements to keep the services safe, responsive and effective.
We completed an establishment review for all inpatient areas in 2018, and this has been integrated into recent Workforce Planning for 2019/20, including a comprehensive workforce review within the working aged adults acute wards (see below),

There are plans in place to pilot a staffing judgement tool, similar to that which was utilised for the inpatient establishment review, within our community teams in Quarters 3 and 4.

2. COMPOSITE INDICATORS TAKEN FROM ESR

The Trust continues to maintain accurate and up-to-date information of “composite indicators“ on the electronic staff record system (ESR) in relation to the proposed Safer Staffing Indicators as follows:

Staff sickness rate, taken from the ESR for the period April to September 2019;

Inpatient areas – 6.9% compared to the Trust average of 5.0%

Over the last six months this is an increase of 0.3% for inpatient areas. The trust average has reduced by 0.1%. Sickness has again risen whilst the trust rate has reduced. There are variations across the inpatient areas with some areas being at 25%. There has been an increase in staff reporting stress, both work and home life related, as the main or contributory reason for sickness.

The proportion of mandatory training completed at the end of September 2019;

Inpatient areas: - 88.2% compared to the Trust figure of 89.8%

Over the last six months this represents a decrease of 10.1% for inpatient areas. The Trust average has reduced by 8.3%. There has been a traditional reduction at this time of year as training renewal or updating on the system required. At the end of February 2019 we had achieved 98.3% compared to the trust figure of 98.1%.

Completion of appraisals at the end of September 2019;

Inpatient areas – 54.4% compared to the Trust figure of 55.1%

This is a decrease of 34.2% over the last six months for inpatient areas. The Trust average has reduced by 34.6%. There has been a reduction at this time of year as appraisals await renewal or updating on the system as is the case in for the Stroke and Neuro Rehab Wards where all appraisals are complete. Although there was a decrease at the same time last year, the figures for the end of February 2019 were 89.3% compared to the trust figure of 89.7%.

Staff views on staffing and resources is around average, based on the 2018 National Staff Survey measure

I have adequate materials, supplies and equipment to do my work:
SWYPFT 57% v Average 58%

There are enough staff at this organisation for me to do my job properly:
SWYPFT 32% v Average 33%

The 2019 survey is being distributed in the autumn.

Based on these indicators, we continue to be faced with on-going challenges. There is not only the seasonal adjustment for training and appraisal completion, we also have a slight increase in sickness in the year to date (0.3%) whilst the Trust average has reduced (0.1%).

Within SWYPFT, significant financial investments have already been made since 2014 to develop interventions around the safer staffing agenda. This includes a significant new investment in staffing to increase the baseline figures and allows for a review of the skill mix available.

3 SUMMARY OF PREVIOUS REPORT AND ACTIONS

In previous safer staffing assurance reports, we identified a need for the following:

1. Continue to build upon and improve data in exception reports

Action: Monthly exception reports continue to highlight areas where staffing levels fall below 90% overall and below 80% for Registered-qualified staff. Ward Managers in areas that do not achieve targets are asked to provide updates to help improve our understanding of why we have shortfalls (Appendix 2 and see fill rates below). This has allowed us to concentrate flexible staffing resources, particularly the peripatetic aspect, on supporting areas to remain not only safe but ensure the quality of care we look for. This was particularly evident in inpatient areas such as Horizon, due to bespoke care packages, and assisting Ward 18 and Enfield Down at varying times. Monthly Exception Reports have allowed us to develop an enhanced picture of the inpatient ward areas regarding Safer Staffing. This in turn has allowed the recent development of local escalation plans to support inpatient areas who are not meeting their fill rates or where there is increased acuity. These are being reviewed to ensure they are effective.

2. Extend and maximise functionality within current e-rostering system as part of the centralisation programme for the Trust staff bank

Action: A report will continue to be sent weekly to the inpatient ward Managers and General Managers providing an analysis of each ward's staffing and use of the e-roster system. This enables Managers to anticipate and plan for where they could make better use of their available resources and enables them to reflect on the previous week. This will be supplemented with challenge events when anomalies are found.

3. Continue to provide effective and efficient support to meet establishment templates

Action: We will continue to utilise the robust process in place to ensure any changes to the establishment templates are to support the effective and safe management of resources.

4. Specialist Adviser to work closely with 'hotspot' wards where there is pressure on meeting staffing numbers

Action: Through the link between the Specialist Adviser and the role of managing the flexible staffing resource, we will continue to work with ward and General Managers to understand the reasons for these "hotspots" whilst providing tangible support. This has been particularly effective when dealing with short term anomalies or bespoke care packages. Localised escalation plans are activated where areas require additional support. This includes clinicians in non-clinical roles supporting the area, initially on a 9 – 5 basis, and is implemented as required and reviewed by the Safer Staffing Group.

5. Involvement in the National Performance Advisory Group

Action: Continued representation within the National Performance Advisory Group for Safer Temporary Staffing, which ensures we are kept abreast and involved in national developments around Safer Staffing. We continue to collaborate with Northern NHS Trusts to get a consensus on reporting and managing safer staffing.

6. Continue to develop, manage and deploy the peripatetic workforce

Action: We have continued to utilise a small, up to seven staff, centrally managed peripatetic resource which has aided in providing support across the inpatient areas. We have also maintained the ambition to reduce the drag time in recruiting to Health Care Assistant (HCA) posts by transitioning peripatetic staff into permanent roles. This will be increased to reduce the use of agency HCAs.

7. Enhance the availability of resources within the trust staff bank

Action: There continues to be various recruitment drives for all disciplines being supported by the BDUs. This includes on-going adverts for band 5 Registered Nurses (RN), HCAs (for students and agency staff only) as well as any other requirement. The medical staff bank has now been established, although there is still a requirement to access agency medics.

The Trust continues exploring the option of the organisation NHS Professionals offering independent staff bank services. We are also looking at viable alternatives to developing the staff bank should this not proceed. This includes bringing the medical agency resource in-house; extending the resource of bank staff available and ensuring a robust flexible staffing option is available to all teams and managers within the trust. This will also include a rebranding of the bank.

8. Production of a new Staff Bank Procedure

Action: With the support of Human Resources and other services and disciplines, the bank procedure, which has been published from April this year, will be reviewed by December 2019. This will ensure that the processes remain robust and appropriate to managing a modern and adaptable temporary workforce. There will be a particular emphasis on the disciplinary process.

9. Monitor any NHS Improvement guidance for safer staffing and impact on the trust

Action: As this guidance has been developed, the trust has been a well-placed participant allowing us to help shape this advice and position ourselves accordingly. We have acquired the license to utilise the Mental Health Optimal Staffing Tool (MHOST) staffing judgement tool that has been developed. This will form the cornerstone of future annual establishment reviews.

10. Align Safer Staffing initiatives with Trust Workforce Strategy

Action: Close co-ordination with the recruitment team has informed the numbers of peripatetic and bank staff needed in the non-registered workforce to support clinical acuity. BDU workforce plans have been informed by the establishment review.

11. Establishment review

Action: A comprehensive establishment review of all 31 inpatient areas in 2018 was conducted based on 12 months of staffing data.

In summary the review found:

- Registered nurse vacancies had ranged between 35 and 74 over the previous two years so it was impossible to review future establishment requirements as the current establishment was not met.
- Further skill mix review was required to consider the relative roles of registered nurses, nursing associates and non-nursing registered staff.
- Staffing levels had been maintained above 100% consistently but nearly a quarter of all inpatient staff were either bank or agency, suggesting chronic under establishment of staff on the wards.
- Agency and bank staff usage on the adult inpatient wards cost SWYPFT £2.9m in 2018/19. This is within an overall Trust context of £9.7m total agency and bank spend for the same period.
- A minimum of 71.94 HCAs were needed to meet the establishment shortfall to reduce reliance on bank and agency.
- Use of substantive staff rather than bank/agency staff had numerous benefits including:
    - Traditionally lower hourly rates
    - Better productivity
    - Higher quality care as substantive staff more familiar with the Trust and the ward, and receive induction preparation, supervision and personal development within SWYPT
- Services would need to deploy new staff using a flexible-peripatetic approach at BDU level.
- Recruitment needed to be in accordance with current values-based assessment centre arrangements and band 2 career strategies.

The following recommendations were agreed:

1. Findings from the establishment review were fed into 2019/20 workforce planning workshops.
2. The findings from the review and other reports (e.g. acuity report) were to be used in negotiations with CCGs
3. A skill mix review of registered staff on wards would be conducted that reflected the national nursing shortage and considered the relative merits of registered nurses, nursing associates and non-nursing registered staff

As a result, a workforce development plan has been agreed for acute mental health wards and this was approved by EMT in July 2019

In summary, this will require some changes in skill mix and an increase of 46.22wte costing £1.7m. The actual paid wte for June 2019 was 324.20wte for these wards which is very similar to the proposed 324.90wte in the new establishment. The cost of the staffing for the wards in 18/19 was £11.5m; which is line with the proposed establishment cost. The plan is expected to improve safety and quality as:

- Workforce capacity increased
- CHPPD received by service users increased to national standards
- Improved capability as registered workforce on wards increase
- Enhanced leadership as Band 6 capacity increased
- Reduced agency and bank staff spend
- More efficient use of resources as money spent of substantive workforce rather than temporary agency or bank staff

Costs arising from uplift in establishment will be at least partially offset by cost reductions in bank and agency staff and reduction in long-term vacancies.

In addition, there has also been the development of both the HCA (band 2 – 4) and RN (Non-medical Prescribers, Nurse Prescribers, Advanced Clinical Practitioners, Team Leaders) career pathway. This will assist in the development and retention of staff.

12. Interpretation of NHS Improvement Care Hours Per Patient Day (CHPPD)

Action: We will review CHPPD data monthly within the safer staffing group and this will be viewed by OMG. First review of our data compared to our partners within Yorkshire and Humber (Y&H) average is summarised in Table 1 below.

The green figures are above the Y&H average, red below and blue about the same. As a Trust overall, we have 2.4 hours more nurse CHPPD than the Y&H average and 10.4 hours more HCA time. However, this does include a high average from Horizon which was artificially inflated due to bespoke care packages.

We are higher than the Y&H average for Registered Nurses in all areas apart from Working Aged Adults (0.6 below). The largest differences are in Ashdale, Elmdale and Ward 18 and this is mainly due to the high number of beds (24, 24, & 23). The new workforce model and establishment increase will improve our CHPPD rates in adult acute mental health wards.

For HCAs there is a negligible difference except in PICU and adult acute wards, 2.1 and 1.5 hours respectively.

Medium and Low Secure units will normally manage their staffing establishment as whole across all 11 wards, so shortfalls on one ward will be covered by additional staff in other wards.

There has been a slight improvement in comparison to other Trusts across our regions but, generally speaking, we are all faced with similar challenges; not enough registered staff and higher acuity and demand.

Caution is advised when interpreting the data as comparison is made against figures for one month only and the rate can fluctuate from month to month, and the figures rely upon accurate and reliable reporting by respective Trusts.

The figures have been discussed in OMG and work is underway to address staffing shortfalls and variation across the Trust. This includes recruitment of the additional staff as identified by the recent establishment review, and work to review out of area placements and patient flow across all adult mental illness wards.

We are awaiting the updated national average figures to allow us a more meaningful national overview. As stated in the last report, the national comparatives are now three years old and the categorisation of the wards needs to be addressed.

We are now licensed to use the nationally accredited MHOST establishment review tool, which we will implement in 2020. A national conference is currently being planned and SWYPT has offered to host this.

Table 1: Care Hours per Patient Day (CHPPD): Comparison between SWYPFT wards and Yorkshire & Humber average based on July 2019 data

Speciality	Ward Name	Trust Nurse	Trust HCA	Y&H nurse	Y&H HCA	Nurse Diff	HCA Diff
Rehabilitation	Neuro Rehab Unit	4.5	6.0	2.9	4.6	1.6	1.4
	Stroke Rehab Unit	3.9	6.0	2.9	4.6	1.0	1.4
Rehabilitation Average Total		4.2	6.0	2.9	4.6	1.3	1.4
Learning Disability Total	Horizon	8.5	36.7	7.6	22.8	0.9	13.9
Adult Mental Illness	Ashdale	2.1	3.5	3.4	5.6	-1.3	-2.1
	Beamshaw	3.3	5.4	3.4	5.6	-0.1	-0.2
	Clark	3.3	4.6	3.4	5.6	-0.1	-1.0
	Elmdale	2.2	3.5	3.4	5.6	-1.2	-2.1
	Nostell	2.8	4.5	3.4	5.6	-0.6	-1.1
	Stanley	3.0	3.5	3.4	5.6	-0.4	-2.1
	Ward 18	2.6	3.7	3.4	5.6	-0.8	-1.9
Adult Mental Illness Average Total		2.8	4.1	3.4	5.6	-0.6	-1.5
Adult Mental Illness Community wards	Enfield Down	2.9	3.9	3.3	5.1	-0.4	-1.2
	Lyndhurst	2.6	4.5	3.3	5.1	-0.7	-0.6
Adult Mental Illness Community Average Total		2.8	4.2	3.3	5.1	-0.5	-0.9
Adult Mental Illness PICU	Melton Suite PICU	6.5	17.2	5.8	16.9	0.7	0.3
	Walton PICU	5.4	12.4	5.8	16.9	-0.4	-4.5
Adult Mental Illness PICU Average Total		5.9	14.8	5.8	16.9	0.1	-2.1
Forensic Psychiatry	Appleton	7.3	10.6	3.8	7.4	3.5	3.2
	Bronte	7.7	8.9	3.8	7.4	3.9	1.5
	Chippendale	5.7	6.7	3.8	7.4	1.9	0.7
	Hepworth	3.1	4.3	3.8	7.4	-0.7	-3.1
	Johnson	3.6	9.4	3.8	7.4	-0.2	2.0
	Newhaven	3.8	5.9	3.8	7.4	0	-1.5
	Priestley	2.4	2.9	3.8	7.4	-1.4	-4.5
	Ryburn	4.1	4.2	3.8	7.4	0.3	-3.2
	Sandal	2.7	8.4	3.8	7.4	-1.1	1.0
	Thornhill	3.3	4.8	3.8	7.4	-0.5	-2.6
	Waterton	2.5	5.0	3.8	7.4	-1.3	-2.4
Forensic Psychiatry Average Total		4.2	6.5	3.8	7.4	0.4	-0.9
Old Age Psychiatry	Beechdale	3.4	6.5	3.0	7.9	0.4	-1.4
	Crofton	2.7	6.3	3.0	7.9	-0.3	-1.6
	Poplars	4.4	12.2	3.0	7.9	1.4	4.3
	Ward 19 - Female	2.8	4.7	3.0	7.9	-0.2	-3.2
	Ward 19 - Male	3.1	5.2	3.0	7.9	0.1	-2.7
	Willow Ward	3.3	8.3	3.0	7.9	0.3	0.4
Old Age Psychiatry Average Total		3.3	7.2	3.0	7.9	0.3	-0.7
Speciality	**Ward Name**	**Trust Nurse**	**Trust HCA**	**Y&H nurse**	**Y&H HCA**	**Nurse Diff**	**HCA Diff**

4. ANALYSIS OF FILL RATES July 2019 – September 2019

The Deputy District Directors and EMT receive monthly exception reports on fill rates (figures 1 and 2) within our inpatient areas with particular emphasis on areas where fill rate overall (registered nurses and health care assistants) is below 90%, and where registered nurses on days or nights falls below 80%. Managers are asked to provide exception reports on why fill rates are not achieved, how it was managed and actions to prevent recurrence.

Figure 1 **Overall Day Registered Nurse Fill Rate Inpatient Areas per BDU**

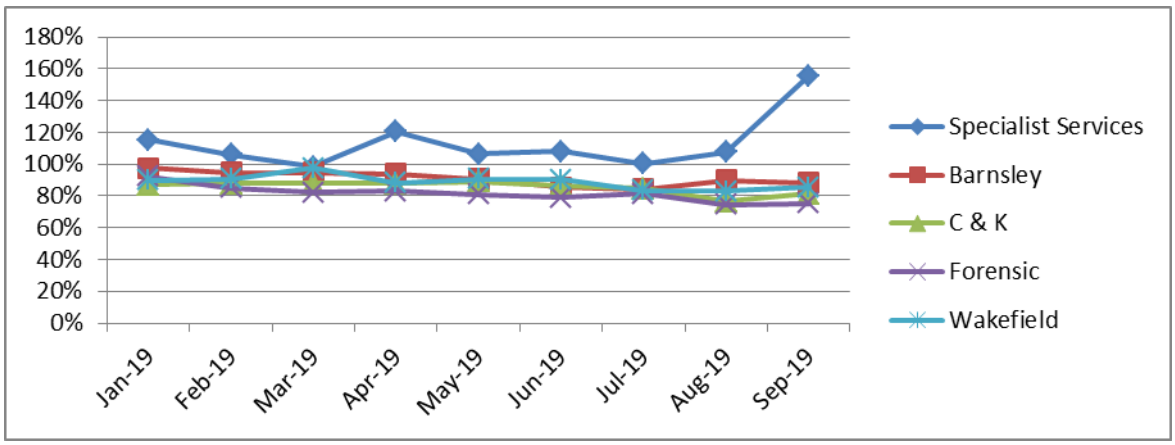


Figure 2 **Overall Nights Registered Nurse Fill Rate Inpatient Areas per BDU**

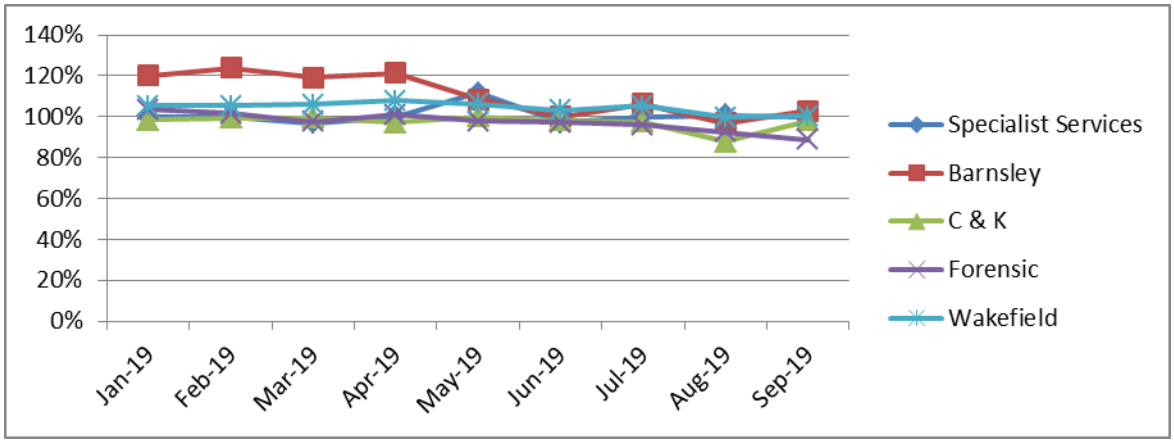
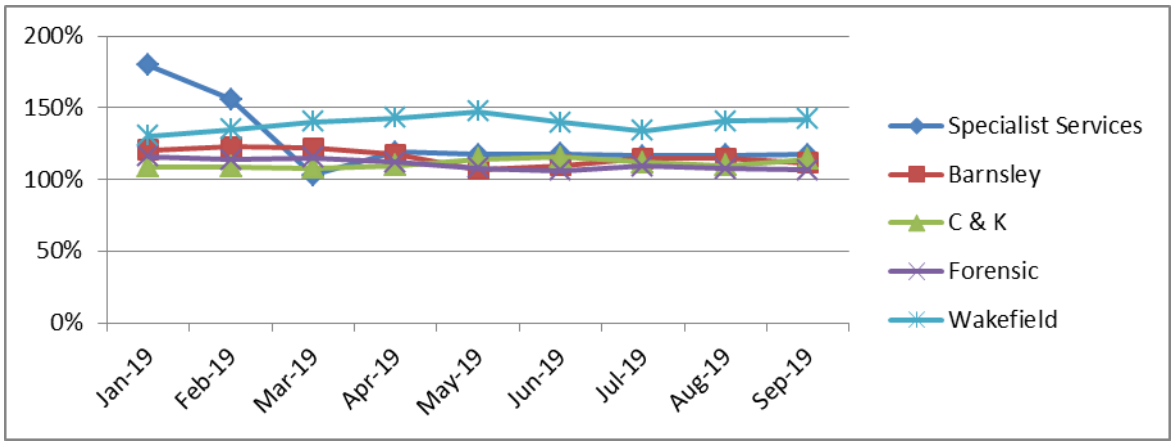


Figure 3 **Overall Fill Rate Inpatient Areas per BDU**



Summary of fill rates

Based on the above graphs and monthly exception reports (see Appendix 2 and 2a), overall staffing fill rates (registered Nurse and HCA combined) remain above the 100% level. There have been variances in fill rates for both days and nights for registered staff. This is expected as summer is the highest period of annual leave. This also equates to less flexible

resources being available as bank and agency staff also take time off over school holidays. This is coupled with the fact that we are anticipating an influx of newly qualified RNs through September and onwards, which will impact on these fill rates.

The RN fluctuation is often compensated through the deployment of our non-registered workforce (See Appendix 2a and 2b), which explains why we have high HCA bank and agency usage even though we have fewer vacancies. Due to increased demand resulting from vacancies and acuity, the areas also offer extra shifts and amend shift times to find support.

Going forward we will be reporting our fill rates for acute mental health wards against the new establishment staff numbers. Initially, this will reflect the additional capacity from trainee nursing associates as HCAs until they have completed their training and qualified, when they can be counted as part of the registered numbers.

Figure 4 Staffing fill rates on acute mental health wards comparing current and new establishment planned staffing where trainee nursing associates categorised as HCA (August 2019)

	Day		Night		
Establishment	Average fill rate - Registered Nurses (%)	Average fill rate - Health Care Assistants (%)	Average fill rate - Registered Nurses (%)	Average fill rate - Health Care Assistants (%)	**Average Fill Rate - All Staff (%)**
Current establishment	78.3%	144.4%	89.3%	179.1%	**120.7%**
New Establishment	86.5%	105.6%	89.3%	119.4%	**102.2%**

Figure 4 shows that overall capacity of actual v planned staffing remains above 100% when new establishment staff numbers used. HCA fill rates are reduced as planned HCA hours are increased and registered nurses remain roughly the same.

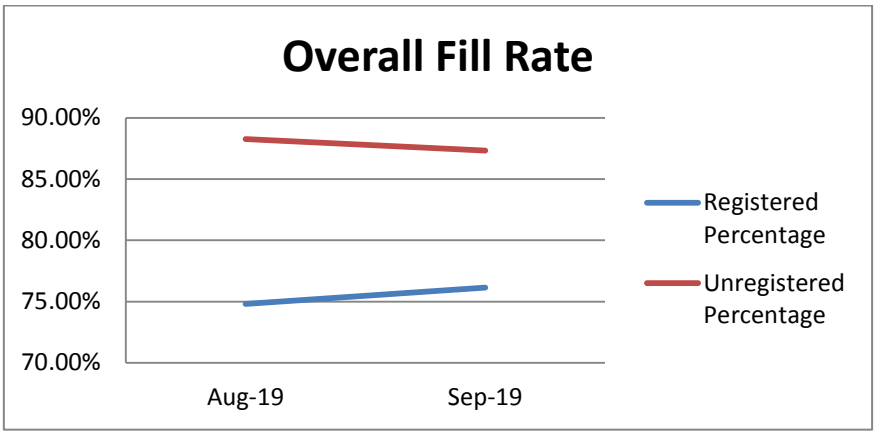
The Director of Nursing and Quality discussed new reporting arrangements with NHSI on 11th November 2019 and they understand and are comfortable with the revised approach to reporting planned by SWYPT.

Acuity, additional duties and hotspots

There continues to be an upward trend in demand and acuity, which is resulting in the need for more temporary staff. Recent analysis of additional duties has shown a sustained significant demand placed on wards over and above usual staffing establishments. These additional duties are for clinical reasons only and requested in response to increased clinical acuity and demands on staff. Additional duties included special observations of service users (e.g. staff: service user observations; 1-1, 2-1, 3-1), escorting inside and outside of ward, seclusion, special needs and enhanced care packages.

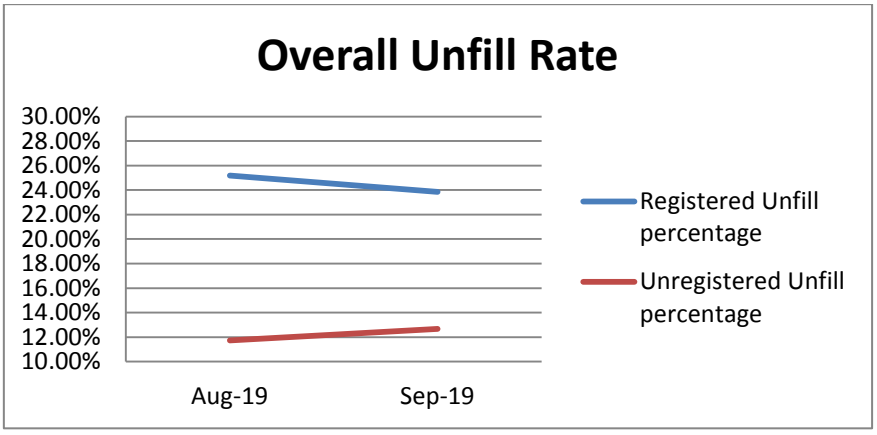
As part of our on-going approach to ensuring that we are utilising our staffing resource optimally, the Trust has acquired the *Safecare* acuity tool as part of the licence for Allocate Health Roster. This is an attachment to the allocate e-roster package, which allows the inpatient areas to describe their acuity at multiple times during the day and dictates how many staff are needed to manage this at that given moment in time. We are finalising both the Standard Operating Procedure and implementation plan and the Unity Centre are identified as early implementers once agreed by OMG and approved by EMT.

Figure 5 Overall Fill rate for flexible staffing requests



Category	Shifts Filled in Aug 19	Shifts Filled in Sep 19
Registered	950	922
Unregistered	2829	2690

Figure 6 Overall unfilled rates for flexible staffing requests



Category	Shifts Unfilled in Aug 19	Shifts Unfilled in Sep 19
Registered	340	306
Unregistered	378	401

We have started gathering the rate of flexible staffing (bank & agency) requests and how many as a percentage and figure have been filled. This is in the early stages of analysis and we need to ensure a fuller understanding of the figures. However, it does indicate that the fill rate for RNs through bank and agency is 76% and 87% for HCAs.

Hotspots

All SWYPT wards face challenges over time when responding to increased demand and acuity and this can fluctuate rapidly without warning. Since last Trust Board report, staffing fill rate data shows that some wards have frequently struggled to meet their planned registered nurse requirements during the day (see Appendix 2b). These wards include:

- The majority of wards in the Forensic and Low Secure services
- Wards 18 and 19 at the Priestly Unit
- Walton PICU and Crofton at the Unity Centre

- Horizon centre due to admission of service users with very complex and unstable presentations and staff sickness
- More recently, Stroke Rehabilitation Unit and Willow Ward in Barnsley

Main reasons include high vacancy rate, high sickness and inexperienced skill mix. In response, wards will use registered nurses from other areas within close proximity and ward managers and other registered nurse managers are usually available to cover during the day if required. In addition, wards will supplement registered nurse staffing with additional HCAs where no registered nurse available, hence the regular HCA fill rates of well over 100% and overall fill rates above 100% (Appendix 2 and 2a).

If the shifts are unfilled after all options regarding excess hours, bank and agency have been explored, then the senior nurse/team leader would look at the staffing in their area and reallocate as necessary. The demand, observation requirements and routines would be taken into account. If there is not felt to be adequate resources then this would be escalated to on call manager and other areas may be looked at, as in the case of Ward18 or Horizon recently. All wards have staffing escalation plans as a contingency in these circumstances to ensure wards remain safe (see Appendix 3 for example).

To be able to provide a balanced understanding of why some wards are not achieving fill rates, we have re-communicated the ability for ward areas to cancel a shift as opposed to showing it as an unfilled shift. This would only be an exceptional intervention based on the clinical needs of the ward (e.g. when number of inpatients reduces) and ensuring that there is no negative impact on the service users within that area.

This will be supported with the introduction of the *SafeCare* module, which will give a real time reflection of acuity, staffing and “hotspots”.

Many of the areas continue to achieve the overall fill rate through the use of HCAs to cover temporary vacancies. Recruitment assessment centres for bands 2 and 5 continue in line with our recruitment and retention strategy.

There is also a pattern of a higher fill rate of registered nurses on nights in comparison to days and this is explained in the exception reports as being reflective of a sustained increase in acuity on nights and the need for covering a time span out with the working patterns of other disciplines and senior clinical staff who can offer support.

5. ANALYSIS OF DATIX INCIDENTS RELATED TO STAFFING

Figure 7. Datix Incidents recorded for staffing issues

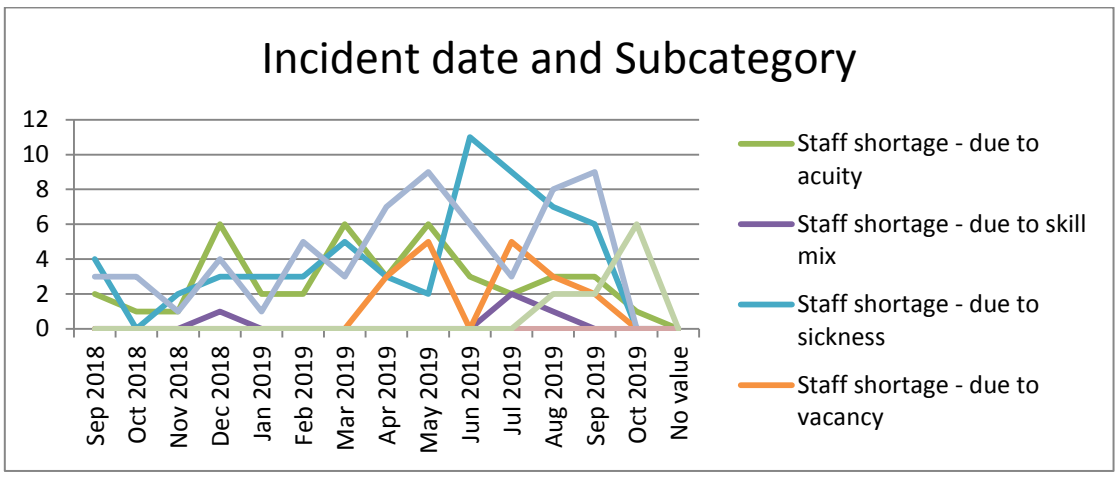
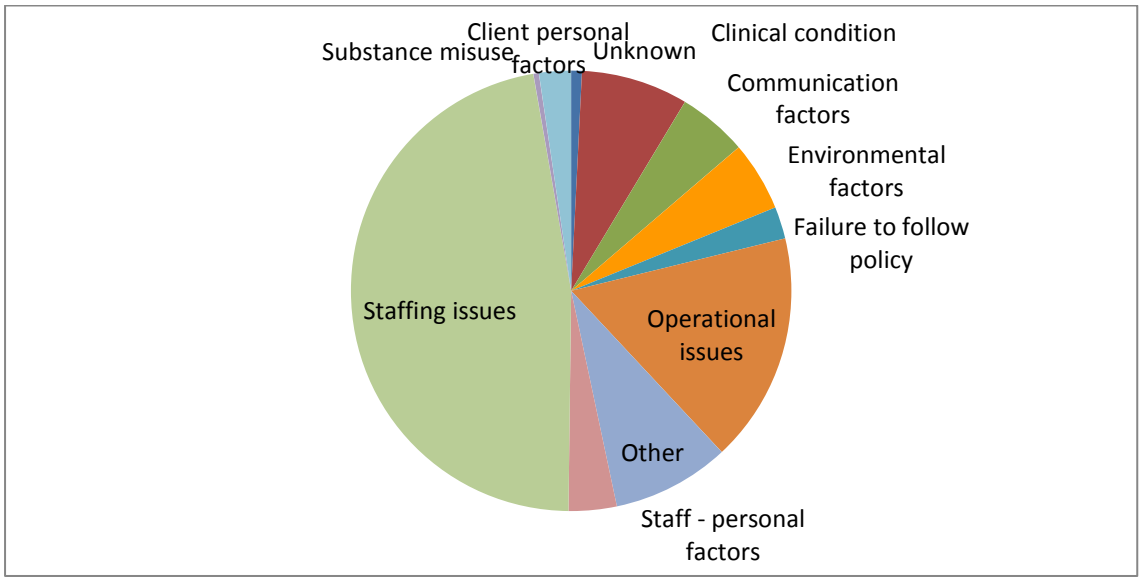


Figure 8. Datix incidents where staffing listed as a contributory factor



In the 12 months leading up to the 30th September 2019, there were 185 Datix incident reports highlighting staffing issues. Although this is a decrease from the previous report there are also a further 75 reported incidents where staffing is listed as a contributory factor. This increase is largely due to a better understanding amongst staff following discussion at the safer staffing meetings.

The Trust continues to monitor and learn lessons including the need for proactive monitoring of staffing levels based on weekly e-rostering 'past and future' staffing levels and using escalation plans sooner. Plans for the future include roster 'check and challenge' events and introduction of the *SafeCare* acuity tool.

We utilise this information, along with other matrix, to identify "hotspots" and work closely with the ward teams and managers to resolve any issues and ensure safety is maintained.

6. CQC INSPECTION AND REPORT ON SAFER STAFFING

The CQC published their latest inspection report in August 2019 following a comprehensive well-led inspection of SWYPFT services between May and June this year. This raised the Trust's overall rating to Good, although the safe domain remained at requires improvement.

In relation to safer staffing, the CQC acknowledged an overall increase in staffing levels but they identified in working age adult acute wards that:

- *The trust must ensure that staffing levels are sufficient to meet the needs of patients, provide therapeutic activity and enable staff to adhere to trust policies and procedures.*
- *The trust should ensure that wards are staffed to establishment level to meet the needs of patients.*
- *The trust should ensure appropriate cover is provided for allied health professionals when they are on extended periods of leave.*

As a Trust, we look to ensure that vacancies are recruited into and, if needed, then a flexible staffing solution is found. Further remedial action will be considered as part of the SWYPT CQC improvement plan.

7. RECRUITMENT AND RETENTION

The Trust has continued a values-based centralised recruitment process for both registered and non-registered nursing staff within inpatient areas. Since September 2016 the Trust has held monthly assessment center's to recruit Band 5 nurses. These have allowed us to remain proactive with our band 5 vacancies, keeping them as low as possible. We are also engaging both community teams and Allied Health Professions. There have been difficulties supporting the registered requirements of our Stroke Rehabilitation Unit (SRU) and our Neurological Rehabilitation Unit. However; in the last recruitment centre we successfully recruited an RN for SRU.

7.1 Retention Strategy

The Trust continues to focus on recruitment and retention as a key workforce objective beyond the initial 12 month second cohort delivery to NHSi, which has now been completed (March 2019). The Trust has in place an R&R steering group (membership under review at the time of this report) whose purpose is to identify and implement key objectives for the next 12 months and gain sign off at board level for agreement. The Trusts 2nd annual Recruitment & Retention Strategy is in place and agreed by the Board. Work ongoing and current status includes:

- Increased internal marketing of available roles across SWYPFT. 34th edition of Trusts vacancies available was published last week in Headlines (October 2019). This is in 2 forms: medical vacancies and non-medical vacancies.
- The Trust is now fully utilising NHS Yorkshire jobs Facebook feed. All new posts entered on NHS Jobs are now uploaded to Trust Facebook feed and NHS Yorkshire jobs feed.
- Development started for bespoke webpage for apprenticeships which will include 'day in the life of…' information about roles available, benefits for working with the Trust.
- Development and implementation of Trust onboarding & management portal system agreed (Sept 2019). Presentation from Basis Media and Leeds Teaching Hospital to steering group was made in April. Business case written outlining initial costs to deliver (£42,000 + SWYPFT server costs and Daisy implementation costs tbc). Procurement and tender exercise completed and implementation plan now underway to deliver onboarding system into Trust by end of March 2020 and phased implementation of management portal commencing March 2020. Initial appraisal against our current recruitment hotspots would see an onboarding system increase overall engagement with the candidate therefore enhancing the candidate experience of the recruitment process. This would also support the achievement of the 100 day target for end-to-end recruitment targets.
- Development of career pathways in professions. Nursing, AHP and Psychology leads developing career structure pathways. Plan to develop more visual progress opportunity for staff both within intranet and at job application, job advert/NHS Jobs E.g. ACP developments.
- Staff ending employment procedure re-designed and in place with a greater focus on feedback. Pro-active process now rather than re-active aimed at intervention where we are offering staff that are leaving alternative employment/opportunity to remain in the Trust etc. New process has already improved feedback levels by 45% in the last 12 months to April 2019, but feedback returns beginning to decline again. There is further work ongoing to improve collection. We have however received a total of 134 feedback forms in last 12 months (Oct to Oct) compared to 68 in previous year. Managers now getting feedback from forms which need attention – circulation to service leads and senior management teams for action.
- Implementation of 'internal' transfer window to be rolled out in October 2019 following initial marketing campaign with communications on the intranet and headlines to show 'coming soon' and pique interest.

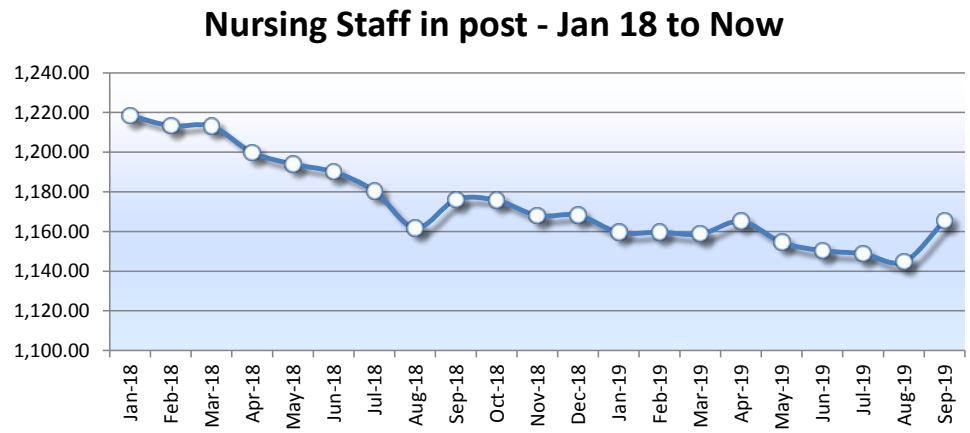
- New retirement interview procedure is now in place to focus on furthering employment within the Trust. Greater focus on opportunity to work flexibly in the Trust post retirement etc.
- Recruitment of TNA and nursing apprenticeships still ongoing. Internal and external adverts for identified 34 TNA vacancies across re-modelled inpatient services have been completed and currently identifying suitable applicants. Total of 19 internal applicants and 198 external applicants for the 34 places. Assessment centre arranged for late October and TNA cohort begins with Sheffield University on the 10th December induction day. We have identified the financial challenges this raises regarding backfilling their university attendance.
- Annual workforce planning workshops being arranged for November through to December 2019 which will this year be both workforce and finance driven combined. Focused on identification of numbers for development roles in teams for wider workforce TNA's, nurse associates, ACP roles, physician associates and other potential developmental roles. Subsequent workforce and finance plans will be completed and collated following workshops by February for final operational sign off and board sign off by March 2020.
- Collaborative workforce planning set up across both SY&B and WY&H being led by SWYPFT workforce planning and Learning & Development leads – large scale collaborative workforce planning in early stages in WY&H but more developed in SY&B. Aimed at improving our collective workforce needs into universities and FE's. Both are being supported by HEE with SWYPFT as lead.
- Implementation of concentrated Marketing Adviser post. 12 month fixed term post begins in the Trust in November 2019 with specific role surrounding the reduction of vacancies, matching potential candidates to current vacancies, management of internal staff transfer and improvement to the Trust's ability to market itself both internally and externally. Temporary funding agreed through Trust Agency Project Group (Sept 2019) and preferred candidate identified pending current clearance checks and references.
- Implementation of the Agency Project Group was established in July 2019 to target reduction of medical locum spend chaired by Director of Inpatient Services. Identification of medical posts requiring key recruitment plans to remove agency and locum use.
- Direct engagement medical contract in place from September 2019.

Recruitment and retention of specific roles continues to be a priority. Despite ongoing and constant nurse recruitment the Trust still sees a general reducing trend of nurses in post and has been doing for the past 18 months (see Figures 8a/b and 9 below).

Figures 8a and 8b show our nursing staff in post numbers for the past 18 months and we see that the trend falls each month as more nurses leave than start within the Trust with a spike each autumn (Sept) for newly qualified intakes out of Universities. This reduction does not include any forced reduction of staff beyond the control of normal turnover (TUPE, de-commissioning etc.). The Trust is also seeing increased turnover and retention issues in roles such as allied health professionals (specifically Physiotherapists and Occupational Therapists) and clinical psychology posts, though staff in post numbers in these areas are not decreasing significantly.

A more recent comparator in figure 9 shows our turnover in the last 6 months from April where leavers outstrip starters each month apart from April. The leaver reasons are predominantly retirees.

Figures 8a 8b



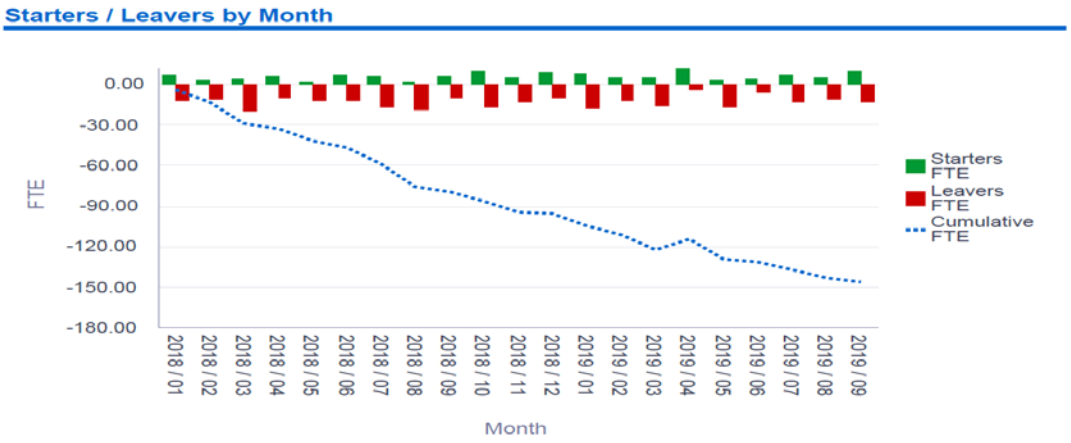
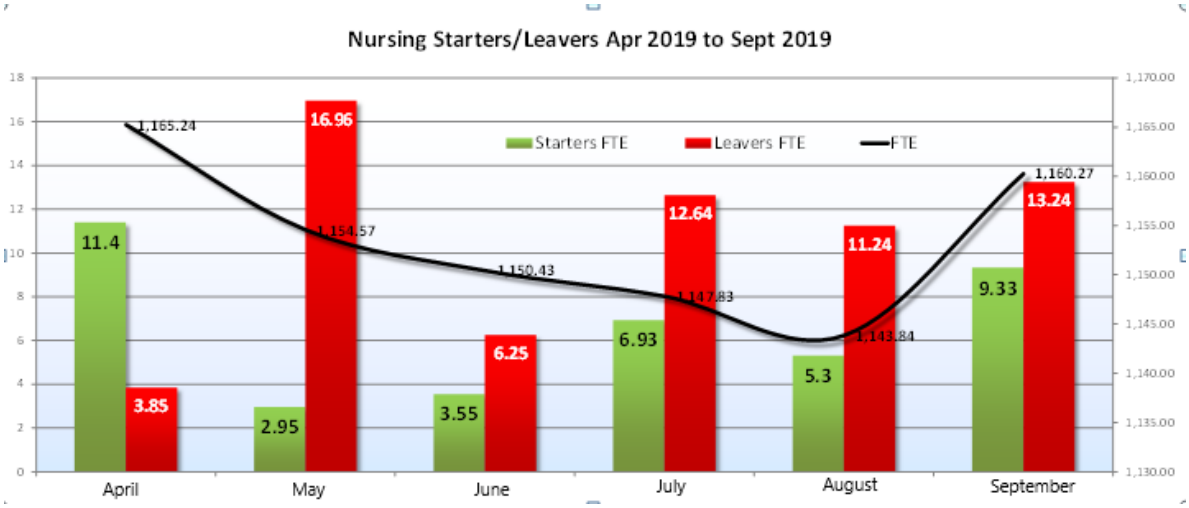


Fig 9



8. INPATIENT REGISTERED AND NON-REGISTERED BANK AND AGENCY

The Trust has recently been visited by Irfan Suleman, Head of Commercial Strategy from NHSE&I. The discussions primarily focused on agency spend, especially on medical staff.

Additionally, our bank processes, our bank model and our agency master vendor were health checked by Irfan. The feedback provided was very positive in terms of what the Trust has achieved; however, a master vendor contract was not something that NHSE and NHSI would recommend. The Trust was also provided with some practical advice around collaborative banking.

There has been continued recruitment of band 2 staff as well as registered and non-registered staff onto the staff bank. This includes difficult to recruit positions such as pharmacists and dieticians with some success.

Figure 9 **Bank recruitment 2019**

RECRUITMENT JAN 2019 TO SEP 2019												
MONTH	RN EXTERNAL	RN LEAVER & RETURN	HCA EXTERNAL	HCA LEAVER & RETURN	ADMIN EXTERNAL	ADMIN LEAVER & RETURN	OTHER EXTERNAL	OTHER LEAVER & RETURN		TOTAL EXTERNAL	TOTAL LEAVER & RETURN	TOTAL
JAN	5	4	6	3	1	2	3	1		15	10	25
FEB	1	2	3	6	1	2	1	1		6	11	17
MAR	7	4	5	0	2	1	5	2		19	7	26
APR	1	2	3	2	1	2	3	0		8	6	14
MAY	0	4	8	2	8	1	1	0		17	7	24
JUN	1	2	11	1	2	0	2	1		16	5	21
JUL	2	8	15	2	0	1	6	0		23	11	34
AUG	1	10	7	2	2	0	4	0		14	12	26
SEP	2	5	4	2	3	0	2	0		11	7	18
TOTAL	21	41	62	20	20	9	27	5		129	76	205

The Trust has seen an overall increase in the non-substantive bank resources over the last 7 months, with nursing and HCAs going from 380 (116 nurses) in February 2019 to 435 (151 nurses) in September 2019 (Figure 10).

This has included an initiative to ensure both compliance with training and an increase in accepting assignments within the trust. This has allowed for a more active flexible staffing resource. We have de-registered a significant number of staff who were neither engaging in training or accepting assignments. This gives a much clearer picture of our flexible staffing numbers and resources available to teams.

Figure 10 Staffing on the bank February and September 2019

Staff Group	Bank Only	
	Feb 2019	Sept 2019
Additional Clinical Services	264	284
Administrative and Clerical	87	99
Allied Health Professionals	10	43
Estates and Ancillary	11	10
Medical and Dental	55	66
Nursing and Midwifery Registered	116	151

Grand Total	**543**	**653**

The Trust also embarked on a drive to encourage transition of staff from agency to bank as well as bank to substantive. This is a rich resource for our recruitment strategy as well as flexible staffing cover.

During September 2019 bank staff worked 30.1% of all hours worked on inpatient wards. Agency staff accounted for 8.1% of all hours worked on wards. This has a financial impact on the trust's direction of travel regarding recruitment and budgetery planning.

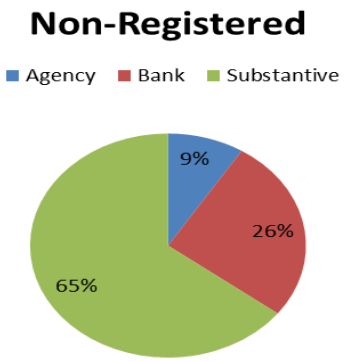
Figure 11.

Overall Inpatient Non Registered Spend

Non-Registered	
Agency	1,531,017
Bank	4,507,188
Substantive	11,034,141
Total	**17,072,346**

Overall Inpatient Registered Spend

Registered	
Agency	379,377
Bank	1,957,132
Substantive	14,345,599
Total	**16,682,108**



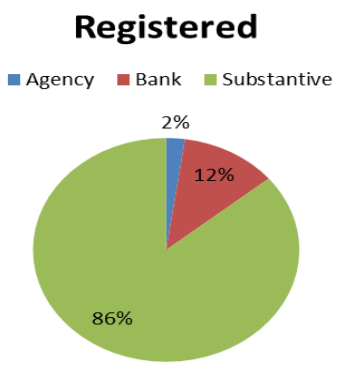


Figure 12a

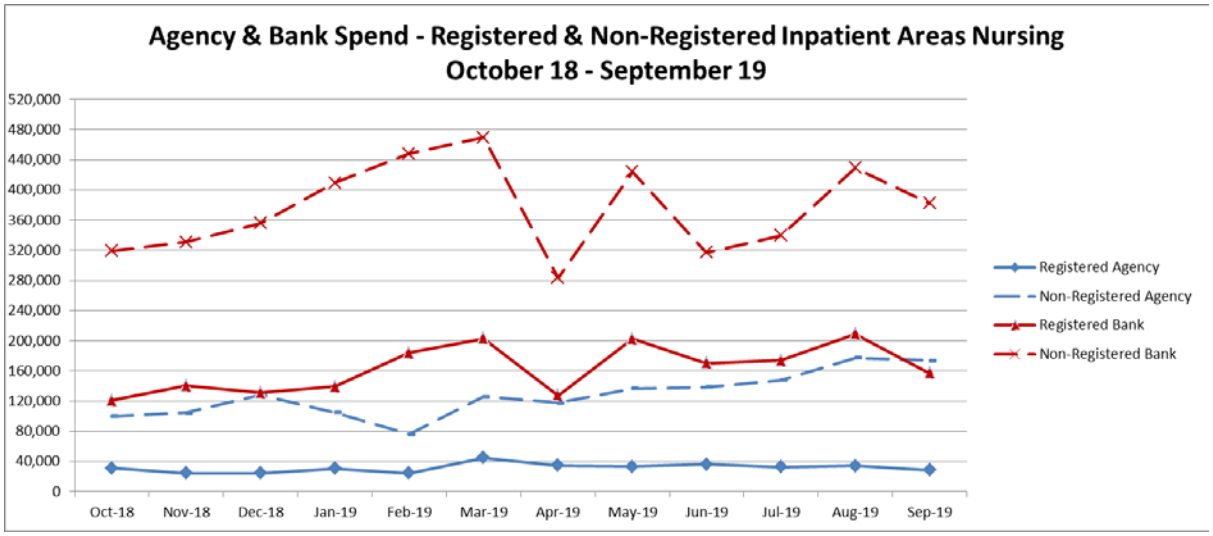


Figure 12a shows that agency spend on nurses has remained reasonable consistent over time, whereas HCA spend has gradually incireased. Bank spend has fluctuated but trending upwards over the same period for both nurses and HCAs.

Figure 12b

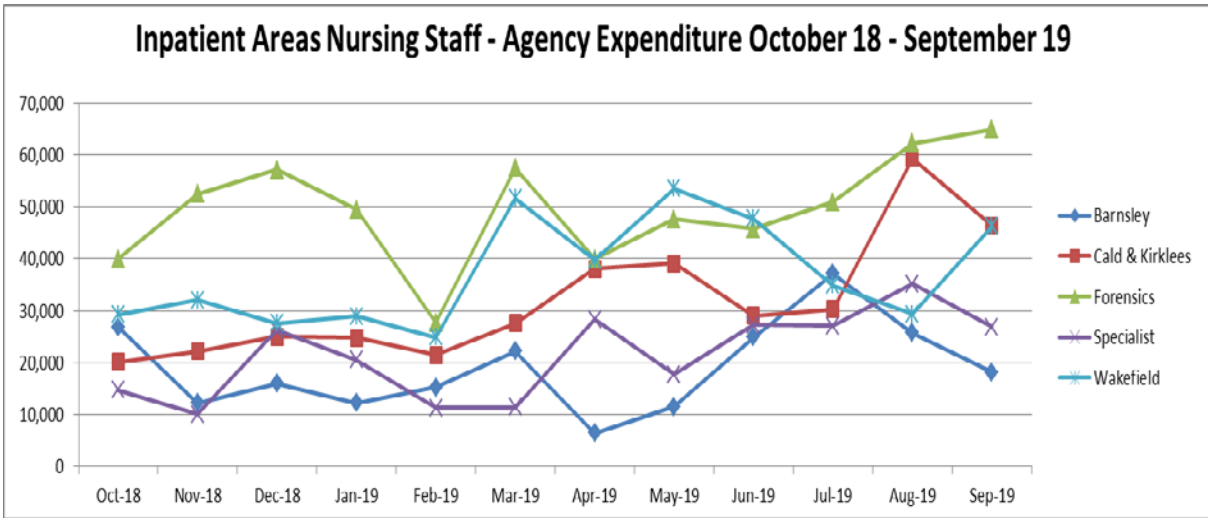


Figure 12 b shows that agency spend on inpatient wards is highest and rising in forensic services and increased in Calderdale & Kirklees and Wakefield, with a trend upwards in Specialist services.

9. SAFER STAFFING IN THE COMMUNITY

Safer Staffing meetings commenced for our community teams in April 2019. Our initial focus is a pilot project utilising an evidence-based staffing judgement tool to assess its appropriateness in SWYPT.

So far, in 2019/20:

- There continues to be bespoke offers of support where staffing shortages have been identified. This includes the procurement of bank and locum staff where needed.
- Two community staffing meetings have been held to look at the terms of reference and membership of the group.
- A conference call with the Safer Staffing leads from Southern Health NHS Trust as they have already adopted the proposed model in their Trust. This is the Community Staffing Judgement Tool developed by Keith Hurst who is recognised as the national lead on staffing tools.
- Training sessions planned to enable the roll out of the tool.

10. SUMMARY

The national commitment to safer staffing is ongoing and SWYPFT need to maintain the progress already made in delivering safer staffing as well as being engaged in the national development of the mental health safer staffing tool and related initiatives.

The Trust currently meets its safer staffing requirement overall, although there is regularly a shortfall in registered nurses and in some areas difficulty in sustaining sufficient numbers in times of increased demands. Contingencies and escalation plans are in place to respond to ensure wards remain safe.

Going forward we will be reporting our fill rates for acute mental health wards against the new establishment staff numbers for acute mental health acute wards. Initial review reveals that overall capacity of actual v planned staffing remains above 100% when new establishment staff numbers used.

Shortfall of registered nurses has resulted in the use of existing HCA staff, bank and agency staff to cover. Clinical risks are considered to ensure safe and effective delivery of care.

Agency HCA usage in inpatient areas is rising and bank usage continues to increase. This is largely due to increased clinical acuity and demands on the wards.

The numbers on the staff bank continue to increase and this includes AHPs.

The CQC acknowledged an overall increase in staffing levels but they identified in working age adult acute wards that the Trust *must ensure that staffing levels are sufficient to meet the needs of patients, provide therapeutic activity and enable staff to adhere to trust policies and procedures.*

The concept of a more peripatetic workforce supported by an enhanced centralised bank staff management system is now established. Activity increases and levels of patient observations are reviewed daily and increased or decreased accordingly

The establishment review has been widely accepted and integrated into the annual workforce plans of the BDUs. A subsequent inpatient workforce review has been completed for acute mental health wards. This has resulted in an uplift of establishment, to coincide with clearer career pathway for both our registered and non-registered workforce.

Medical staffing bank is now established and has 65 doctors registered on our bank.

The introduction of the Care Hours Per Patient Day allows us to have an overview of where our staffing resources are needed but also closely monitor and support 'hot spots' to ensure that not only the safety but the quality of our care is maintained.

A future area of focus for NHSI/E is staff banks and resource management as well as bank rates and practices.

Recruitment and retention plans in progress with more initiatives planned for remainder of 2019/20.

11. NEXT STEPS

We will continue:

- To build upon and improve data in exception reports including;
  - Triangulation of DATIX, exception reporting and HR information
  - Extend the narrative and analysis of the information
  - Weekly roster analysis including unfilled shifts, acuity and bed occupancy
  - Understanding any significant increase in staffing fill rates
- Continue to extend and maximise functionality within current e-rostering system as part of the centralisation programme for the trust staff bank to include community teams
- Continue to provide effective and efficient support to meet establishment templates
- Continue to work within areas of high acuity where there is pressure on meeting staffing numbers
- Continue to support the development of the NHSI led acuity tool within community teams

- Continue to develop, manage and deploy the peripatetic workforce
- Continue with the Safer Staffing Group, and monitor the action plan and new initiatives
- Build on work with Quality Leads to review Safer Staffing in the community and improve understanding and monitoring of direct care contact time
- Continue recruitment onto staff bank
- Aligning Safer Staffing initiatives with Workforce Strategy
- Making effective use of the awarded agency master vendor contract for both Nursing and AHPs

New plans for Quarters 3 and 4 2019 include:

- Present *Safecare* paper to EMT with recommendation for pilot commencing Q4 and develop pilot project plan
- Pilot implementation of staffing judgement tool within community teams
- Continue to network nationally regarding implementation of MHOST and host national meeting
- Review the Medical Bank capability and assist in registering everyone on e-roster
- Liaise with a trust bank that has successfully implemented a medic bank/agency reduction
- Implement new acute mental health ward workforce model and establishment
- Review the staff bank procedure and hold various staff bank engagement events in each area to ensure that bank staff are an integral part of our workforce.
- Continue expanding the bank to support other areas including AHPs and community teams
- Report staffing fill rates against new establishment by end of Quarter 3 2019 and feedback to NHSi
- Work with OMG to review how we capitalise on opportunities arising from new national workforce initiatives (e.g. nursing associates, advanced clinical practitioners)
- Contribute to implementation of SWYPFT Recruitment & Retention Strategy
- Develop Service Line Arrangements with the local acute trusts to facilitate the reciprocated provision of specialist support
- Maintain link with NHSE&I on *Return to Practice* programme for nurses, financial support for the introduction of Nurse Associates and encouraging collaborative banking and agency intelligence particularly across ICSs
- Development modern career pathways in all professions as part of nursing and AHP strategies
- Development and implementation of Trust onboarding & management portal system.
- Implementation of ‘internal’ transfer window of staff to be rolled out in October 2019
- Annual workforce planning workshops being arranged for November through to December 2019
- Recruitment of *Concentrated Marketing* Adviser post
- Develop action plan for approval by Trust Safer Staffing group and OMG

12. APPENDICES

Appendix 1

Safer staffing decision support tool

Mental Health, Learning Disability and Physical Health Wards

There is no single accredited tool for calculating safe staffing levels in mental health and learning disability wards. Therefore, we developed a safer staffing decision support tool to consider variables within a ward-based environment, including patient numbers, acuity, serious incident reporting, observation and mental health act requirements, together with diagnosis, risk and levels of security required.

The tool makes reference to NICE guidance for adult acute wards, in that the minimum level of registered nurses should be at a 1:8 ratio to patients. Please note the tool is currently being revised to reflect new workforce model for acute mental health wards.

The tool was developed in collaboration with ward managers as a decision support tool, to enable staff to match bed numbers with other variables, such as acuity, and calculate the numbers of staff and skill mix required to run both a day and night shift given these circumstances. Although the tool is based on staffing for generic mental health wards it can easily be adapted to be specific to acute admission, PICU or forensics.

Planning appropriate staffing levels is an inexact science. The decision about staffing levels will be based on professional judgement to reflect prevailing clinical and environmental local circumstances. It is therefore important to note that the tool should only be used as a decision support tool that provides guidance to inform professional judgements about planned staffing required in respective wards. The staffing requirements on wards will fluctuate in response to demand and acuity.

The decision support tool was first used in May 2015. In summary, all the inpatient wards planned staffing levels exceed planned appropriate numbers as determined by the decision support tool (see Table 1 below).

Where a figure is shown as 2 numbers (i.e. 4/5) this means in expected days there are different days requiring different core numbers and/or in there are twilight shifts. In the planned shifts this is an average over the previous month.

RAG rating amber means we have less than the 1:8 nurse/patient ratio as recommended in acute hospitals. Although more wards have what appears to be < 1:8 they have less than 16 beds and/or are part of a unit where wards are based next to each other allowing immediate mutual support as required.

E and L in the stroke and neurorehab wards are for Early and Late shifts as they operate a three shift system.

Table I Expected baseline levels of all staff based on guidance tool (standard levels of acuity) and planned staffing

	DAYS			NIGHTS		
Ward	Expected staffing numbers	Planned staffing numbers	RAG	Expected staffing numbers	Planned staffing numbers	RAG
Forensic BDU						
Appleton F	4	6/7	Green	3	5	Green
Bronte F	4	6	Green	4	6	Green
Waterton F	4	5/6	Green	4	4/5	Green
Chippendale F	4	4	Green	3	3	Green
Hepworth F	5	5	Green	4	4	Green
Johnson F	6	8/9	Green	4	8	Green
Priestley F	4	4	Green	3	3	Green
Thornhill	5	5/6	Green	4	4	Green
Sandal	5	6	Green	5	5	Green
Ryburn	2	2	Green	2	2	Green
Newhaven F	6	6	Green	4	4	Green
Wakefield BDU						
Nostell	5	7/8	Green	4/5	6	Green
Walton	8	10	Green	7	8	Green
Stanley	5	6/7	Green	4	5	Green
Chantry W	4	5	Green	4	4	Green
Poplars W	5	8/9	Green	3	5	Green
Specialist Services						
Horizon W	5	9/10	Green	4	8	Green
C&K BDU						
Ashdale	6	6/7	Green	4	6	Green
Beechdale	4/5	5/6	Green	3/4	4	Green
Elmdale	6	6/7	Green	4/5	5	Green
Enfield Down	7	7	Green	5	5	Green
Ward 18	6	7	Green	4/5	5/6	Green
Ward 19 Female	4	5	Green	3/4	3/4	Green
Ward 19 Male	4	5	Green	3/4	4	Green
Lyndhurst	4	4	Green	3	3	Green
Barnsley BDU						
Willow	4	6	Green	3	5/6	Green
Clark	5	5	Green	4	4	Green
Beamshaw	5	6	Green	5	5	Green
Melton Suite	5	5	Green	3	5	Green
Stroke rehab	E 6 / L 5	E 5 / L 5	Green	3	3	Green
Neuro Rehab	E 4 / L 4	E 6 / L 6	Green	3	4	Green

(Green - equal to guidance tool figures or higher; Amber- 1 staff less; Red more than 1 staff less)

F = Forensic, W= Wakefield, C= Calderdale, B = Barnsley, K = Kirklees, E = Early, L = Late

Table II Expected baseline levels of registered nurses based on guidance tool (standard levels of acuity) and planned staffing

	DAYS			NIGHTS		
Ward	Expected reg staff numbers	Planned reg staff numbers	RAG	Expected reg staff numbers	Planned reg staff numbers	RAG
Forensic BDU						
Appleton	2	2	Green	1	1	Green
Bronte	2	2	Green	2	2	Green
Waterton	2	2	Green	1	1	Amber
Chippendale	2	2	Green	1	1	Green
Hepworth	2	2	Green	2	2	Green
Johnson	3	3	Green	2	2	Green
Priestley	2	2	Green	1	1	Amber
Thornhill	2	2/3	Green	2	2	Green
Sandal	2	2	Green	2	2	Green
Ryburn	1	1	Green	1	1	Green
Newhaven	2	2	Green	2	2	Green
Wakefield BDU						
Nostell	3	3	Green	2	2	Green
Walton	4	4	Green	4	4	Green
Stanley	3	3	Green	2	2	Green
Chantry	2	2	Green	1	1	Green
Poplars	2	2	Green	1	1	Green
Specialist Services						
Horizon	2	2	Green	1	1	Green
C&K BDU				+ twilights		
Ashdale	3	3	Green	2/3	2/3	Amber
Beechdale	2/3	3	Green	1/1	1/1	Amber
Elmdale C	3	3	Green	2/3	2/3	Amber
Enfield Down K	4	3/4	Green	2	2	Amber
Ward 18 K	3	3	Green	2	2	Green
Ward 19 Female	2	2	Green	1/1	1/1	Green
Ward 19 Male	2	2	Green	1/1	1/1	Green
Lyndhurst K	1	1	Green	1	1	Amber
Barnsley BDU						
Willow	2	2	Green	1	1	Green
Clark	2	2	Green	2	2	Green
Beamshaw	2	2	Green	2	2	Green
Melton Suite	2	2	Green	1	2	Green
Stroke Rehab	2	2	Green	1.5	1.5	Amber
Neuro Rehab	2	2	Green	1.5	1.5	Green

(Green - equal to guidance tool figures or higher; Amber- 1 staff less; Red more than 1 staff less)

F = Forensic, W= Wakefield, C= Calderdale, B = Barnsley, K = Kirklees

Appendix 2

FILL RATES: Actual and Planned Staffing Hours, September 2019

Ward Name	Area	Day		Night		Average Fill Rate - All Staff (%)	Care Hours Per Patient Day (CHPPD)			
		Average fill rate - Registered Nurses (%)	Average fill rate - Health Care Assistants (%)	Average fill rate - Registered Nurses (%)	Average fill rate - Health Care Assistants (%)		Trust		National Average	
							Registered Nurses	HCA	Registered Nurses	HCA
Beamshaw	Barnsley	101.6%	93.8%	93.5%	106.8%	99.3%	3.2	4.5	3.5	4.8
Clark	Barnsley	87.3%	112.3%	90.0%	132.5%	105.5%	3.8	5.9	3.5	4.8
Melton Suite PICU	Barnsley	84.2%	133.6%	160.0%	163.3%	130.1%	7.3	14.0	5.9	12.1
Neuro Rehab Unit	Barnsley	102.8%	152.7%	100.0%	300.0%	134.9%	4.3	6.4	3.5	4.5
Stroke Rehab Unit	Barnsley	76.5%	100.2%	100.0%	100.0%	93.2%	3.5	5.8	3.5	4.5
Willow Ward	Barnsley	79.9%	154.7%	96.9%	138.5%	119.0%	3.7	7.8	3.2	6.6
Ashdale	C & K	81.9%	141.6%	91.7%	148.3%	115.5%	2.2	3.8	3.5	4.8
Beechdale	C & K	80.3%	229.6%	100.2%	224.2%	151.9%	3.4	8.1	3.2	6.6
Elmdale	C & K	82.3%	131.7%	76.7%	173.2%	113.2%	2.3	4.0	3.5	4.8
Enfield Down	C & K	94.6%	88.1%	98.4%	98.9%	94.1%	3.4	4.2	3.4	4.4
Lyndhurst	C & K	113.0%	97.1%	108.6%	96.6%	101.6%	2.8	5.0	3.4	4.4
Ward 18	C & K	62.8%	144.8%	98.6%	210.0%	119.6%	2.4	4.9	3.5	4.8
Ward 19 - Female	C & K	74.7%	145.0%	100.0%	125.0%	107.6%	2.7	4.5	3.2	6.6
Ward 19 - Male	C & K	81.7%	133.6%	136.7%	133.3%	114.1%	3.2	4.4	3.2	6.6
Appleton	Forensic	59.4%	116.6%	106.8%	95.4%	90.1%	4.0	6.5	4.0	6.9
Bronte	Forensic	76.9%	160.4%	80.1%	111.6%	105.2%	6.9	10.4	4.0	6.9
Chippendale	Forensic	64.4%	113.1%	116.5%	86.7%	90.0%	3.7	5.2	4.0	6.9
Hepworth	Forensic	68.9%	171.4%	71.5%	122.0%	108.4%	2.6	5.3	4.0	6.9
Johnson	Forensic	69.2%	216.1%	80.1%	244.4%	146.0%	3.3	9.1	4.0	6.9
Newhaven	Forensic	82.8%	115.0%	85.5%	108.9%	100.6%	3.7	6.8	4.0	6.9
Priestley	Forensic	82.0%	117.1%	110.4%	93.4%	98.0%	2.4	3.1	4.0	6.9
Ryburn	Forensic	116.1%	97.9%	106.3%	102.0%	105.6%	3.8	3.4	4.0	6.9
Sandal	Forensic	78.4%	100.5%	82.2%	119.4%	98.4%	2.4	6.3	4.0	6.9
Thornhill	Forensic	84.0%	121.1%	83.3%	134.8%	106.7%	3.1	5.5	4.0	6.9
Waterton	Forensic	77.0%	144.1%	103.6%	133.0%	113.1%	2.4	4.4	4.0	6.9
Crofton	Wakefield	78.4%	187.1%	106.7%	129.4%	125.7%	2.6	6.6	3.2	6.6
Horizon	Wakefield	155.8%	115.6%	100.2%	113.3%	117.4%	8.1	33.3	7.4	19.5
Nostell	Wakefield	89.9%	208.8%	108.7%	168.1%	134.4%	3.2	4.4	3.5	4.8
Poplars	Wakefield	80.7%	220.1%	113.3%	224.9%	167.5%	4.0	13.9	3.2	6.6
Stanley	Wakefield	95.9%	153.7%	98.5%	173.3%	124.5%	2.8	3.3	3.5	4.8
Walton	Wakefield	78.6%	192.5%	90.0%	257.8%	154.2%	7.1	19.8	5.9	12.1
All Wards		82.7%	138.5%	96.1%	142.7%	116.1%				

Fill Rate Key for RNs and All Staff:	
	RNs - Less than 80% fill rate; All staff - Less than 90% fill rate
	Greater than or equal to 120% fill rate

CHPPD Key:	
	Within 10% of national average
	More than 10% above national average
	More than 10% below national average

Appendix 2a

Overall fill rates October 2018 to September 2019

Overall Fill Rate	Month-Year											
Unit	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Specialist Services	**119%**	**129%**	**165%**	**180%**	**156%**	**103%**	**119%**	**118%**	**118%**	**117%**	**117%**	**117%**
Horizon	119%	129%	165%	180%	156%	103%	119%	118%	118%	117%	117%	117%
Barnsley	**122%**	**125%**	**120%**	**121%**	**123%**	**122%**	**117%**	**107%**	**110%**	**115%**	**115%**	**111%**
Beamshaw	110%	101%	104%	104%	107%	103%	103%	97%	102%	106%	97%	99%
Clark	101%	105%	106%	103%	99%	104%	99%	95%	96%	99%	107%	105%
Melton Suite PICU	165%	151%	116%	122%	119%	133%	128%	143%	152%	152%	135%	130%
Neuro Rehab Unit	141%	179%	168%	158%	159%	161%	134%	111%	127%	139%	150%	135%
Stroke Rehab Unit	92%	94%	96%	95%	99%	93%	101%	96%	92%	91%	95%	93%
Willow Ward	146%	147%	149%	162%	175%	160%	157%	112%	102%	118%	120%	119%
C & K	**103%**	**108%**	**107%**	**109%**	**109%**	**108%**	**110%**	**114%**	**115%**	**112%**	**110%**	**114%**
Ashdale	96%	102%	108%	109%	112%	111%	112%	116%	112%	109%	108%	116%
Beechdale	108%	118%	116%	124%	122%	118%	143%	143%	147%	146%	136%	152%
Elmdale	100%	105%	107%	115%	113%	115%	112%	118%	116%	111%	104%	113%
Enfield Down	95%	96%	95%	95%	95%	89%	90%	91%	95%	100%	93%	94%
Lyndhurst	93%	96%	96%	97%	97%	96%	99%	100%	98%	101%	101%	102%
Ward 18	109%	111%	118%	116%	118%	116%	119%	112%	106%	109%	122%	120%
Ward 19 - Female	103%	120%	120%	112%	112%	113%	103%	120%	129%	108%	95%	108%
Ward 19 - Male	123%	125%	99%	106%	105%	112%	104%	121%	131%	118%	123%	114%
Forensic	**113%**	**116%**	**114%**	**116%**	**114%**	**115%**	**112%**	**108%**	**106%**	**109%**	**108%**	**107%**
Appleton	150%	161%	155%	144%	127%	116%	102%	91%	91%	88%	90%	90%
Bronte	144%	135%	145%	132%	134%	124%	98%	97%	97%	99%	123%	105%
Chippendale	102%	99%	92%	97%	99%	112%	114%	120%	97%	96%	93%	90%
Hepworth	99%	97%	97%	106%	104%	104%	104%	104%	100%	103%	111%	108%
Johnson	125%	138%	130%	155%	150%	173%	146%	131%	132%	153%	149%	146%
Newhaven	95%	97%	101%	94%	95%	96%	98%	97%	99%	100%	97%	101%
Priestley	101%	98%	101%	96%	94%	98%	95%	95%	92%	95%	90%	98%
Ryburn	111%	105%	103%	108%	102%	103%	104%	105%	105%	106%	103%	106%
Sandal	116%	128%	111%	102%	101%	101%	128%	121%	125%	122%	99%	98%
Thornhill	100%	99%	99%	102%	106%	101%	101%	97%	101%	104%	96%	107%
Waterton	110%	116%	126%	138%	137%	129%	123%	120%	117%	121%	123%	113%
Wakefield	**133%**	**135%**	**130%**	**130%**	**135%**	**140%**	**143%**	**147%**	**140%**	**134%**	**141%**	**142%**
Poplars	147%	143%	141%	142%	150%	159%	162%	158%	158%	164%	170%	167%
Stanley	125%	127%	122%	121%	132%	131%	124%	129%	135%	121%	123%	124%
Walton	119%	128%	129%	134%	129%	142%	149%	161%	141%	130%	149%	154%
Nostell	165%	173%	141%	143%	142%	148%	151%	166%	153%	143%	139%	134%
Crofton	111%	104%	120%	110%	125%	119%	127%	114%	109%	114%	121%	126%
Overall Shift Fill Rate	**116%**	**119%**	**118%**	**119%**	**119%**	**118%**	**118%**	**117%**	**116%**	**116%**	**116%**	**116%**

Key:

Above 120%
Above 90%
Above 80%
Below 80%

Appendix 2b

Registered nurse fill rates on days October 2018 to September 2019

Registered Day Rate	Month-Year											
Unit	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Specialist Services	**104%**	**111%**	**122%**	**115%**	**106%**	**98%**	**120%**	**107%**	**108%**	**100%**	**107%**	**156%**
Horizon	104%	111%	122%	115%	106%	98%	120%	107%	108%	100%	107%	156%
Barnsley	**103%**	**105%**	**100%**	**98%**	**95%**	**95%**	**94%**	**91%**	**85%**	**84%**	**90%**	**88%**
Beamshaw	101%	127%	108%	117%	102%	116%	108%	105%	101%	92%	89%	102%
Clark	113%	116%	115%	102%	96%	94%	102%	86%	95%	85%	96%	87%
Melton Suite PICU	103%	90%	85%	91%	92%	91%	89%	88%	86%	68%	76%	84%
Neuro Rehab Unit	104%	101%	101%	100%	95%	97%	90%	109%	103%	116%	124%	103%
Stroke Rehab Unit	83%	97%	95%	86%	90%	83%	84%	81%	74%	78%	79%	77%
Willow Ward	121%	100%	98%	92%	94%	89%	92%	76%	56%	66%	74%	80%
C & K	**91%**	**94%**	**85%**	**87%**	**88%**	**88%**	**88%**	**89%**	**87%**	**84%**	**77%**	**81%**
Ashdale	83%	95%	84%	80%	86%	83%	88%	96%	83%	84%	74%	82%
Beechdale	97%	90%	87%	95%	107%	94%	109%	100%	97%	93%	82%	80%
Elmdale	88%	95%	83%	86%	81%	84%	82%	85%	80%	82%	71%	82%
Enfield Down	89%	87%	83%	89%	84%	82%	73%	78%	93%	96%	87%	95%
Lyndhurst	90%	101%	99%	109%	101%	100%	104%	90%	94%	115%	116%	113%
Ward 18	90%	92%	82%	86%	83%	85%	85%	86%	80%	71%	53%	63%
Ward 19 - Female	97%	97%	88%	80%	90%	94%	84%	89%	83%	73%	66%	75%
Ward 19 - Male	91%	100%	84%	83%	79%	90%	88%	89%	87%	80%	89%	82%
Forensic	**88%**	**87%**	**83%**	**92%**	**85%**	**82%**	**83%**	**81%**	**79%**	**81%**	**75%**	**75%**
Appleton	76%	85%	79%	94%	90%	78%	74%	60%	62%	61%	51%	59%
Bronte	89%	100%	100%	102%	104%	91%	82%	74%	83%	88%	79%	77%
Chippendale	69%	76%	65%	79%	75%	72%	78%	83%	83%	82%	83%	64%
Hepworth	79%	65%	62%	85%	86%	70%	83%	77%	74%	73%	79%	69%
Johnson	75%	72%	69%	76%	64%	78%	75%	78%	71%	79%	72%	69%
Newhaven	84%	91%	97%	86%	81%	84%	73%	82%	82%	92%	77%	83%
Priestley	104%	87%	85%	86%	75%	73%	80%	80%	83%	78%	64%	82%
Ryburn	115%	114%	105%	114%	104%	97%	106%	109%	106%	107%	107%	116%
Sandal	108%	123%	99%	107%	93%	102%	104%	106%	98%	87%	85%	78%
Thornhill	104%	97%	98%	108%	101%	91%	101%	92%	81%	92%	75%	84%
Waterton	92%	83%	86%	103%	88%	88%	82%	77%	71%	74%	73%	77%
Wakefield	**94%**	**93%**	**92%**	**90%**	**91%**	**98%**	**88%**	**91%**	**90%**	**84%**	**83%**	**86%**
Poplars	93%	91%	78%	81%	79%	81%	77%	94%	107%	97%	77%	81%
Stanley	103%	105%	95%	94%	103%	104%	104%	92%	96%	87%	97%	96%
Walton	88%	88%	96%	87%	92%	103%	81%	82%	81%	76%	75%	79%
Nostell	100%	95%	99%	98%	89%	95%	83%	101%	92%	86%	83%	90%
Crofton	81%	78%	84%	85%	88%	100%	94%	83%	74%	71%	81%	78%
Overall Shift Fill Rate	**93%**	**94%**	**89%**	**92%**	**89%**	**89%**	**88%**	**87%**	**85%**	**84%**	**80%**	**83%**

Appendix3

Example: Escalation and Continuity Plan for Horizon – reviewed Sept 2019

1. Review rota and adjust accordingly 2. Additional hours to existing staff 3. Bank staff 4. Agency staff
5. Review seconded staff 6. Review staff leave and offer carry forward to next year if necessary 7. Check registered nursing staff availability from other services 8. Learning Disability Community team – IST and Community Nurses 9. Contact wards on Fieldhead site including Forensic Wards and Acute Mental Health
10. Contact On Call Manager for Acute Services and Forensic services (see On Call Rota on Intranet) 11. Contact Barnsley then C&K via appropriate On Call Manager 12. Identify non-clinical registered nursing staff (e.g. managers, PGC, nurse consultants) who can cover shifts 13. Within Service Line then BDU including CAMHS and ADHD 14. Across the Trust: Nursing and Professions Directorate, L&D, EMT 15. Redeploy community/non-ward clinical staff from within BDU on secondment 16. Redeploy registered nursing staff from other areas on 17. Secondment

Appendix 4

Trust Board Safer Staffing Checklist

1. Do Boards fully understand the specific characteristics of Mental Health that will have an impact on the approach to capacity and capability? Do they have a clear vision and values around quality and safety and how it is defined differently in a Mental Health setting?
   Board receives regular presentations on staffing (e.g. IPR reports, regular assurance visits from Board members to the wards/departments in order to learn about and understand the services better (e.g. Quality and Exec Trio visits)

2. Are their processes for escalating issues identified by staff, patients or relatives or responsive to the quickly changing acuity and unpredictability of Mental Health services?
   Acuity is regularly and routinely monitored on wards including need for 1:1 observations. On call arrangements mean staffing issues can be escalated quickly and senior managerial support sought. Staffing issues are captured via Datix system and regular reporting to safer staffing group.

3. Is there a clear methodology for the planning and deployment of staffing that is firmly rooted in an evidence based approach? How can the calculator tools be best deployed in delivering this?
   The Trust has developed a bespoke decision support tool. The tool has been developed in collaboration with ward managers as a decision support tool, to enable staff to match bed numbers with other variables, such as acuity, and calculate the numbers of staff and skill mix required to run both a day and night shift given these circumstances. E-rostering extrapolates where fill rates fall below optimum levels and managers are asked for exception reports on why, mitigation and actions to prevent recurrence.

4. What practical steps are being taken to develop sound skills in professional judgement because of the less predictable nature of Mental Health services?
   Managers are empowered to use a range of interventions (e.g. use of bank/agency etc.) to ensure safer staffing where unexpected demand is encountered. Widespread roll out of dashboards and benchmarking across the organisation continues to improve data fields available to support professional judgement. Specialist Advisor for safer staffing is available to offer advice and support as required.

5. How are the needs of Mental Health service users incorporated in staffing?
   Services are planned and designed in consultation with service users and carers. Transformation of care pathways ensures that they are contemporary and relevant.

6. What evidence is there that a multi-professional approach to staffing is being deployed across the organisations? How is the need to spend time simply engaging with and talking to the patients built into workload calculation?
   Service user and carer engagement and satisfaction tools assure us that service users and carers are largely satisfied with the care and treatment they receive. Where this is not the case, services and customer services respond promptly to try and resolve the issue as quickly as possible.

7. As well as staffing measures outlined by the NQB are there measures of improvement or performance that reflect some of the unique characteristics of Mental Health services and specific clinical drivers?

Complex benchmarking and performance data is widely available throughout the organisation and drills down to team level. Clinical metrics in relation to incidents such as violence and aggression are also available and reviewed regularly.

8. How this ward staffing information might be presented differently within a Mental Health setting where the ward based team is not the only important resource available?
   Monthly reporting on Trust website and safer staffing exception report shared with all services monthly and summary information provided in IPR

9. How are the challenges of filling specific Mental Health roles handled? E.g. recruitment training etc.?
   We have very good relationships with providers of undergraduate education and have recently invested in improvements to the Practice Placement Quality Team to ensure we remain the local employer of choice. Training Needs are reviewed across the organisation each year and training programmes commissioned to support. Supervision and appraisal also support identification of training/learning needs.

10. How is the commissioner kept informed about best practice in Mental Health such that informed commissioning decisions are made?
    Local CCG Quality Boards receive updates on how the organisation is performing in relation to safer staffing.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019

Agenda item 7.1

Title:	**South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYB ICS)**
Paper prepared by:	Director of Human Resources, organisational development and estates / Director of strategy
Purpose:	The purpose of this paper is to update the Trust Board on the developments within the South Yorkshire and Bassetlaw Integrated Care System (ICS), and Barnsley integrated care developments.
Mission/values:	The Trust's mission to **enable people to reach their potential and live well in their communities** will require strong partnerships working across the different health economies. It is, therefore, important that the Trust plays an active role in the South Yorkshire and Bassetlaw ICS.
Any background papers/ previously considered by:	The Trust Board have received regular updates on the progress and developments in the SYB ICS (formerly Sustainability and Transformation Partnership), including Barnsley Integrated Care Developments.
Executive summary:	**1. SYB ICS Update** The attached paper provides an update from the Collaborative Partnership Board and the Health Executive Group for SYB ICS and covers: ➢ **ICS Guiding Coalition and Five Year Plan** ➢ **Focus meeting with NHS England and Improvement** ➢ **Performance Scorecard** ➢ **Establishing ICSs** ➢ **Progress to date to develop the SYB LTP – key points** **2. SYB ICS Mental Health, Learning Disabilities and Autism programme** The ICS Mental Health Executive steering group has a number of programmes of work that have been prioritised, below is an update on some of these programmes. ➢ **Individual Placement and Support (IPS) -** Provision of IPS services is variable across the ICS and the bid submitted as part of the wave two funding to ensure that IPS services are available across the ICS has been successful. Following a

	successful procurement process, the Trust as a key partner in this programme will benefit from additional funding to deliver a new service in Barnsley. ➢ **Mental Health Liaison and Crisis Care -** The Trust in partnership with Barnsley Clinical Commission Group (CCG), recently submitted two bids to NHS England for additional transformational funding as part of the SYB ICS Bids. One bid (circa £500,000) was to enable the all-age mental health liaison service to achieve 'Core 24' status and the second bid (circa £231,000) was to enable Barnsley to develop a Crisis Assessment Unit, based on the model successfully implemented by TEWV (Tees, Esk and Wear Valleys NHS Foundation Trust). The Crisis Assessment Unit should provide an alternative to ED as a place of safety and reduce usage of the S136 suite at Kendray hospital. Both bids have been successful. ➢ **NHS England specialised commissioning New Models of Care -** The Specialist Forensic providers across the ICS are working together to develop a Lead provider model for Forensic services. The bid submitted to NHSE by the partners is on the development track with a gateway review / sign off by April 2020, with the intention of going live from October 2020. The Trust is not a partner in the delivery of the model in South Yorkshire (Lead for the equivalent model in the West Yorkshire and Harrogate Health and Care Partnership) however will continue to work with providers in South Yorkshire to ensure that pathways in to care and the impact on community services is considered as part of the development phase. 3. Barnsley Place Update ➢ **ICS place review - Barnsley** The ICS CEO Lead and members of the ICS Core team together with representatives from NHSI held the second quarterly place reviews in Barnsley this month. The review focused on performance, integration and joined up care and service developments including the development of Primary Care Networks (PCN). ➢ **Barnsley Integrated Care update** The Barnsley Clinical Commissioning Group (CCG) continues to work with partners including the Trust to develop joined up integrated care. Partners across Barnsley continue to work together to develop integrated models of care including Primary Care Networks (PCNs), integrated primary and community care as part of the neighbourhood model, Frailty, and developing an integrated model of care for Stroke and Frailty.

	Risk Appetite This update supports the risk appetite identified in the Trust's organisational risk register.
Recommendation:	**Trust Board is asked to NOTE the update from the SYBICS and Barnsley integrated care developments.**
Private session:	Not applicable.

South West Yorkshire Partnership NHS Foundation Trust

South Yorkshire and Bassetlaw Integrated Care System (ICS) Update

1. Introduction

This paper provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of October 2019.

2. ICS Guiding Coalition and Five Year Plan

The Trust was part of the SYB Guiding Coalition which met on Tuesday 8th October 2019 to discuss and receive feedback on the draft refreshed vision of our Five Year Plan. The key themes from the 8th October have been added to the final version which should be ready to be submitted NHS England and Improvement in November 2019.

3. Focus meeting with NHS England and Improvement

The quarterly focus meeting with NHS England and Improvement took place on 31 October. The review concentrated on operational and financial performance, progress on the Five Year Plan and its alignment and how the ICS partners are working together. Good progress was noted on performance and the development of the 5 Year Plan.

In respect of ICS governance, there was a discussion how in 2020/21 the SYB ICS will take account of the work coming out of the Establishing ICSs programme to focus the system at Place and whole system to deliver the Long Term Plan.

4. Performance Scorecard

The attached scorecards shows the collective position at October 2019 (using predominantly August and September 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country. The ICS is green across the board for six week diagnostics, two week cancer waits, two week cancer breast waits and 31 day cancer waits. However, A & E performance as a System, while still below the constitutional standard, has also improved which is important progress heading into winter.

At month 6 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.

The performance scorecard continues to show red for the IAPT access target for Barnsley CCG and the Trust is working with the Clinical Commissioning Group to achieve the target.

5. Establishing ICSs

As part of the commitment in the NHS Long Term Plan for ICSs to be formed and covering the country by April 2021, there have been a number of discussions with stakeholders to hear their feedback on supporting systems. ICSs are not statutory entities, nor is there any specific legislation governing how they operate and therefore

it is important for local systems to work together with regional teams to establish a new way of working. There have been a number of key themes emerging which focus on the role of the ICS and its collective model of accountability. Stakeholders are keen to see greater clarity and we can expect to learn more about the themes and next steps when more details are published shortly.

6. **Progress to date to develop the SYB Long Term Plan (LTP) – key points**

The SYB Plan for 2019-24 has been coproduced through a LTP task and finish group with senior membership from the five SYB places of both commissioners and providers working with an LTP Finance Group.

The LTP consists of three mandated parts:

a) Strategic Delivery Plan – a system narrative that describes the ambition and five-year strategy of the ICS, how it will deliver the LTP requirements.

b) Strategic Planning Tool – that sets out five-year plans (aggregated organisation balanced plans) at system level for finance, activity and workforce in support of delivery of the Long Term Plan.

c) Strategic Planning LTP Collection template - that sets out five-year trajectories at ICS level for the LTP metrics.

The first draft SYB plan was shared on 27th September with the regional and national teams, health and care organisations across SYB, the other 3 ICSs in the NE&Y region (for information), and published on the ICS website. SYB has received constructive feedback on the draft plan from both national and regional teams, stakeholders, local authorities and councillors, staff, patients and the public. All feedback received has been collated and incorporated where appropriate into the revised final draft Plan.

An interim submission was made on the 1st November. Final submission for all three mandated parts of the LTP is in November 2019.

ICS Executives met with Richard Barker, NHSEI Regional Director and the regional team on 31st October for the quarterly ICS focus meeting. Comments on the plan were positive and the regional LTP assurance process has given the first draft amber rating. Since the first draft submission in September, alignments between local plans in each place have been updated giving a broadly aligned position and leaving gaps against Trust financial trajectories as the material issue to be worked through at the time of writing of this paper.

Engagement work to inform the plan has continued over the last ten months. The second Guiding Coalition met on Tuesday 8th October to discuss and gather views on the draft plan. The discussions and themes from the event plus engagement with the public, staff, stakeholders and the healthwatch report have now been collated and published on the SYB ICS website https://www.healthandcaretogethersyb.co.uk/get-involved/using-your-feedback.

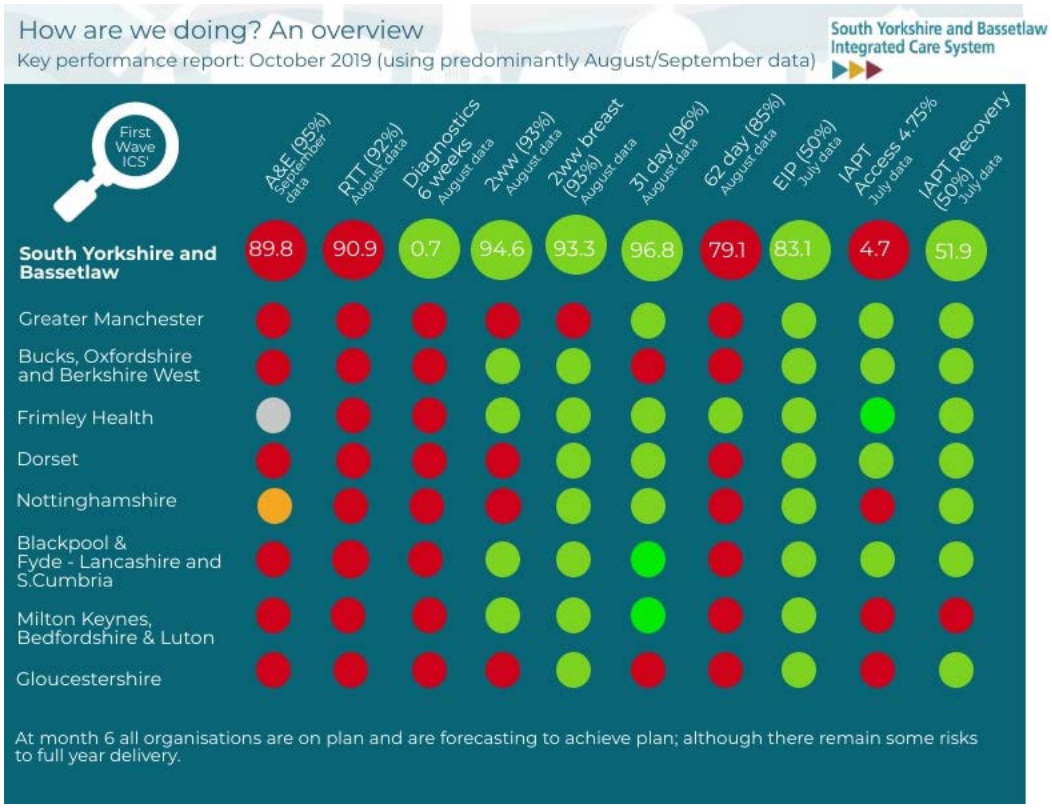
Programme implementation plans are being written together with places recognising that the majority of delivery for the national and local transformation programmes including cancer, mental health and LD, primary care, children's and prevention will be done at place and are locally owned. These plans will supplement the strategic

narrative with the level of detail needed to assure our system and NHSEI of our capability to achieve the LTP requirements and will be shared with the HEG in December.

The LTP metrics are being refined following feedback from the submission on the 1st November; these are part of the fundamental commitments in the LTP and must be delivered. The final set metrics will be included in the final submission.

Within the draft Plan five health headline ambitions have been identified to improve health outcomes and decrease health inequalities in SYB. Further progress is being made to quantify the improvement in these headline ambitions and will be discussed at a future HEG meeting.

Whilst local commissioner and provider activity plans are aligned across the five places there continues to be a financial gap over the four year period as a result of the Trusts trajectories. Discussions with Chief Officers and Chief Executives have taken place and steps are underway to move this forward. Publication of the final Plan is now subject to the normal pre-election guidance.


How are we doing? An overview
Key performance report: October 2019 (using predominantly August/September data)
South Yorkshire and Bassetlaw Integrated Care System
First Wave ICS
A&E (95%) September data
RTT (92%) August data
Diagnostics 6 weeks August data
2ww (93%) August data
2ww breast (93%) August data
31 day (96%) August data
62 day (85%) August data
EIP (50%) July data
IAPT Access 4.75% July data
IAPT Recovery (50%) July data
South Yorkshire and Bassetlaw
89.8 90.9 0.7 94.6 93.3 96.8 79.1 83.1 4.7 51.9
Greater Manchester
Bucks, Oxfordshire and Berkshire West
Frimley Health
Dorset
Nottinghamshire
Blackpool & Fyde - Lancashire and S.Cumbria
Milton Keynes, Bedfordshire & Luton
Gloucestershire
At month 6 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.


How are we doing? An overview
Key performance report: October 2019 (using predominantly August/September data)
South Yorkshire and Bassetlaw Integrated Care System
North
A&E (95%) September data
RTT (92%) August data
Diagnostics 6 weeks August data
2ww (93%) August data
2ww breast (93%) August data
31 day (96%) August data
62 day (85%) August data
EIP (50%) August data
IAPT July data Access 4.75%
IAPT July data Recovery (50%)
South Yorkshire and Bassetlaw
89.8 90.9 0.7 94.6 93.3 96.8 79.1 83.1 4.7 51.9
Greater Manchester
Cheshire and Merseyside
Cumbria and North East
Humber, Coast and Vale
Lancashire and South Cumbria
West Yorkshire
At month 6 all organisations are on plan and are forecasting to achieve plan; although there remain some risks to full year delivery.


How are we doing? An overview
Key performance report: October 2019 (using predominantly August/September data)
South Yorkshire and Bassetlaw Integrated Care System
Place*
A&E (95%) September 2019 data
RTT (92%) August 2019 data
Diagnostics 6 weeks August 2019 data
2ww (93%) August 2019 data
2ww breast (93%) August 2019 data
31 day (96%) August 2019 data
62 day (85%) August 2019 data
EIP (50%) August 2019 data
IAPT Access 4.75% July 2019 data
IAPT Recovery (50%)
Barnsley CCG
Barnsley Hospital
Bassetlaw CCG
Doncaster CCG
DBTH
Rotherham CCG
Rotherham Hospital
Sheffield CCG
Sheffield Children's
STH
*Data based on CCG and Acute Trust performance

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019
Agenda item 7.2

Title:	**West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships update**
Paper prepared by:	Director of strategy Director of provider development
Purpose:	The purpose of this paper is to provide the Trust Board: 1. With an update on the development of the West Yorkshire and Harrogate Health and Care Partnership; and 2. Local Integrated Care Partnership developments.
Mission/values:	The development of joined up care through place-based plans is central to the **Trust's strategy**. As such it is supportive of our mission, particularly to **help people to live well in their communities.** **The way in which the Trust approaches strategy and strategic developments must be in accordance with our values**. The approach is in line with our values - **being relevant today and ready for tomorrow**. This report aims to assist the Trust Board in shaping and agreeing the strategic direction and support for collaborative developments that support the Trust's strategic ambitions.
Any background papers / previously considered by:	Strategic discussions and updates on place based plans have taken place regularly at Trust Board including an update to September Trust Board.
Executive summary:	The Trust's Strategy outlines the importance of the Trust's role in each place it provides services, including the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP): **West Yorkshire and Harrogate Health and Care Partnership:** ➢ WY&H HCP has evolved in to a maturing Integrated Care System (ICS) that is now playing a stronger role in system performance and transformation including developing the 5 year plan in response to the NHS Long Term Plan. The plan builds on the programmes and work initiated and developed over the last few years across each of the places that make up the ICS. Engagement with partners has shaped the draft plan that is being further developed and is available to view in full. https://www.wyhpartnership.co.uk/meetings/partnershipboard ➢ Significant transformation funding has been made available through the ICS to support key programmes and initiatives including the mental health, learning disabilities and autism programme. The paper will provide an update on transformation funding that will enable service development in each of the places that we provide services.

	➢ The ICS Memorandum of Understanding (MoU) has been reviewed and as arrangements are 'bedding in' a light review has been carried out. ➢ It is expected that moving forward the Partnership will take a stronger role around workforce. The ICS was selected as one of the nine pilot sites to test a new Workforce Readiness Tool. Findings from all the test sites will be used to develop the Full People Plan which aims to deliver a number of objectives, including: making the NHS the best place to work; improving the leadership culture; taking action in 2019/20 to tackle the nursing challenge; delivering 21st century care; and developing a new operating model for workforce. The WY&H report has been finalised and was considered at the System Leadership Executive Group. The Trust CEO is leading the national task group responsible for developing an operating model for the People Plan and We continue to work with partners to develop and deliver joined up care and transform services and support. The paper provides an update that includes notable developments in the following places: ➢ Kirklees ➢ Calderdale ➢ Wakefield **Risk Appetite** The development of strategic partnerships and the development and delivery of place-based plans is in line with the Trust's risk appetite supporting the development of integrated, joined up care and services that are sustainable. Risks to the Trust's services in each place will need to be reviewed and managed as the partnerships develop to ensure that they do not have a negative impact upon services, clinical and financial flows.
Recommendation:	**Trust Board is asked to RECEIVE and NOTE the updates on the development of Integrated Care Partnerships and collaborations including:** ➢ **West Yorkshire and Harrogate Health and Care Partnership** ➢ **Wakefield** ➢ **Calderdale** ➢ **Kirklees** ➢ **Receive the minutes of relevant partnership boards.**
Private session:	Not applicable.

South West Yorkshire Partnership NHS Foundation Trust

West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships - update

Trust Board 26 November 2019

1. Introduction

The purpose of this paper is to provide an update to the Trust Board on the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) focusing on developments that are of importance or relevance to the Trust. The paper will also include a brief update on key developments in local places that the Trust provides services that are aligned to the ambitions of the WY&H HCP and the Trust's strategic ambitions.

2. Background

Led by the Trust's Chief Executive, Rob Webster, West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It brings together all health and care organisations in six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

The West Yorkshire and Harrogate Health and Care Partnership emphasises the importance of place-based plans where the majority of the work happens in each of the six places (Bradford, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These build on existing partnerships, relationships and health and wellbeing strategies.

Collaboration is emphasised at West Yorkshire and Harrogate (WY&H) level when it is better to provide services over a larger footprint; there is benefit in doing the work once and where 'wicked' problems can be solved collaboratively. The Partnerships priorities, ambitions and progress are set out in the 'Our Next Steps to Better Health and Care for Everyone' document. This is currently being refreshed as part of developing the Partnership 5 year plan.

WY&H HCP is a trailblazer and one of the earliest Integrated Care Systems (ICS) that is supported by the ICS development programme. Since May 2018 the ICS has received national recognition for the way the partnership works and for the progress made. It means the partnership is at the leading edge of health and care systems, gaining more influence and more control over the way services are delivered and supported for the 2.6 million people living in our area.

3. Update – Progress West Yorkshire and Harrogate Health and Care Partnership

3.1 System Oversight and Assurance Group (SOAG)

The primary objectives of this group include oversight of progress for all the West Yorkshire and Harrogate priority programmes and system performance. Key points from the October meeting include the following:

- The WYH **approach to commissioning arrangements** is being progressed; the changes will ensure that commissioning continues to be delivered at place through Clinical Commissioning Groups (CCGs), joint arrangements with local authorities and increasingly through provider alliances. There is also work to understand what can be commissioned once across the ICS.
- Contingency **planning for EU Exit preparations** has continued at pace. The partnership has benefited from Robin Tuddenham and Tom Riordan's key regional

leadership roles on this issue, supporting an integrated health and social care response. **The Director of human resources, organisational development and estates is the Trust's lead director contributing to regional and local planning forums.**

- A workshop chaired by Richard Stubbs CEO from AHSN took place on 21 October to facilitate thinking on how the Five year plan can come together with industry and employment opportunities. It was attended by the universities, combined authority and business and started to draw the links between the LTP, employment and investment.
- The main item for discussion at the October SOAG meeting was the **quarterly focus review between the ICS and the NHSE/I regional team.** These reviews had previously been arranged as separate meetings, but were now being incorporated within the SOAG arrangements.
- **Key areas for further development of the ICS in 2019-20 were discussed including the following:**
    - **Workforce**: the ICS to take on a greater leadership role on workforce planning. The KPMG workforce readiness tool provided insight into the WYH ICS strengths, and development needs. Continue to work with Health Education England to progress in 2019-20 particularly addressing the capacity required to enable system working.
    - **Development of a sustainable model for ICS capacity and infrastructure**: ICS teams are currently very heavily reliant on transformation and STP infrastructure funding. It was agreed that there is a need to develop a sustainable staffing model moving into 2020-21.
    - **Continue delivering new models of mutual accountability**: Kirklees is the next system for a peer review. **The Trust as a key partner in Kirklees will be fully engaged in this review**

3.2 ICS Five Year strategy and plan

Significant engagement informed the initial submission of the strategic narrative document to NHSE/I and positive feedback has been provided to the partnership (the draft strategy has previously been discussed at Trust Board and the ICS Partnership Board). The document incorporates the updated priorities from each programme and builds on the existing work of the partnership. The plan will be developed further to be submitted to NHS E/I in November 2019 and published in December following sign off at the December Partnership Board.

The Trust continues working with partners in place and contributing to the development of the ICS plan as a key partner. The Trust's contribution to the plan was discussed at the last Trust Board meeting.

3.3 Review of System Performance and Delivery

Finance

The overall financial position showed that the ICS was in a positive position, with several providers who formed part of the single control total forecasting to deliver to plan for 2019/20. However, a number of risks to achievement of 2019/20 control totals were identified, particularly in relation to Airedale, Bradford and Mid Yorkshire Trust, and mitigating actions are being taken supported by the ICS. **The Trust continues to contribute to the ICS control total as a key partner and for 2019/20 there is a risk that 15% of the Trust's quarter 4 provider sustainability funding will be at risk if the West Yorkshire & Harrogate ICS does not achieve its aggregated control total.**

4. Workforce - NHS people plan and the Workforce Readiness Tool report

Following the publication of the Interim NHS People Plan, a Workforce Readiness and Development tool has been developed in order to understand the emerging Integrated Care Systems (ICSs) and processes that are in place to support and develop the NHS element of

their local workforce. The aim of the tool is to develop a joint view of what needs to be true within systems to enable the delivery of the People Plan.

West Yorkshire & Harrogate ICS was selected as one of the nine pilot sites and the full report has been published. This document outlines the overarching observations, summarises the main findings and outlines the next steps and actions which should be taken by the healthcare partnership in order to move from developing/maturing to a truly thriving ICS.

Key findings from the report

The key findings from the report are as follows:

- WY&H ICS has the architecture in place to manage workforce development on a system footprint, including ICS leadership, governance groups, a comprehensive ICS workforce strategy and nominated programme leads.
- More progress can be seen in the places that have comparable system architecture to the WY&H arrangements.
- Place level arrangements and activity varies significantly.
- The current resource available is not sufficient to deliver the WY&H workforce strategy. This is significantly limiting progress and would need to be resolved if the WY&H Health and Care Partnership is going to take on greater responsibilities in this area.

Findings from all the test sites will be used to develop the Full People Plan which aims to deliver a number of objectives, including: making the NHS the best place to work; improving the leadership culture; diverse workforce; taking action in 2019/20 to tackle the nursing challenge; delivering 21st century care; and developing a new operating model for workforce.
It is expected that moving forward the ICS will play a stronger role around workforce. **The Trust is a key partner in this programme and the Director of HR, OD and Estates is directly involved in this work. The Trust CEO is also leading the national work stream responsible for developing the operating model for delivery of the NHS People Plan.**

5. Aging Well Programme

This new national aging well programme has been created to support the implementation of the NHS Long Term Plan ambitions. In line with a number of other national priority areas, funding has been allocated to support this programme to deliver the nationally defined deliverables over a five year period. There are four specific components to the national programme including:

- Urgent Community response - improve responsiveness of community health crisis services so that by 2023/24 all services are delivering the following access standards:
    - Services within two hour of referral where clinically appropriate; and
    - Reablement care within two days of referral for people who need it
- Enhanced health in care homes
- Anticipatory care/community teams - implement anticipatory care for older people with moderate frailty and people of all ages living with multiple comorbidities. These ambitions will require models of integrated care across providers of community health, primary care networks, and the voluntary and community sector.
- Creating improvement communities

The programme will be supported as part of the WY Primary and Community Care programme Board with established links to other key programmes. ICS infrastructure funding available in 2019/20 and 2020/21 will be used to build some capacity at WYH level to develop a baseline position, establish links across programmes, establish and run the communities of practice and map out future capacity requirements at place and WYH level. **The Trust provides services for older adults and works in partnership in places. There are opportunities to continue to develop and strengthen our older adult community services as part of more integrated responsive services in place, and contribute to the communities of practice network as it develops.**

6. WY&H Dementia - national pilot update

The Partnership is one of three national dementia pilot sites, funded by NHS England which is focused on piloting pan-STP/ICS approaches, particularly in Care Homes, reducing unplanned acute hospital admissions and reducing length of stay for people with Dementia.

The WY pilot launched in September 2018 and focused on the following key priorities

- Improving awareness, identification and management of delirium in people living with Dementia
- Advance care planning
- Care home support

Some of the key deliverables from the programme include a training package, support materials including a series of films to support training for better identification and management of delirium within a range of care settings. The materials will be launched in December 2019. Twenty Care homes from across Wakefield, Kirklees and Leeds have volunteered to participate in the pilot. The development of two education hubs (St Gemma's Hospice, Leeds and Wakefield Hospice) have been commissioned to deliver Advance Care Planning and Communication Skills training and to support 40 facilitators from a range of health, social care and third sector organisations who will cascade the training to a further 1200 staff. The CLEAR Dementia model developed in Northern Ireland across inpatient units and care homes has been shown to improve experience, outcomes for people with Dementia. Calderdale, Leeds and Bradford & Airedale have volunteered to pilot this approach within their mental health care home liaison teams.

The programme has reported in to the mental health, learning disabilities and autism programme, however moving forward it will be supported by the Primary and Community Programme to be aligned to the new Aging Well workstream. The programme is to consider sustainability and mainstreaming of initiatives that have been developed through the pilot. **The Trust provides services for older adults and works in partnership in places and our teams provide support for residents in Care Homes. Best practice developed through the Pilot initiatives will be considered as part of the older peoples Transformation programme.**

7. First Annual review of the Partnership Memorandum of Understanding (MoU)

The partnership MoU was established with significant engagement with partners and was discussed and supported by Trust Board last year. The MoU has been reviewed to ensure it remains consistent with the evolving requirements of the Partnership as an ICS. The findings of the review will be presented at the next Partnership Board for approval. It is proposed that as many of the arrangements outlined in the MoU are still maturing and 'bedding in' therefore the MoU review at this stage is 'light touch' and this will be followed by a more comprehensive review in Autumn 2020, supported by a self-assessment by each partnership governance group.

The proposed updates to the MoU include the following:

- Update the MoU to reflect the revised priorities and programmes set out in the 5 year plan
- Include a section in the MoU on arrangements for involving patients, service users and the public
- Consider representation of PCNs, NED's and independent sector in partnership arrangements
- Update the Partnership Board Terms of Reference to make provision for process of delegated decision making between meetings.

8. West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative Committees in Common

The committee continues to meet and drive forward the agreed transformation areas across the system in line with the national improvements set out in the NHS Long Term Plan.

8.1 West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative update

Progress is being made against all programmes as reported through the Trust Integrated Performance Report and through the Committees in Common for mental health, learning disability and autism providers. Key developments to note include:

- **Specialist Community Forensic Team Pilot Wave 2 Selection:** The Trust submitted a bid on behalf of the West Yorkshire Forensic Provider Collaborative for Wave 2 selection. Confirmation has now been received that this bid has been successful and can be mobilised. A meeting took place on 31 October 2019 with NHS England representatives to review the implementation plan and agree next steps and project team arrangements.
- **Letter of support for new West Yorkshire CAMHS Unit**: Leeds Community Healthcare (LCH) requested a letter of support from the Trust, as a prospective member of the West Yorkshire CAMHS Lead Provider Collaborative, for inclusion in the Final Business Case for the new West Yorkshire CAMHS Unit which is planned for submission to NHSE/I in early December 2019. The Trust responded in the affirmative, noting the summary financial planning assumptions and the mitigation of risks being taken. The most significant financial risk identified by LCH in the letter to the Trust is the potential that demand for CAMHS beds is above the level commissioned in the new Unit.
- **West Yorkshire Adult Eating Disorders Provider Collaborative application:** Leeds & York Partnership NHS Foundation Trust (LYPFT), as a Lead Provider Collaborative on the NHS England 'fast track', is submitting a final business case to NHS England for approval on 29 November 2019. In addition to the business case, extensive evidence has to be provided to demonstrate that the lead provider is in a position to take on the responsibilities of managing the provider collaborative (PC). LYPFT will be taking this through its Trust Board meeting on 28 November 2019. The Trust (along with LYPFT as lead provider, and the other two partners Bradford District Care Trust and Tees Esk and Wear Valleys NHS Foundation Trust) will be a signature to a Partnership Agreement in fulfilment of the Lead Provider Collaborative functions.

  The LYPFT Director of Finance (DoF) will be the lead for the commissioning responsibilities of the Provider Collaborative (PC), and the LYPFT Chief Operating Officer (COO) will be accountable for delivery of services across the PC. The PC governance structure includes a programme board which will report into the LYPFT Trust Board, thus ensuring non-executive director oversight in the lead provider.

  The PC Commissioning Team will report to the WY&H New Care Models Programme Board, and will provide assurance to LYPFT Trust Board that commissioning activities are being overseen. The future commissioning structure arrangements and principles for all the WY&H Lead Provider Collaboratives are currently being reviewed with a view to identifying a preferred option.

9. Local Integrated Care Partnerships - key developments

A number of the places in which the Trust provides services are part of the WY&H HCP. These include Kirklees, Calderdale and Wakefield. Barnsley is part of the South Yorkshire and Bassetlaw Integrated Care System (ICS) that the Trust is a partner within. Notable developments include the following:

9.1 Calderdale

Calderdale partners are working together to deliver integrated, joined up care. Calderdale Cares is being progressed and five Locality Networks (PCNs) have been established across Calderdale. **The Trust has been working with partners to develop an alliance approach to delivering care close to home and Calderdale Cares, this is in the early stages of development. The Trust has also been fully engaged with the PCNs and these are at varying degrees of maturity, North Halifax PCN is prototyping a mental health and well-being hub and we are a key partner in developing this. The Trust continues to be a partner in the Calderdale Active programme that is led by the Local Authority, funding has been received to support additional peer support workers placed in the Recovery Colleges (RC) as part of this programme, with the aim of building on the work that the RC already do to support people's wellbeing. A further proposal is being developed to identify additional capacity to accelerate system change across all Trust services in Calderdale.**

9.2 The Wakefield Integrated Care Partnership and Mental Health Alliance

The Wakefield partnership has continued to progress the integration agenda through the Integrated Care Partnership (ICP). The ICP has approved a new governance framework for drawing together all the work currently being undertaken in respect of creating and developing sustainable places and communities for Wakefield District. The November ICP meeting comprised a facilitated organisational development session. A summary write up of the session will be circulated, it largely focused on the system structure, priorities and function of the ICP going forward.

The Mental Health Alliance has worked together to agree the priorities for 2019/20 in line with the mental health investment standard. The detailed proposals to support the priorities (including proposals approved against the WY&H ICS bid for transformation funding for community crisis care) were approved at the ICP Board and the Wakefield CCG Governing Body meetings in July. All the approved priorities are now being mobilised. Following a national recruitment process, the Alliance has appointed to the post of Mental Health Transformation Lead. **This post, funded by Wakefield CCG, will be employed by the Trust, and accountable to the Alliance Chair. The successful applicant will commence in post on 9 December 2019.**

At its meeting on 4 November 2019, the Wakefield Children and Young People Partnership Board approved the Wakefield and Young People's Plan 2019-22. The plan focuses on four priority areas and three underpinning themes. One of the priority areas is *All children and young people enjoy good emotional and mental well-being, are resilient and feel supported and safe in their communities.* The Trust has a key role in supporting this priority area through the provision of CAMHS services in Wakefield.

9.3 Kirklees

System leaders have continued to meet and the Trust is a key partner in shaping the developments of integrated care across Kirklees. The Trust is leading the development of proposals to strengthen mental health and well-being through a partnership approach across Kirklees through the development of an Alliance. Further engagement continues to take place with key strategic leads across the system to clarify and develop the engagement plan, governance arrangements and scope. A wider partnership engagement event was held to engage partners in shaping the development of a mental health alliance. Over 50 people attended the event from different parts of the system, and fully supported the development of an alliance. It is anticipated that the Alliance will operate in shadow form by January 2020. As the proposals for an Alliance are developed and co-produced with partners in Kirklees, due diligence will be carried out as part of moving the proposals forward. Kirklees will be part of an ICS peer review in November and members of the Executive team will contribute to this as a partner in the system.

Recommendations

- **Trust Board is asked to receive and note the update on the development of Integrated Care Systems and collaborations:**
    - **West Yorkshire and Harrogate Health and Care Partnership and**
    - **Calderdale**
    - **Wakefield**
    - **Kirklees**
- **Receive the minutes of relevant partnership boards.**

Appendix - Links to relevant partnership meetings and papers

1. West Yorkshire & Harrogate Health & Care Partnership Board -
2. West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive - https://www.wyhpartnership.co.uk/blog
3. West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group - https://www.wyhpartnership.co.uk/blog
4. Calderdale Health and Wellbeing Board - https://www.calderdale.gov.uk/council/councillors/councilmeetings/index.jsp
5. Kirklees Health and Wellbeing Board - https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0
6. Wakefield Health and Wellbeing Board - http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board

NHS
South West
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NHS Foundation Trust

Trust Board 26 November 2019
Agenda item 8.1

Title:	Communication, Engagement and Involvement Strategy refresh update
Paper prepared by:	Director of strategy / Director of nursing and quality Head of Communications, Engagement and Involvement
Purpose:	The purpose of the paper is to describe the approach to managing the refresh of the Communication, Engagement and Involvement Strategy 2016-2019.
Mission/values:	The Communication, Engagement and Involvement Strategy refresh will need to demonstrate a responsive approach to strengthen our approach to inclusion and in meeting our legal obligations. The strategy will act as an enabler to the Trust Strategy. The approach will support our mission to **help people reach their potential to live well in their communities** and is in line with our Trust values, in particular **putting people first and in the centre.** The strategy will ensure we improve health and wellbeing by involving people to co-design the services they use. We will ensure that what people tell us will improve quality and experience shapes change and transformation. By developing a systematic approach to involving people the strategy will improve the use of our resources, making us **relevant today and ready for tomorrow, with an engaged workforce reflective of our communities.**
Any background papers/ previously considered by:	The existing Communication, Engagement and Involvement Strategy had previously been agreed by the Trust Board in 2016. The strategy is due to expire in December 2019. Updates have been received by Trust Board periodically.
Executive summary:	This paper sets out the proposed approach, process and timescales to refresh Communication, Engagement and Involvement Strategy. It will also be important to ensure that the development of this strategy considers an alignment with the existing Equality Strategy. It is proposed this can be achieved through the development of a joint delivery plan.
Recommendation:	**For Board to CONSIDER the proposed approach and PROVIDE COMMENTS and FEEDBACK.** **For Board to SUPPORT the proposed timeline for developing the strategy.** **For the Board to AGREE to extend the existing strategy until the end of March 2020 to allow the work to take place.**
Private session:	N/A

Trust Board 26 November 2019

Communication, Engagement and Involvement Strategy refresh update

1. Introduction

The purpose of the paper is to describe the approach to managing the refresh of the Communication, Engagement and Involvement Strategy 2016-2019. This paper sets out the

- Background to the strategy
- The proposed approach to developing a new strategy
- The legal obligations in relation to Communication, Engagement and Involvement
- How we will involve people and working towards an integrated approach
- How the strategy will align with other strategies
- Timeline for delivery

The board are asked to consider the content of the paper and comment on the approach and recommendations.

2. Background Considerations

The Trust has an existing strategy which is due to expire in December 2019 and it is a requirement that the Trust has a published strategy in place. A strategy refresh will provide the Trust with an opportunity to strengthen its commitment to developing a more inclusive and integrated approach to involving people.

Following an internal reconfiguration of staff and structures, Marketing Communication, Engagement and Inclusion and volunteering will come under one directorate. The Trust has appointed a Marketing, Communication, Engagement and Inclusion Lead to support this approach. The team have been working together since mid-October and this new way of working means the team are only just starting to work together. This includes aligning areas of work to ensure an integrated offer.

It is acknowledged that over the years there have been several attempts to support an integrated approach with varying degrees of success and progress. However it is anticipated that this alignment will ensure systematic delivery of the functions.

3. Developing a new strategy

The approach to delivering the strategy refresh needs to mirror the alignment of the three functions of communication, engagement and involvement. There have been a number of steps taken to ensure we retain existing good practice and learning. The initial steps taken have been to commence the following activities:

- **Map** existing approaches and recognise established processes which already support involvement in innovation and change in service delivery, transformation and workforce to identify strengths and gaps.

- **Review our approach to external stakeholders** using the insight report to **assess** progress against the action plan and identify any actions required.
- **To identify our approach to evaluation** so the Trust can evaluate the approaches in place and identify any shift in stakeholder perception.
- **To develop a process and approach which will help the Trust meet its legal obligations.** The legal obligations are set out below.
- To identify an approach to co-design the '**Get Involved' section of the website** to accompany the refreshed strategy in parallel.

4. Legal Obligations

It is important that we consider how we will deliver our legal obligations in relation to Communication, Engagement and Involvement in the strategy refresh. Any new strategy will need to set out the governance arrangements for the legal requirements set out below:

Health and Social Care Act 2012 – places a legal duty on CCGs and **NHS bodies** to involve and consult patients and the public:

- In their planning and commissioning arrangements
- In the development of proposals which may have an impact on patients/public.
- In decisions affecting the operation of a service which may have an impact on patients/public

The Equality Act 2010 – places a statutory duty on **NHS bodies** nine protected characteristics are protected by this act

Section 149 of the act states that all public authorities must have due regard to the need to a) eliminate discrimination; b) advance equality of opportunity c) foster good relations.

The NHS Constitution – places a statutory duty on **NHS bodies** covering a number of legal rights for patients. This includes the right of patients to be involved directly in:

- The planning of healthcare services
- The development and consideration of proposals that may change services.
- In decisions which would affect the operation of those services

We will also ensure that we work within the guidelines of the **Accessible Information Standard (AIS).**

5. How we will involve people

We will involve the right people in the development of the strategy. Stakeholders will be identified from the Trust stakeholder map and will include staff, governors, members, service users, carers and families. We will ensure that an Equality Impact Assessment (EIA) accompanies the strategy and any impacts identified and approaches developed to ensure an inclusive approach to involving people.

To better understand how involvement is delivered across the Trust, a mapping tool has been created which will focus on three groups of people. The groups are:

- Person at the centre: How do we involve individuals, what mechanisms are in place? This would include involvement in care and treatment and functions such as complaints and patient experience.
- People at the centre: How do we involve people who have a shared or common interest. This would include service user, carer, family and friends groups, staff groups, governors and members.
- Communities at the centre: How do we involve communities at a place based, locality or neighbourhood level? And who are our stakeholders?

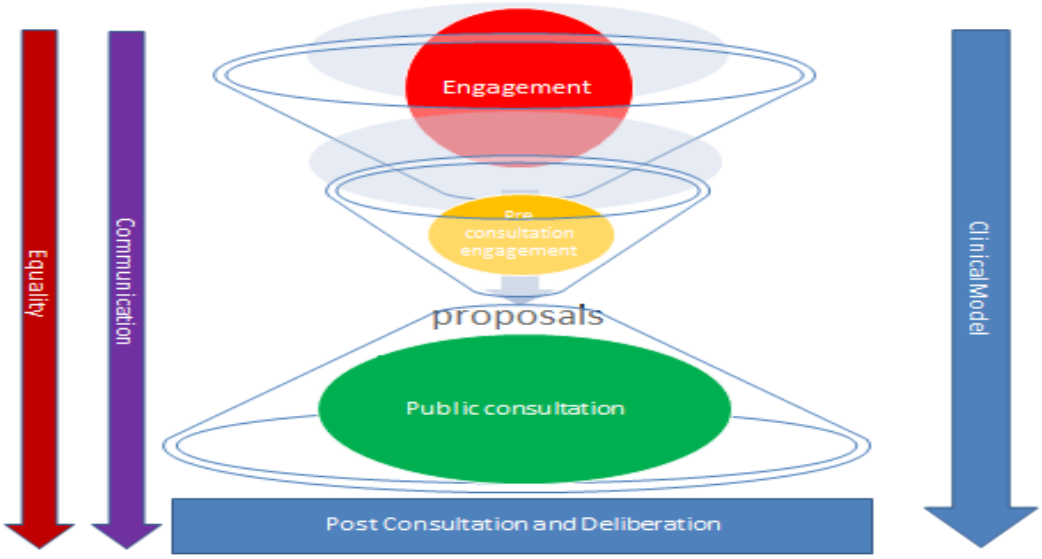
As the three areas are mapped we will ensure that we gather views from those individuals, groups and communities in the development of a strategy refresh.

In addition we will work with colleagues to ensure a refresh of the current strategy aligns with and reflects a number of other organisational strategies such as the Equality Strategy, volunteer and organisational development strategies and customer services policy.

6. Working towards an integrated approach

From the discussions which have already taken place work has commenced to further strengthen the established approach to change and delivering service transformation using the functions of 'Communication, Engagement and Involvement' and Equality.

For any large scale transformation programme which will result in change to the way a service is currently provided and/or delivered we will adopt an integrated approach to ensure that a process and audit trail are in place. The approach will be supported by a plan on a page, see diagram below:



7. How the strategy will align with other strategies

Any future strategy will still need to support the following objectives:

- Increase awareness of our services, promote the organisation as a leader in the system and develop and maintain our positive reputation
- Staff and stakeholders will have access to relevant information so that they feel well informed
- Develop an effective and inclusive approach to give people a voice and opportunities to contribute to the organisation, our services and places for the future
- Develop a culture in which communication, engagement and involvement is a fundamental part of delivering high quality services

It will also be important to ensure that the development of this strategy considers an alignment with the existing Equality Strategy. It is proposed this can be achieved through the development of a joint delivery plan.

8. High level timeline

The proposed timeline for developing a strategy refresh is set out below. The timeline has been changed to reflect the current pre-election period and guidelines.

Process	**Action**	**Timeline**
Mapping	Identify the current mechanisms in place	November/December 2019
Developing a draft document	Develop a framework for a document which includes all the must do elements.	January 2020
Developing a draft strategy	Share the draft document through a number of forums and network to co-design additional content and use views gathered to inform an EQIA.	January - February 2020
Developing a draft strategy	Share a further draft of the strategy with stakeholders for final comments and considerations	February - March 2020
Share a final draft with Trust Board	Present a final draft strategy and present the process delivered to design the strategy and	March 2020

	describe the next steps.	
Publication	Finalise the strategy and update the website ready for publication	April 2020
Integrated action plan	Develop an integrated action plan to support the delivery of the strategy.	April 2020

9. Recommendations

It is recommended that Board

- Consider the proposed approach and provide comments and feedback
- Support the proposed timeline for developing the strategy
- Identify governance arrangements which will ensure we meet all our legal obligations
- Support the development of an integrated Communication, Engagement and Involvement and Equality action plan
- For the Board to agree to extend the existing strategy until the end of March 2020 to ensure the work required to support the strategy refresh can take place

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019

Agenda item 9 – Receipt of public minutes of partnership boards

Barnsley Health and Wellbeing Board

Date	8 October 2019 (next meeting scheduled for 26 November 2019)
Member	Chief Executive / Director of Strategy
Items discussed	➢ Barnsley Children & Young Peoples Plan 2019-2022 ➢ Barnsley Safeguarding Children Board Annual Report ➢ Barnsley Safeguarding Adults Board Annual Report ➢ Health and Wellbeing Board Review ➢ Joint Strategic Needs Assessment ➢ Better Care Fund 2019/20 Submission ➢ Advancing our health: prevention in the 2020s – consultation document ➢ South Yorkshire and Bassetlaw Integrated Care System 5 Year Plan
Minutes	Papers and draft minutes (when available): http://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143

Calderdale Health and Wellbeing Board

Date	10 October 2019 (next meeting scheduled for 19 December 2019)
Non-Voting Member	Medical Director / Director of Nursing & Quality
Items discussed	➢ Living a larger life – arts and health ➢ West Yorkshire and Harrogate 5 Year Plan: further discussion ➢ Calderdale Cares ➢ Emotional health and wellbeing of children ➢ Prevention green paper ➢ Learning disabilities: call to action ➢ Better Care Fund (BCF) plan
Minutes	Papers and draft minutes (when available): https://www.calderdale.gov.uk/council/councillors/councilmeetings/agendas-detail.jsp?meeting=27436

Kirklees Health and Wellbeing Board

Date	26 September 2019 (next meeting scheduled for 21 November 2019)
Invited Observer	Chief Executive / Director of Nursing & Quality
Items discussed	➢ Health Protection Board update ➢ Update on the Implementation of the Kirklees Health and Wellbeing Plan

	➢ Development of the West Yorkshire and Harrogate 5 Year Strategy for Health and Care ➢ Update on the Development of the Primary Care Networks ➢ Journey to Outstanding ➢ Changes to Pharmaceutical Services in Kirklees since 28/03/2048 and Publication of a Supplementary Statement to the Pharmaceutical Needs Assessment 2018-2021
Minutes	Papers and draft minutes (when available): https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0

Wakefield Health and Wellbeing Board

Date	19 September 2019 (next meeting scheduled for 14 November 2019)
Member	Chief Executive / Director of Provider Development
Items discussed	➢ West Yorkshire and Harrogate Health and Care Partnership 5 Year Strategy ➢ Better Care Fund ➢ Focussed Discussion - Building Sustainable Communities
Minutes	Papers and draft minutes are available at: http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board

South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board

Date	14 September 2019
Member	Chief Executive
Items discussed	➢ To be confirmed.
Minutes	Approved Minutes of previous meetings are available at: https://www.healthandcaretogethersyb.co.uk/about-us/minutes-and-meetings

West Yorkshire & Harrogate Health & Care Partnership Board

Date	3 September 2019 (next meeting scheduled for 3 December 2019)
Member	Chief Executive
Items discussed	➢ WY&H Five Year Strategy ➢ West Yorkshire & Harrogate Workforce Strategy
Further information:	Further information about the work of the Partnership Board is available at: https://www.wyhpartnership.co.uk/meetings/partnershipboard

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019

Agenda item 10 – Assurance from Trust Board committees

Clinical Governance & Clinical Safety Committee

Date	5 November 2019
Presented by	Charlotte Dyson, Deputy Chair (Chair of Committee)
Key items to raise at Trust Board	➢ Priority Programme ➢ CQC action plan ➢ CAMHS ➢ Serious incidents ➢ Safer staffing ➢ Ligature report ➢ FTSUG
Approved Minutes of previous meeting/s for receiving	➢ Minutes of the Committee meeting held on 10 September 2019 (attached)

Finance, Investment & Performance Committee

Date	19 November 2019
Presented by	Chris Jones, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	➢ Finances on target with good degree of confidence in achieving control total. ➢ Risk level remains stable. ➢ CQUIN presentation from Chris Lennox shows robust and quality process in place offering reassurance to Board. ➢ Service line reporting report received by FIP. Reflects diversity of performance and complexity of Trust services. To be reviewed quarterly by FIP Committee for assurance. ➢ Reflection on potential Model Hospital tool given presentation from Rebecca Thorn. ➢ Quality of FSP improving.
Approved Minutes of previous meeting/s for receiving	➢ Not applicable, first meeting of the Committee.

Mental Health Act Committee

Date	12 November 2019
Presented by	Kate Quail, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	➢ BAME. ➢ Mandatory training for MHA and MCA – strong overall but some hotspots.

	➢ Highlight again in relation to two big pieces of work expected due to changes in legislation resulting in mandatory training and partnership working within localities. ➢ Strong partnership working. ➢ CTOs and how they work well for SWYPFT – feedback from Hospital Managers that they are used effectively. ➢ CQC and positive actions. ➢ Resolved risk around Hospital Managers payments. ➢ Risk register – two items.
Approved Minutes of previous meeting/s for receiving	➢ Minutes of the Committee meeting held on 29 August 2019 (attached).

West Yorkshire Mental Health Collaborative Committees in Common

Date	3 October 2019
Presented by	Angela Monaghan, Chair (Chair of Committee)
Key items to raise at Trust Board	➢ Assessment and Treatment Unit (ATU) business case. ➢ Transforming Care Programme: Independent Sector Learning Disability Placements Memorandum of Understanding. ➢ ICS & Programme Strategy and structure. ➢ Governors / NED event on 22 October 2019.
Approved Minutes of previous meeting/s for receiving	➢ Minutes of the Committee meeting held on 3 October 2019 (attached)

Workforce & Remuneration Committee

Date	7 November 2019
Presented by	Sam Young, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	➢ Update on Workforce Strategy Action Plan – agreement to review outcome measures in February 2020. ➢ Implementation of onboarding system and piloting of e-appraisal. ➢ Recruitment and retention action plan update. ➢ Focus on sickness absence in Forensic Service. ➢ February's WRC meeting to focus on outcome measures linked to best in class. ➢ Risk – EMT to look as possibility of an overarching workforce risk as part of the risk register. ➢ Consideration of NHS Employers guidance and winter planning guidance on the impact to services of Pension regulations for senior clinicians.
Approved Minutes of previous meeting/s for receiving	➢ Minutes of the Committee meeting held on 7 May and 22 July 2019.

Note, assurance from the Charitable Funds Committee is provided to the Corporate Trustee for charitable funds.

NHS
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Minutes of Clinical Governance and Clinical Safety Committee held on 10 September 2019
Meeting room 1, Block 7, Fieldhead, Wakefield

Present:	Angela Monaghan (AM)	Chair of the Trust
	Charlotte Dyson (CD)	Deputy Chair (Chair of the Committee)
	Tim Breedon (TB)	Director of Nursing and Quality (Lead Director)
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Kate Quail (KQ)	Non- Executive Director
	Dr Subha Thiyagesh (SThi)	Medical Director
Apologies:	Carol Harris (CH)	Director of Operations
	Sue Barton (SB)	Deputy Director of Strategy & Change
In attendance:	Mike Doyle (MD)	Deputy Director of Nursing & Quality
	Sarah Harrison (SH)	PA to Director of Nursing and Quality (author)
	Dave Ramsay (DR)	Deputy Director of Operations (deputising for CH)
	Sue Threadgold (ST)	Deputy Director of Forensic Services (for item 17.2)
	Yvonne French (YF)	Assistant Director Legal Services
	Sharon Carter (SC)	Transformation Programme Manager (for item 7)
	Mike Garnham (MG)	Health Intelligence Analyst / Information Manager (for item 7)

CG/19/91 Welcome, introductions and apologies (agenda item 1)

The Chair Charlotte Dyson (CD) welcomed everyone to the meeting. Apologies were noted as above. The Committee noted the people attending to cover items on the agenda, as noted above. Timings had been added to the agenda in line with internal audit recommendations.

CG/19/92 Declaration of interest (agenda item 2)

The Committee noted that there were no further declarations over and above those made in the annual return to Trust Board in March 2019 or subsequently.

CG/19/93 Minutes of previous meeting held on 11 June 2019 (agenda item 3)

Minutes of the previous meeting were agreed.

It was RESOLVED to APPROVE the minutes of the meeting held on 11 June 2019.

CG/19/94 Matters Arising (agenda item 4)

The Committee reviewed the actions from the meeting held on 11 June 2019 and the action log was updated as appropriate.

- CG/19/67 Apparent Suicide – It was noted by the Committee that the trend was going down and national trend increasing.
- CG/17/68 CAPE – Carol Harris (CH) to confirm with the Committee.

Action: Carol Harris

- CG/19/76 CAMHS – Covered on agenda of the meeting.
- CG/19/84 Improving Clinical Information - Data quality updates have gone to Audit Committee and Improving Clinical Information Group (ICIG) and a summary to come back to CGCS.
- CG/19/34 Items from ORR – Subha Thiyagesh (SThi) to meet with Mark Brooks to finalise details.

Action: Subha Thiyagesh

CG/19/95 Consideration of items from the organisational risk register relevant to the remit of the Clinical Governance & Clinical Safety Committee (agenda item 5)

The ORR was last reported to the Trust Board on 30 July 2019 and the risks aligned to the Clinical Governance & Clinical Safety Committee were reported as follows:

There were no 15+ risks reported to the Trust Board and aligned to the Clinical Governance and Clinical Safety Committee.

RISK ID 1368 CAMHS – Kate Quail (KQ) asked if it could be considered to extend to include inpact on quality of care. Tim Breedon (TB) advised that he felt this is adequately reflected in the out of area risk entry.

Angela Monaghan (AM) asked if there was any learning from the recent closure of the CAMHS inpatient service at TEWV. TB advised that there was no direct link as we are not a tier 4 provider. However this has been considered in the New Models of Care for CAMHS Board

Alan Davis (AD) informed the meeting that he had taken part in a recent teleconference with NHSI /NHSE regarding the potential closure of circa 60 independent sector beds for LD in the Northern region. He advised that the call was to ensure that the NHS is ready to manage the impact of this potential closure TB noted that we have a risk relating to acuity and demand noting the national capacity pressures.

Risk ID1424 Patient Safety - The Committee agreed that this should be reviewed following receipt the CQC report

Action: Tim Breedon

RISK ID 1151. AM informed the Committee that the Equality and Inclusion Committee (E&IC) had just discussed the matter and queried whether this would be better suited to Workforce and Remuneration Committee.

Action: Alan Davis

It was RESOLVED to NOTE that the items on the ORR relevant to the CGCS have been considered.

CG/19/96 Quality Accounts (agenda item 6)

The Quality Account report was finalised and submitted in line with external expectations. SWYPFT will meet with Deloitte in Q3 to discuss quality account requirements for 2019-20. Quality priorities have been developed for action in 2019-20 which are aligned to our Quality Strategy. The quality priorities KPI's are reported in the IPR on a monthly basis.

TB advised that the position is similar to that of the previous meeting in that the accounts are progressing and that an assurance report has been circulated. CD informed the Committee that the Quality Accounts had been discussed at the quality meeting with governors.

It was RESOLVED to NOTE the progress on the production of the Quality Account.

CG/19/97 Transformation & Priority Programmes Update (agenda item 7)

7.1 Transformation & Priority Programmes

It was agreed to defer this items to the 5 November Committee meeting.

7.2 Clinical Records System Phase One Close Down and Optimisation Plan

Sharon Carter (SC) gave a brief overview to the Committee of the project closure report for Phase one. The project closure report has been received by EMT, who have approved the closure of phase one.

Phase 2: Optimising SystmOne is essential to the provision of high-quality patient care. We continue to use the Trust's change approach: 'co-design', co-create' and 'co-deliver' to deliver these improvements and the Codesign phase for optimisation runs from July to September 2019. Engaging with and listening to staff who use the system every day will improve the likelihood of successful optimisation.

The outputs from the engagement events, together with concerns highlighted through the help-desk, have been prioritised to develop an Optimisation Project Plan, scheduled for sign off by Programme Steering Group and EMT in September.

Cocreation of the improvements to nursing care plans and risk assessments have already commenced with Codelivery scheduled for October and December respectively.

The project team will continue to work with the system supplier TPP, workstream leads, support services, and system users/service representatives (via service improvement groups) to Cocreate and Codeliver the changes to SystmOne, including ways of working, ensuring all workstream objectives/tasks are met by April 2020.

The Committee agreed that this was a good report which was very clear and agreed that they would like to continue to receive the report in this style.

CD queried how the Trust are keeping people and staff engaged and optimising resources. Mike Garnham (MG) informed the Committee that Comms play a vital part and that the same change governance process is being utilised during phase 1.

AM asked where EIA comes into the change governance process. SC noted that this needs revisiting to make sure that it is accessible for all. AM made note of the staff networks and that E&I can help to deliver on this.

Action: Sharon Carter

SC noted a slight gap in improvement groups with Medical Representatives and this is being addressed with Julie Hickling and Prof Curran.

The Committee RECEIVED the closure report and NOTED the update on optimisation phase 2.

CG/19/98 Care Quality Commission Action Plan (agenda item 8)

8a Care Quality Commission Action Plan

TB advised the Committee of the positive outcome following the recent CQC well led review. The standard presentation that has been used across the organisation has been included in the papers for completeness. TB noted that the rating is the result of significant effort and commitment across the organisation and should be celebrated.

TB advised that the team is currently developing the action plan for submission to the CQC by the 20th September 2019 and reiterated that we are now aiming to adopt a quality improvement approach to address the themes identified within the reports. The presentation describes the approach that will be taken and acknowledges the challenge of ensuring that the QI methodology will require clear milestones. TB confirmed that whilst the plan is currently under production a number of workstreams are already underway and any immediate safety concerns identified in the report have already been addressed

MD informed the Committee that efforts are being concentrated on the key items that have arisen and they are examined monthly through OMG to monitor hotspots. MD also noted that the subscription to the Always Event methodology and quality improvement approach strengthens our position for early warning signs and that this is an ongoing process.

TB advised that there will be a CQC Engagement meeting on 25th September where discussion will take place regarding potential timescales for future well led visits. The new “good rating” may extend the distance between well led review but this is to be clarified.

After discussion the Committee supported the adoption of the quality improvement approach to the CQC action planning and requested that the final improvement plan be available for the next meeting. CD acknowledge the shift from rag rating a traditional action plan but asked that the QI plan should include clear milestones for monitoring progress.

SThi noted that discussions are being held in the medical workforce around the quality improvement approach, and once the process is fully understood it will support initiatives to be embedded and that the Matrons are helping with this process.

AM noted that the risk appetite was recorded as 1-3 and should be within the 1-6 range.

The Committee RECEIVED and COMMENTED on the CQC Inspection 2019 report and NOTED the areas of risk. The Committee also supported the revised approach to compliance and requested a final report to be received at the next meeting.

8b Mental Health Act Visits

Yvonne French (YF) highlighted to the Committee the 3 visits that had taken place recently, 1 relating to blanket restrictions and responses are being prepared to go back to the CQC as per the process.

The Committee NOTED the update.

CG/19/99 Care Quality Commission Inpatient and Community Surveys Action Plan (agenda item 9)

The bi-annual mental health inpatient service user survey continues to be an important source of feedback on the services received by service users on mental health wards. The results from the report dated December 2018 indicate that there has been an improvement in some areas and a decline in others.

The main conclusions from the report are:

- Most service users remain highly appreciative of the care they receive..
- The availability of activities is an area of particular concern.
- Service users being informed about the purpose and possible side effects of their medication is also an area of particular concern

The main recommendations are:

- Review activity coordination on inpatient wards to offer a service that suits the needs of service users. This may require further investigatory work possibly via surveys or focus groups.
- Work with pharmacy and service users regarding issues with medication and request guidance on how this could be improved.
- Disseminate this report to relevant Trios to be reviewed and formulate action plans.

Actions to be taken:

- Review activities being offered and review provision of activities across inpatient areas
- Review processes of providing information to patients about the purpose and potential side effects of medications
- Review issues identified and develop associated actions to incorporate in the ward quality improvement action plan

Actions to be reviewed in December 2019 and action plans updated.

Results will also be reviewed for each ward and taken into consideration when patient experience surveys are developed to allow wards to gather further information to making improvements.

QIAT to compare survey results from the bi yearly report 2018/19 with 2020/21 to review recommendations and actions taken and to explore quality improvement work.

The comments are also a valuable source of feedback and indicate a good level of satisfaction with the care provided by the staff. Comments have also been shared with wards.

MD highlighted to the Committee that the inpatient survey is every 2 years which is not compulsory and that the feedback tends to be quite low with these types of surveys.

MD noted that pressures have been identified on Ward 18 which is a mixed ward and that a plan is now in place with staff leadership.

The Survey has been shared with BDU's and the acute care forum.

KQ queried as to how we pick findings from the report to be shown on the summary page. MD informed the meeting that all findings are shared with BDU's individually and action plans are developed at trio level.

SThi questioned the response rate and whether the right mechanisms are in place.

The Committee discussed the benefits of this survey give the low response rate, time delay from survey to report and our other more established patient experience information. To consider alternative approach. .

Action: TB/MD

AM queried as to whether wards use volunteers to do activities with patients and TB informed that there was. MD to check the extent.

Action: Mike Doyle

CG/19/100 Learning Lessons Report (agenda item 10)

MD highlighted to the Committee the ongoing process and that the Trust continues to learn from incidents and develop a learning culture. A significant amount of work has been completed in this area as part of an ongoing theme within the patient safety strategy. MD highlighted the fact that the report is circulated across the organisation and is available on the intranet.

The Committee felt assured with the report and noted it is of great content and a good record.

The Committee RECEIVED and NOTED the report and the next steps.

CG/19/101 Trust achievements (agenda item 11)

The Committee noted the significant number of Trust achievements across all areas of the organisation and also the importance of sharing our achievements externally.

The Committee RECEIVED and NOTED the update.

CG/19/102 Waiting List Improvement Plan (agenda item 12)

The Committee noted the new layout of the information provided and agreed that it was much clearer and would like to continue to receive the reports in this way.

It was felt that all the information in the report provided was self-explanatory. The Committee felt that progress is being made however acknowledged this is a slow process in some areas and that conversations still need to be had with partners etc to continue to move this on. They agreed that they would like to review in 6 months.

The Committee RECEIVED and NOTED the update.

CG/19/103 Patient Experience (agenda item 13)

Patient Experience Feedback Report Q1 (agenda item 13.1)
MD gave a brief overview of the report which provides a summary of feedback on experience of using Trust services as received via the Trusts complaints and friends and family test (FFT) systems.

Complaints process
The Trust is not currently meeting the customer service key performance measure of responding to formal complaints within 40 working days. To improve this performance work is continuing to improve our customer services process to make sure that the Trust always responds in ways that ensure learning and becomes more responsive where service issues arise. In August 2019 work has begun on the review of the 'investigation' process of the complaint pathway, which will be completed by 30 September 2019.

The completion date for the closure of all actions on this plan has been revised to October 2019 to reflect the absence of customer services staff, project support and specialist expertise to make the DATIX system changes as needed.

TB highlighted that an application for an extension due to technical support relating to Datix had been requested and that once issues have been resolved during October the 40 day target will be revisited.

Friends & Family Test – patients/service users
MD advised that returns from Secondary Care Community Services and CAMHS were low in quarter 1 due to the FFT text messaging service being offline as part of the transition from RiO to SystmOne. The system recommenced late June 2019. Electronic devices are being tested across the Trust to find a solution to connectivity issues that remain. As an interim solution, wards have paper surveys to hand out and return to QIA Team for entry and analysis.

The Committee felt assured of the processes in place and noted the work being undertaken.

The Committee REVIEWED and NOTED the feedback received in Q1.

Patient Experience Annual report (agenda item 13.2)
MD gave a brief overview of the report and in total the Trust received 1343 items of feedback in the form of complaints, concerns, comments and compliments in 2018/19. This is an increase in the previous year. In addition 7270 responses were received from the Friends & Family Test (FFT) system. MD noted that there has been a significant reduction in complaints but increase in concerns and compliments and that the response to (FFT) has increased.
The information, from both the complaints process and FFT is shared with BDUs for review. Responding to feedback and ensuring changes in practice is monitored through BDU governance processes. The information will also be shared with the Members' Council, Commissioners and Healthwatch.

AM noted that there was no FFT information for forensic and Wakefield BDU and raised concerns regarding the steep rise in Barnsley mental health where it was raised about some patients' rooms being next to seclusion rooms and queried if this was an overall issue. Sue Threadgold (ST) informed that normally they are situated away from seclusion however in some cases they can be close by which can cause distress and this is managed individually. Sue Threadgold (ST) informed Committee that Forensic services only use the FFT for two quarters and an alternative method of collecting feedback is used for the other two quarters. Committee requested sight of this information.

Action: Sue Threadgold (Forensic)
Action: DR to contact Chris Lennox – Wakefield BDU

CG/19/104 Patient Safety Strategy Update (agenda item 14)

MD presented the report to the Committee the strategy as a draft which builds on two key foundations: a patient safety culture and a patient safety system with three strategic aims:

- Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (**insight**)
- Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (**involvement)**
- Designing and supporting programmes that deliver effective and sustainable change in the most important areas (**improvement**)
- MD noted the next steps which were
  - Patient Safety Strategy group to approve the Strategy and agree priorities.
  - Launch the Patient Safety Strategy.
  - Identify BDU priorities and leads for the work streams and sign off.

The Committee supported the approach taken in the new draft and requested that the Patient Safety Strategy be brought back to CGCS in February.

The Committee RECEIVED and NOTED and APPROVED the draft strategy.

CG/19/105 Issues arising from Performance report (agenda item 15)

There were no issues to highlight from the Performance report.

CG/19/106 Update on topical, legal and regulatory risks (agenda item 16)

TB briefed the Committee on the following:-

- MHA Law - Mental Health Act Committee had received and were sighted.
- Long Term Plan – TB reiterated the fact that the Trust objectives are well aligned to the recent long term plan intentions.

CG/19/107 Child and adolescent mental health services - update (agenda item 17)

17.1 CAMHS

CQC inspection

The inspection of CAMHS focused on the Barnsley and Wakefield teams. The overall service rating was 'requires improvement'. The service was rated as 'requires improvement' in the domains of safe and responsive and 'good' in the domains of effective, caring and well-led. In each case the ratings were maintained from the previous inspection. A review of

record keeping guidance/ standards and staff competence has been undertaken as in informing a comprehensive programme of training to all staff and a programme of service improvement is being developed - incorporating SPA development, 2019/20 waiting list initiatives and demand and capacity modelling. The improvement work will be facilitated through dedicated Business Development support.

Barnsley Intensive Support Team
A service review was recently undertaken at the request of the CCG by the Mental Health Intensive Support Tea. This included the review of service specifications and activity/outcome schedules for each provider and development of robust waiting list reduction plans. Following consideration of the report by CCG Governing Body a decision was made to undertake a competitive service procurement.

CAMHS Improvement Programme
Given the ongoing challenges in relation to waiting times and as evidenced by the Barnsley IST review, Wakefield oversight and assurance forum arrangements and CQC inspection - the intention is to support service improvement within a robust change programme. To this end additional and dedicated business support capacity has been secured. In Wakefield this will be provided by the CCG and will form part of the post-oversight and assurance forum process.

Forensic CAMHS
In accordance with contract compliance plans agreed with Leeds Community Healthcare Trust the intention is to transfer management of forensic CAMHS (as delivered in Wetherby Young Offenders Institute and Adel Beck Secure Children's Home) to CAMHS by 27 September 2019. Wakefield community forensics (harmful sexual behavior pathway) will also transfer. The intention is to ensure forensic CAMHS benefits from more explicit links with children's services leadership and clinical governance.

Consultant psychiatrist recruitment
A consultant has recently been recruited to a vacancy in the Wakefield team and a September start data has been agreed in relation to a consultant post (initially on an acting basis) in Kirklees. In addition an interview is scheduled in September with regard to a further Kirklees vacancy.

Kirklees Trailblazer
Kirklees has been successful for a second time in bidding for Trailblazer funding. This will enable a further two school-based teams to be established in the locality - to be recruited in September 2019. Trailblazer bids in Barnsley, Wakefield and Calderdale were unsuccessful.

ASC
A waiting list initiative has been commissioned in Calderdale designed to achieve a 12 month longest wait by March 2020. Further investment is being considered by the CCG. A waiting list initiative has also been commissioned in Wakefield. This will mean all patients currently waiting will be allocated to be seen by December 2019 – reducing the longest wait to a maximum of 6 months.

CD noted that the waiting times graphic is helpful and more clear and the Committee agreed this would be helpful going forward.

AM highlighted the improvement programme tender in Barnsley noting the enormity of the whole CAMHS system and asked if there was the right support in place. Dave Ramsay (DR)

reported that this is being managed and further posts are coming up that will help in the long run in keeping on top of the process.

CD queried the transition between CAMHS to adult services and how this is managed and how that process works and what expertise is utilised in the process. The Committee asked for further information on this for the next meeting. DR highlighted that a 0-25 service is a possibility.

Action: Dave Ramsay

It was RESOLVED to NOTE the update paper.

Item 17.2 Forensic CAMHS Wetherby YOI Independent Report update

ST gave the Committee a brief overview of the current position. The Service has developed an action plan that provides LCH/NHSE with assurance around the delivery of mental health services to the young people in the secure estate. The Trust are now providing a dedicated Harmful Sexual Behavior (HSB) service. QIA is complete and would suggest further work needs undertaking with the staffing model. ST informed that a Training Needs Analysis and Training Plan has been completed for staff working in the secure estate which is child centred. The Independent Review has also referenced the cultural issues and plans are now in place to move the FCAMH's management structure to align to other SWYPFT CAMH services which will assist in this regard. ST noted that there was nothing of immediate concern and reminded the Committee of the recent CQC report which was positive.

ST talked through progress on the action plan and highlighted that there will be an independent review of the original 7 cases.

AM asked if the performance notice is still in place and ST advised that this is likely to be lifted and the risk register will be updated to reflect this position.

The Committee noted the progress against the action plan and asked ST to confirm that any delivery risks will be included in the current CAMHS risk register entry. ST confirmed that this will take place.

Committee felt that visits would be beneficial at a future point and ST will inform when this is appropriate.

The Committee RECEIVED and commented on the update report on the Independent Review and NOTED the next steps identified.

CG/19/108 Quality Impact Assessment review (agenda item 18)

The Quality Improvement and Assurance Team has 4 QIAs currently awaiting a challenge panel; it is however awaiting updates from some of the panels as the information provided was insufficient to RAG rate; this is reducing as information is received.

There are a number of further CIP work-streams underway which are included in the line *"number of QIA's that are in progress/waiting for planning purposes";* however the majority of these are not far enough developed to be factored into the QIA process or the Quality Improvement and assurance team have yet to receive the completed CIP forms.

There are currently no red and amber rated QIAs that require further discussion within the operational managers group.

There has also been one service quality impact assessment completed. We expect the number to increase over the year.

The Committee felt that this was a robust process and understood the current position.

It was RESOLVED to RECEIVE and NOTE the update and the areas of risk.

CG/19/109 Serious Incidents Quarterly Report Q1 19/20 (agenda item 19)

MD updated the Committee on the Q1 Serious Incidents report and noted the reduction from Q4. The Committee was assured that robust systems and processes for the reporting and investigation of incidents remain in place. The Committee took assurance from the positive comments made in the recent Care Quality Commission (CQC) Well Led Review and the work described in the "Our Learning Journey" report received at agenda item 10. The Committee noted that the report did not highlight any areas for further investigation. The importance of reviewing trend information continues to be significant in determining areas that require further interrogation or action.

The improvement work described in the Patient Safety Strategy is informed by the quarterly and annual incident reports, with particular focus on suicide prevention.

The Committee highlighted that this report remains of high quality and well structured and also commented as follows:-

- The Committee was assured that robust systems and processes for the reporting and investigation of incidents remain in place.
- The Committee took assurance from the positive comments made in the recent Care Quality Commission (CQC) Well Led Review and the work described in the "Our Learning Journey" report
- The Committee noted that the report did not highlight any areas for further investigation. The importance of reviewing trend information continues to be significant in determining areas that require further interrogation or action.
- The improvement work described in the Patient Safety Strategy is informed by the quarterly and annual incident reports, with particular focus on suicide prevention.
-

The Committee RECEIVED and NOTED report.

CG/19/110 Whistleblowing & Freedom to Speak Up Guardians Position Update (agenda item 20)

The Committee agreed to defer this item until the November meeting. AD did however notify the Committee of Georgina Williams who has been appointed.

CG/19/111 Internal Audit Report (agenda item 21)

The Committee noted that there were no Internal Audit reports to discuss.

CG/19/112 NICE Annual Report (agenda item 22)

The Committee received the report noted the positive progress in the new approach.

The Committee RECEIVED and NOTED the report.

CG/19/113 Mandatory Training Annual Report (agenda item 23)

AD gave a brief overview to the Committee and noted that the CQC were keen on compliance and as a Trust it was noted that we are very compliant. AD informed that SWYPFT are piloting an e-appraisal system which could be linked to clinical supervision.
The Committee noted the report as received and had no comments

The Committee RECEIVED the report and NOTED the next steps.

CG/19/114 Patient Led Assessment of the Care Environment (PLACE) (agenda item 24)

The Committee agreed to defer the report to the next meeting and PLACE report in the new year.

CG/19/115 Learning Disabilities Mortality Review (LeDER Programme) (agenda item 25)

Not required as included in Incident Annual Report taken on 11 June 2019.

CG/19/116 Safeguarding Annual Report (agenda item 26)

Safeguarding Annual Report

The joint safeguarding adult and children team's annual report provides an account of the safeguarding team's activities throughout the preceding year including Datix, training and performance.
The information relates to internal and external governance arrangements; partnership working, team achievement and challenges; workforce development, safeguarding adults and children performance, learning and making a difference and links into the objectives and challenges for 2019/20 as identified in the strategic plan.

- Some of the key objectives for 2019/2020 focus on achieving the objectives in the Mission Statement, Values, Nursing Strategy and Work Plan of the local Safeguarding Boards and partnerships:-

    - To raise the profile of adults with additional vulnerabilities such as a learning disability who may be more susceptible to abuse.
    - To develop the 'safe to go home' initiative.
    - To support understanding of contextual safeguarding, county lines, child sexual exploitation and all forms of exploitation.

The Quality Board will receive the report and have an understanding of the progression of the work and direction of the safeguarding team to achieve their key strategic objectives

The Committee noted the good report and were positive and AM noted the significant cases that are being dealt with.

AM raised a query regarding the Prevent agenda and how significant this is for us. TB advised that the prevent agenda remains significant within the organisation and prevent training is incorporated into our current safeguarding training package

The Committee RECEIVED the report and NOTED the next steps.

Safeguarding Strategic Plan

MD gave a brief overview to the Committee and highlighted to safeguard children and adults at risk lies at the heart of everything the service does, and brings with it a moral, and statutory, liability. In this context, the service has an obligation to work towards the following objectives:

- To embed the safeguarding adults and children at risk agenda at both a strategic and operational level and further embed into functions of the Business Development Unit's.
- To deliver a service of the highest standard; benchmarked against NICE Guidance and CQC Key Lines of Enquiry (KLEO).
- To effectively contribute and support the work of local safeguarding adults and children boards at a strategic and operational level.
- To undertake a comprehensive audit programme which will provide evidence that people are working to agreed standards and identify areas which require improvement.
- To maintain our well-trained, confident, competent and skilled workforce, who will act appropriately to safeguard individual.
- To ensure that SWYPFT policies and procedures are in line with local and national legislation.
- To ensure that SWYPFT can evidence to regulatory bodies that the Trust meets its statutory duty to keep adults and children safe.
- To ensure the voice of the adult and the child, or the lived experience of the individual are captured and reflected in the delivery of services.

The Committee agreed that the report was of a good standard and acknowledged the work undertaken.

The Committee RECEIVED the report and NOTED the plan and direction of the Safeguarding Team.

CG/19/117 Review of Healthcare Deaths Policy (agenda item 27)

Not required as policy reviewed and updated in January 2019.

CG/19/118 NHS England Core Standards for EPRR (agenda item 28)

The Trust participates fully in the EPRR network for the region and as such, measures itself against a list of 54 standards for compliance. On first check of the standards the Trust is overall substantially compliant and will declare at this level. There is an action plan to move us towards full compliance. The Trust will not achieve full compliance as the 2 outstanding standards require system working amongst the local Trusts, Local Authority and wider partners. The Trust will declare compliance in 52 of the 54 standards at the end of October 2019 and therefore, declare Substantial compliance overall.

The Committee agreed this was a comprehensive update and noted the update.

The Committee RECEIVED the report and NOTED the next steps.

CG/19/119 Medical Revalidation Report (agenda item 29)

SThi gave the Committee a brief overview of the papers and noted the purpose is to inform the Committee of progress in achieving satisfactory medical appraisal and revalidation and to support the signing of the NHSE Designated Body Annual Board Report Statement of Compliance as required by NHS England, ensuring that all medical staff are fit to practice and up to date

- 127 doctors had a prescribed connection with the Trust as at 31st March 2019.
- 25 revalidation recommendations were made between 1st April 2018 and 31st March 2019.
- The Trust continues to strengthen its appraisal and revalidation processes.

SThi informed that the next steps would be **:**

- Consolidation of the Revalidation Oversight Group.
- Ensuring the quality of appraiser training is maintained with the introduction of new trainers.
- Review process for patient feedback in light of GMC consultation/updated guidance.

SThi informed the Committee that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England and to note that the resource implications of medical revalidation are likely to continue to increase year on year.

SThi noted the number of appraisers we have available and highlighted concerns that we may lose appraisers.

AM and the Committee expressed the excellence of the report. AM queried over 4.6.4 regarding a lay member to provider scrutiny. AM would like to know who is this. SThi agreed to find out.

Action: SThi

AM questioned if the deferred appraisals had now taken place. SThi informed that there are robust processes in place to ensure that they have taken place and that any issues would be highlighted to responding to concerns group.

AM raised a query regarding the no doctors in disciplinary or remediation. AD and SThi noted that we are not an outlier. Nationally it is an area of concern however SWYPFT deal with issues with appropriate robust processes.

The Committee RECEIVED and NOTED the report.

CG/19/120 Sub-groups – exception reporting (agenda item 30)

Drug & Therapeutic (agenda item 30.1)
Medicines are being managed on a routine basis.
Flu vaccines will be available.
Stockpiling may be an issue.

It was RESOLVED to NOTE the report.

Safety & Resilience (agenda item 30.2)
Nothing to highlight.

It was RESOLVED to NOTE the report.

Infection Prevention and Control (agenda item 30.3)
Nothing to highlight.

It was RESOLVED to NOTE the report.

Safeguarding adults & children (agenda item 30.4)
Nothing to highlight.

It was RESOLVED to NOTE the report.

Reducing Restrictive Physical Interventions Group (agenda item 30.5)
An increase on assaults on staff were noted however robust processes are in place.

It was RESOLVED to NOTE the report.

Improving Clinical Information Governance Group (agenda item 30.6)
A separate paper to be provided at a later meeting.

Physical Health (agenda item 30.7)
The group is chaired by the Medical Director and consists of senior clinicians and managers from across the Trust representing a wide variety of specialties.

Where the group has identified themes, trends or issues relating to the physical health care of service users, specific actions will be proposed. Such an example would be where a clinical audit reveals an aspect of care that could be improved upon, the group would make recommendations as to how this defect may best be rectified.
CD queried if any objectives are linked to the strategy. The group will horizon scan and any issues will be highlighted.

It was RESOLVED to NOTE the report.

CG/19/121 Serious Incidents Update (agenda item 31)

TB gave a brief update to the Committee on key Serious Incidents. SANCUS are coming to the end of their investigation and the report will be expected at the end of the month and report to Trust Board.

CG/19/122 Issues and items to bring to the attention of Trust Board and other Committees (agenda item 32)

Issues were identified as:

- CQC Action Plan
- Clinical Records System Optimisation Phase One
- Waiting list improvement plan

- Patient Experience
- CAMHS
- Forensic CAMHS
- Learning Lessons Report
- Safeguarding annual Report
- Mandatory training

CG/19/123 Consideration of any changes from the organisational risk register relevant to the remit of the Clinical Governance & Clinical Safety Committee (agenda item 33)

It was highlighted that the Introduction of a new Finance & Performance Committee will be commencing and Financial Oversight Group (FOG) have discussed who will be in attendance and how it might progress. CGCS were asked to comment how the Committee manage the agenda and if it could be managed differently. Terms of Reference to be shared with CGCS once signed off from Board on 24 September.

ACTION: Tim Breedon

CG/19/124 Work Programme (agenda item 34)

Changes have been agreed.

CG/19/125 Date of next meeting (agenda item 35)

The next meeting will be held at 2pm – 5pm 5 November 2019 in Meeting room 1, Fieldhead Hospital, Ouchthorpe Lane, Wakefield WF1 3SP.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of the Mental Health Act Committee Meeting held on 29 August 2019

Present:	Dr Subha Thiyagesh	Medical Director (lead Director)
	Kate Quail	Non-Executive Director (Chair)
	Tim Breedon	Director of Nursing and Quality
	Laurence Campbell	Non-Executive Director
Apologies:	Members	
	Erfana Mahmood	Non-Executive Director
	Salma Yasmeen	Director of Strategy
	Attendees	
	Carol Harris	Director of Operations
	Terry Hevicon-Nixon	Operations Manager - Working Age Mental Health (Calderdale) – local authority representative
	Anne Howgate	AMHP Team Leader (Kirklees) – local authority representative
	Victoria Thersby	Head of Safeguarding (Calderdale & Huddersfield NHS FT)
	Stephen Thomas	MCA/MHA Team Manager (Wakefield) – local authority representative
In attendance:	Shirley Atkinson	Professional Development Support Manager (Barnsley) – local authority representative
	Clive Barrett	Head of Safeguarding, Mid Yorkshire Hospitals NHS Trust
	Julie Carr	Clinical Legislation Manager
	Yvonne French	Assistant Director, Legal Services
	Mike Garnham	Health Intelligence Analyst/Information Manager (items 4-7.1b)
	Mark Kidder	Reducing Restrictive Physical Interventions Lead (item 2)
	Chris Lennox	Deputy Director of Operations
	Deborah Longmore	Adult Safeguarding Named Nurse, Barnsley Hospital NHS FT
	David Longstaff	Independent Associate Hospital Manager, Chair of the Hospital Manager Forum
	Sarah Millar	PA to Medical Director (author)

MHAC/19/29 Welcome, Introductions and Apologies (agenda item 1)

The Chair, Kate Quail (KQ) welcomed everyone to the meeting. The apologies, as above, were noted.

It was noted that due notice had been given to those entitled to receive it and that, with quorum present, the meeting could proceed.

There were no declarations of interest to record.

MHAC/19/30 The Act in Practice (agenda item 2)

MHAC/19/30a Reducing restrictive physical intervention (agenda item 2.1)

Presentation from Mark Kidder (MK) on the use of the Mental Health Act and Mental Capacity Act and reducing restrictive physical intervention.

There was discussion on the use of seclusion and Committee acknowledged the benefits of adding the seclusion review to SystemOne such as real time data and reduction in double-reporting. KQ raised that there appeared to be an increase in the number of seclusion incidents and MK indicated that this was more likely to be over-reporting in order to safeguard service users – i.e. reporting incidents as 'seclusion' even when it may be unclear whether seclusion had actually occurred. Tim Breedon (TB) advised that the outcome of this is safe, person-centred care and appropriate governance rather than a focus on numbers (of seclusions).

Committee thanked MK for his presentation.

MHAC/19/31 Legal updates (agenda item 3)

MHAC/19/31a Briefing – Liberty Protection Safeguards (agenda item 3.1)

Yvonne French (YF) reported that the amendment bill introducing the Liberty Protection Safeguards had received Royal Assent. SWYPFT is a member of the Wakefield Local Implementation Network and is also in contact with the three remaining supervisory bodies to cover the Trust footprint.

The following workstreams have been identified for the Trust in preparation for implementation:

- SystmOne – recording system for LPS
- Training – Trustwide update to mandatory training programme, MHA Administration staff, doctors for the completion of the forms
- HR issues – new roles under the LPS, change of contracts
  Finance – impact of potential s21ZA appeals (court of protection), insurance, remuneration of staff
- SLAs with acute trusts – potential that only psychiatrists will be able to confirm mental disorder
- Review of Trust policies against the new code of practice
- Communications strategy – with staff, service user and carer groups.

The workstreams will be co-ordinated through the Trust MHA/MCA Code of Practice Group and reported into Mental Health Act Committee (MHAC).

YF reported that partnership working is generally good and there is high level oversight via Dr Subha Thiyagesh (ST).

It was RESOLVED to RECEIVE the briefing, to NOTE the next steps identified and to APPROVE the MCA Amendment Act as a standing agenda item for assurance purposes.

MHAC/19/31b CQC annual report monitoring the MHA 1983 2017/18 (agenda item 3.2)

YF reported that the review of action points taken from the national CQC annual report had been undertaken in Operational Management Group (OMG).

The following was highlighted:

- Checks on environment being safe and able to provide dignified care – Chris Lennox (CL) advised that this related to the environment in Older People's services (OPS) and ST indicated that this was being considered as part of the OPS Transformation work. ST added that the Trust would like to become a Centre of Excellence for Dementia although it is difficult at the current time to ensure the ward environments are right for everyone, balancing risk and independence.

- Effective treatment – KQ suggested that this should include other types of effective treatment as well as medication, such as mindfulness and the Recovery Colleges' provision. CL indicated that there was a focus on psychological input and all wards now have access to psychological services.

Committee noted that the introduction of matrons had had a positive impact on progress, particularly on Ward 18 where, following a recent application, the ward had been included in the national Sexual Safety Collaborative. This is the second Royal College initiative that the Trust have been involved in, the first being the Reducing Restrictive Practice project on Nostell Ward, which has had very positive outcomes.

KQ queried whether Committee wanted elements of the Trust CQC action plan that relate specifically to MHAC to come to this meeting. TB advised that the CQC report and action plan are monitored through Clinical Governance and Clinical Safety Committee although exception reports could be brought to this Committee. It was agreed that any exception reports would be brought under standing agenda item 8 (CQC compliance actions).

It was RESOLVED to RECEIVE the report and updates and to NOTE the progress.

MHAC/19/31c CQC MHA code of practice evaluation report (agenda item 3.3)
Julie Carr (JC) reported that the CQC had been requested to review the use of the current MHA Code of Practice as part of the Five Year Forward View for Mental Health.

The recommendations from the report were:

- Developing standardised resources, support and training for patients, carers and staff so that they understand how the Code applies to individuals, practice, services and local partnerships.
- Promoting the use of the guiding principles to improve practice and enable meaningful engagement with families and carers. The guiding principles need to be recognised as a support tool for human rights based approaches by staff and services.
- Making sure that the Code of Practice gives clear and consistent guidance on providers' governance arrangements. This includes guidance on ensuring that how the MHA and Code are being applied is reported on at senior leadership level.
- Improving the usability of and access to the Code of Practice, taking into account the way the Code is intended to be used in practical situations between patients and their care team. This should include considering how to make the Code digitally accessible to patients, carers and clinicians. For example, a search function with accessible links to other relevant guidance would enable professionals to find relevant guidance quickly to support their day to day work.

The CQC have determined that the key points listed above must all be addressed in future revisions if the Code is to provide a strong safeguard for patients, families, carers and support professionals and services.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/19/32 Local Authority and Acute Trusts (agenda item 4)

The following updates were noted:

Shirley Atkinson (SA) – Barnsley Local Authority

- More referrals were being received for people not known to Mental Health Services. Consent issues were causing problems with the local authority being called for MHA/MCA assessments when services should be offering more, particularly when capacity is an issue. Within services if a person does not consent to move from one service to another, this was being escalated to AMHPS.
- Intensive Home Based Treatment Team (IHBTT) will nearly always come to assess but it would be better for individuals to come through services before having people descend on their doorstep. The Quality Standards Committee is looking at possible professional guidance.
  CL indicated that people who are in contact with services should have care plans and pathways in place although if they are seen in the Single Point of Access (SPA) team then the person would normally not agree to this and the case would be escalated.
- It was agreed that this was an operational issue and CL would ask the relevant manager in Barnsley to contact SA.

Action: Chris Lennox

YF added that similar issues had occurred in Wakefield and effective processes are now in place.

Clive Barrett (CB) – Mid Yorkshire Hospitals NHS Trust

- CB reiterated that there was very positive partnership working with SWYPFT and Mid Yorkshire have a Service Level Agreement (SLA) with SWYPFT for sign off of section papers. It was noted that there were a relatively small number of sections (around 20 a year) across Dewsbury and Pinderfields hospitals and SWYPFT provide very good support with these.
- Work is being undertaken, particularly in relation to Section 5.2s, to ensure Mid Yorks are consistently compliant with the Code of Practice and Mental Health Act.
- CB acknowledged that there was more work to do in relation to developing a Mental Health Strategy and wider work around the New Care Models for Mental Health.

Deborah Longmore (DeL) – Barnsley Hospital NHS Foundation Trust

- DeL echoed CB's positive comments about strong partnership working with SWYPFT and also reported similar issues in Barnsley to those outlined by CB.

Anne Howgate (AH) – Kirklees Local Authority

Committee noted that a feedback form had been received in lieu of attendance at the meeting. KQ indicated that AH had raised an issue in relation to CAMHS not responding to a complaint and KQ would liaise with TB about this.

Action: Kate Quail

MHAC/19/33 Minutes of previous meeting held on the 14 May 2019 (agenda item 5)

It was RESOLVED to APPROVE the notes of the meeting held on 14 May 2019 as a true and accurate record of the meeting.

MHAC/19/34 Matters arising (agenda item 6)

David Longstaff (DaL) raised that the Tribunal Room in the Unity Centre remains very noisy despite Estates making attempts to rectify this over the past three months. Committee noted that a second phase of remedial work would commence shortly and YF will give an update at the next meeting.

Action: Yvonne French

MHAC/19/34a Action points (agenda item 6.1)

The action points were noted and the following items raised:

- MHAC/19/18 – YF reported that there had been no negative feedback received since issues had been escalated to the relevant police inspector.
- MHAC/19/20/a – Items for MHAC consideration from the organisational risk register had been drafted and would be finalised by EMT. This is a standing agenda item for MHAC.

MHAC/19/34b Consideration of items from the organisational risk register relevant to MHA Committee (agenda item 6.2)

Committee noted that a paper would be received for this item for future meetings.

MHAC/19/35 Statistical information use of the Mental Health Act (MHA) 1983 and Mental Capacity Act (MCA) 2005 (agenda item 7)

MHAC/19/35a Performance report – Monitoring information Trust wide April-June 2019 (agenda item 7.1)

The report was considered and the following noted:

- Ethnicity recording continues to be a source of concern. Migration to SystmOne has allowed information to be extracted from the shared record where more complete data might be recorded, however ethnicity is not a mandatory field on the shared record so this has had little impact on overall reporting. Committee noted that this was an important issue when providing person centred care and there was no assurance currently that individuals were not being negatively affected. Mike Garnham (MG) advised that this was being addressed as part of SystmOne optimisation as well as through business improvement work in BDUs.
- Laurence Campbell (LC) queried what appeared to be a contradiction in relation to admission rates and CL would check this with MG.

Action: Chris Lennox

- There were five admissions of under 18's to the Trust over Quarter 1.
- There were three exception reports for civil section and Committee were assured that appropriate governance had been undertaken.
- Use of internal transfers had reduced, with the primary reason for transfer being return to home area.
- CTO activity continues to run against the national trend of increasing activity and there was discussion around the use and efficiency of CTOs. It was noted that the use of CTOs will be a topic for a future Hospital Managers' Forum training session.
- DaL indicated that Hospital Manager and Tribunal hearings are not just a rubber stamp exercise and figures show that service users are sometimes discharged. It was noted that work was ongoing to raise the profile of Hospital Managers to service users and carers.

- LC queried the accuracy of the figures on the charts, particularly in relation to CTOs. MG reported that not all data had been accessible from SystmOne for this report and some had been added manually. LC asked when Committee could be assured that the figures were accurate and MG advised that the issue appeared to now be rectified. ST and TB would raise this in the Programme Steering Group and YF agreed to compare the figures to paperwork to provide assurance to the Committee.

Action: Subha Thiyagesh/Tim Breedon
Action: Yvonne French

It was RESOLVED to RECEIVE and NOTE the contents of the monitoring report.

MHAC/19/35a(i) Draft format – monitoring information Trust wide (agenda item 7.1b)
MG advised that he had been briefed with improving the format of the performance report and KQ added that this had been a suggestion by the 360° internal auditors, who had also provided a benchmarking document.

MG presented an option that had key charts on one page and the opportunity to drill down for more detail. It was noted that whilst the report appeared similar to the current version, a lot of work was being done in the background to analyse the data and identify trends.

It was acknowledged that the new version was not yet ready to make the transition and it was suggested that an Excel spreadsheet would be useful. MG would make changes to the draft format and bring back to Committee.

Action: Mike Garnham

It was RESOLVED to RECEIVE the update.

MHAC/19/35b Local Authority Information (agenda item 7.2)
Monitoring information had been received from Barnsley. SA reported an increase in requests for assessments and staff were being asked to ensure accurate reporting of sources and outcomes.
KQ acknowledged that this monitoring information is produced manually and therefore can be time consuming for colleagues to collect and report on. KQ suggested that given this, the need for MHAC to continue to receive this information be discussed.

Action: Kate Quail/ Yvonne French/ LA colleagues

It was RESOLVED to RECEIVE the update.

MHAC/19/35c Global restrictive practice report (blanket restrictions) (agenda item 7.3)
YF reported that a Trust working group had been established to review the use of blanket restrictions in Quarter 1. It was noted that there had been 121 reported instances of blanket restrictions and 72 of these related to smoking. The remaining 49 were primarily in relation to individual patients and their clinical presentation which had resulted in a short term blanket restriction being applied.

YF advised that a presentation had recently been taken to EMT with a view to embedding the principles of reducing the use of blanket restrictions and this had been positively received.

An annual formal review has also begun.

It was RESOLVED to RECEIVE the briefing and to NOTE the quarterly reporting requirement.

MHAC/19/36 CQC compliance actions (agenda item 8)

MHAC/19/36a MHA Code of Practice action plan (agenda item 8.1)

YF reported that a MHA/MCA working group was being developed, with the existing policy group continuing to have oversight for clinical policies. Committee were asked to consider the Terms of Reference for the working group, with comments to YF.

Action: Yvonne French

It was noted that the 136 multi-agency policy remains outstanding and whilst the Trust is committed to working with the wider integrated care system on the proposed 136 policy, a local policy would be developed in the interim.

YF advised that a review of MHA policies due to be updated had been undertaken over the past three months. The following was noted:

- Section 132 patients' rights – being rolled out with clinical staff
- Functions of Hospital Managers – being updated
- Leave for patients resident in inpatient units (replaces section 17 leave policy) – this represented a substantial change and was being managed through the implementation group
- Section 134 withholding patients' mail – minor amendments
- Section 5(4) nurses' holding power – minor amendments
- Section 5(2) Doctors' holding power – minor amendments
- Seclusion policy – there had been some quite major changes and these had been taken through the Trust policy group and the working group.

KQ thanked YF for setting up the new Trust MHA/MCA Code of Practice Group and indicated that it will be really helpful to the MHAC to gain assurance from this group on operational performance. YF advised that whilst this had been internal so far, it might be beneficial to include partners in the future as an opportunity to address issues at a local level.

It was RESOLVED to RECEIVE the update.

MHAC/19/36b MHA/MCA/DoLS mandatory training update (agenda item 8.2)

YF reported the current position as:

- Mental Capacity Act/DoLS training – 91.85% compliant
- Mental Health Act training – 84.54% compliant

against an 80% target. Committee noted this positive progress and achievement.

TB added that positive comments had been received from the CQC on staff understanding of the MHA and MCA which had been well evidenced in the well-led report.

It was RESOLVED to RECEIVE the report and to NOTE the level of compliance with mandatory training target and plans for future training.

MHAC/19/37 Audit and Compliance Reports (agenda item 9)

Committee noted that there was only one Audit report (rather than the usual two) and YF advised that the 132 patient rights audit had been due, however from a quality perspective it was clear what action needed to be taken and there was a plan in place to do the work. The audit had therefore been moved to March 2020, when Committee could receive a full update.

MHAC/19/37a Advocacy services (statutory) report (agenda item 9.1)

JC reported that there had been a real improvement of clinical staff understanding of advocacy services and referrals were being made appropriately.

The main recommendations from the audit were:

- Enquiries should be made for the use of SystmOne to provide a single information storage facility for statutory advocacy activity, as part of the optimisation programme.
- To provide further clarity for clinical staff, a FAQ advocacy section should be added to the Trust's mental health law intranet pages.
- Continued support to clinical staff should be provided to ensure that the current good standard of knowledge and practice is maintained.
- The code of practice identifies advocacy as a provision that should be monitored. To meet this requirement Advocacy should remain on the MHAC annual workplan.

The next steps were noted as:

- To explore the recording capabilities of SystmOne via the optimisation group.
- Involvement of the Matrons and Practice Governance Coaches to support timely responses to the audit.
- For the audit to be circulated to the BDUs for review and development of action plans.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/19/38 Care Quality Commission visits (agenda item 10)

MHAC/19/38a Visits and summary reports received in Quarter 1 (agenda item 10.1)

JC reported that there were 3 CQC Mental Health Act visits in Quarter 1 which was fewer than usual because of the well-led inspection.

Within the quarter, three MHA monitoring summary reports were received relating to ward visits made to; Horizon, Sandal ward and Elmdale and three responses were submitted to the CQC.

The Committee received detailed information about the outstanding issues and it was noted that one ward had had a red breach of statutory requirements although this had been clinically led and the Practice Governance Coach was liaising with staff around this.

LC raised how just one missing document represented a patient risk and there was discussion on CQC standards and how Committee can be assured. CL indicated that services are aware of the legal nature of the situation and appreciate the need to strive for 100% accuracy.

It was RESOLVED to RECEIVE the report and to NOTE the update.

MHAC/19/38b Update on CQC MHA action plans (agenda item 10.2)
YF advised that seclusion reporting had been added to SystmOne, as had Section 17 leave. It was noted that the new administrative process focusing on page two of the Section 17 form had made a huge improvement to recording figures. KQ commented that the MHA office were not only undertaking routine administration but also improving the quality of paperwork and systems using a Quality Improvement (QI) approach and that YF and others are doing the IHI training. ST agreed with this and Committee acknowledged this new approach. DeL added that the MHA Office team are invaluable as a partner and are much more than administrators.

LC noted the positive progress with outstanding actions, in particular the longest-standing from 2015/16 which related to replacement of observation windows. During the fitting of the windows, further necessary work had been identified and there was a revised due date of September 2019.

It was RESOLVED to RECEIVE the report and to NOTE the update.

MHAC/19/39 Independent Hospital Managers (agenda item 11)

MHAC/19/39a Hospital Managers' Forum Notes 14 June 2019 (agenda item 11.1)
The Committee received the notes of the last Forum. DaL reported that Mark Kidder had attended to present on the use of seclusion and this had been very well received.

It was RESOLVED to NOTE the update.

MHAC/19/40 Key Messages to Trust Board (and Clinical Governance and Clinical Safety Committee as necessary) (agenda item 12)

The key issues to report to Trust Board were agreed as:

- CQC action plan – elements that relate specifically to MHAC to be reported into Committee
- Mental Capacity Act work streams being done
- Code of Practice group
- Improvement on outstanding actions

MHAC/19/41 Date of next meeting (agenda item 13)

The next Committee meeting will be held on 12 November 2019 in Meeting Room 1, Block 7, Fieldhead Hospital, Wakefield from 2.00-4.30 pm.

Minutes of the

West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)

held Thursday 3 October 2019, 10.00-12.00 in

Training room 4, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP

Present:

Angela Monaghan (Chair) (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust
Brent Kilmurray (BK) – Chief Executive Officer, Bradford District Care NHS Foundation Trust
Cathy Elliot (CE) – Chair, Bradford District Care NHS Foundation Trust
Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sue Proctor (SP) – Chair, Leeds & York Partnership NHS Foundation Trust
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

In attendance:

Keir Shillaker (KS) – Programme Director, West Yorkshire and Harrogate Health and Care Partnership
Andy Weir (AW) – Deputy Chief Operating Officer, Leeds & York Partnership NHS Foundation Trust
Tom Jackson (TJ) – Clinical lead and Head of Learning Disability Services, South West Yorkshire Partnership NHS Foundation Trust
Lucy Quirk (notes) (LQ) – Programme Support Officer, West Yorkshire and Harrogate Health and Care Partnership

Apologies:

Neil Franklin – Chair, Leeds Community Healthcare NHS Trust

Glossary of acronyms in this document can be found on page 6.

Item	Discussion / Actions	By whom
1	**Introductions:** A Monaghan (AM) welcomed the group and noted apologies as above.	
2	**Declaration of Interests Matrix / Conflict of Interest:** The declaration of interests was reviewed: **ACTION1/10**: L Quirk (LQ) to update Cathy Elliott (CW) and Rob Webster's (RW) declaration of interests.	**LQ**
3a	**Review of Previous Minutes:** **ACTION 2/10**: Private and public minutes to be circulated to the group for future meetings. With the above noted, the notes from the previous meeting held 28 June were accepted as an accurate record.	**LQ**
3b	**Actions log and matters arising:** The actions log had been updated to reflect progress with members discussing the actions below: Action 2/7: The communications plan is in progress and will include the benefits of collaborative working. The finalised strategy will feed into the communications plan. Action 5/3: RW speaking to Claire Murdoch regarding the NHSE investment standard.	
4	**West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Mental Health, Learning Disabilities and Autism (MHLD&A) Programme update:** K Shillaker (KS) introduced the programme update noting the process underway to report the programme and wider performance metrics in quantifiable measures: • Core system performance supported by Carrie Rae, NHSE to be presented at October's programme board • Development of the programme dashboard with high level indicators linked to the strategy; underpinned by the workstream key indicator metrics identified by the workstream leads. **ACTION 3/10**: Draft programme reporting dashboard to be presented at the next meeting.	**KS**

Item	Discussion / Actions	By whom
	An up to date risk register is now in place, however on the back of feedback from the Collaborative Executive Group a revised quantifiable risk rating to support consistency was presented to the committee for comment and approval. Members supported the proposed risk rating. **ACTION 4/10**: The risk register to be presented at the next meeting. Linked to the risks, members discussed <u>steady state commissioning</u>: • Positive that the 3 new care model (NCM) bids are going ahead however need to ensure the capacity to deliver including the right support from NHSE. • Creation of a virtual team of those with NCM expertise. • NHSE guidance being developed from which key milestones can then be established. • A meeting with Chief Operating Officers and Sean Rayner will be established to look at immediate operational pressures. **ACTION 5/10**: Draft version of NCM/steady state commissioning milestones to be presented at the next meeting. T Stein (TS) gave a brief update on the development of the new Child and Adolescent Mental Health Services (CAMHS) tier 4 unit, noting that planning should go through very soon. • Clinical work taking place involving a wide group of clinicians looking at the model. • Everyone working together incredibly hard, but the business case is challenging. Will go through the treasury process and must be green book compliant. • Papers submitted to LCH and LYPFT boards last month approved enabling work before the business case is signed off. This was agreed due to the low financial risk and to shorten the construction process where possible. • A lot of processes to undertake but the official opening day is 1st September 2021; 15 months behind schedule predominately due to ensuring the clinical model is the right one for West Yorkshire. • Many benefits of partnership working, noting that working collaboratively does take time. **ACTION 6/10**: TS to provide a CAMHS update to a future C-in-C; timing in line with progress and if appropriate include a service user story. **ACTION 7/10**: L Quirk (LQ) to enquire if Woodhouse Hall is available for the next meeting. Members thanked TS for the informative update. KS provided an update on the Out of Area Placement workshop held 19 September which had concluded that a strategic approach will be taken, moving the group's focus from operational issues. Members acknowledged and thanked Jo Butterfield and all those involved in gaining the Community Mental Health funding through a truly collaborative approach and voice.	**KS** **KS** **TS** **LQ**
5	**Business & Strategy: Mental Health, Learning Disabilities & Autism (MHLDA) Programme Strategy** Members had received the excerpt from the Integrated Care System (ICS) partnership strategy and the detailed MHLDA strategy that sits behind that. KS presented at this stage as a sense check to ensure the approach taken is the right one. KS asked members to feedback on areas that required adapting or adding in particular. • The MHLDA strategy will be published but is not a public facing document. However, it should still be a clear read and acronym/jargon free, including a version in easy read. • After feedback from the partnership board a shorter version of the ICS strategy is being created by the core team. **ACTION 9/10**: KS to incorporate the below feedback into the next version of the strategy. • Edit bullet point in box on first page; intend to eliminate people to go outside WY • A clearer sense of what the most important priorities and key principles are. • Mention of primary care networks but could be stronger – integrated care. • Consistency required on what sits in this programme, other programmes and at place.	**KS**

Item	Discussion / Actions	By whom
	• Ambition of having a local service framework to set expectations and standards regarding autism. • Apply principles to three categories of sharing, standardisation and reconfiguration; what are the expected practical changes. • Insert in the strategy re meaningful and sustainable investment being needed. • Use of NHSE analytical staffing tool will help to plan recruitment/ required workforce expansion. • Strong VCS and wider partner voice in the collaborative; celebrate third sector – what we are doing and what our ambitions are. How do we make it easier to know who we can support e.g. police, VCS. • New housing link via the programme board with Sarah Roxby who has already completed great work on mental health and housing. • A better connection between the narrative around children and young people's mental health, self-harm and suicide prevention. Sits separately and could be connected better. • Add a statement on how as a partnership we are really engaging with safeguarding of adults; how we reach out to our partners as well as how we enable our partners e.g. deaths of rough sleepers and the improving population health programme. • Service user voice and coproduction doesn't come through strongly – add more on how this has helped to challenge and shape. **Programme Structure** KS drew members' attention to the proposed workstream and team structures with the positioning of the suicide prevention work being discussed. SM advised that challenges had arisen as the remit of the work stretched outside of the specialist trusts to wider community-based work that crossed over with Public Health. Work is underway to ensure the right areas are being completed and led in the right places; thus, creating equal ownership of the work. **ACTION 10/10**: SM/KS to pick up 'supporting the workplace outside of the NHS' e.g. MH first aiders to private sector with Sarah Smith, improving population health programme as broader MH prevention is one of their priorities. **ACTION 11/10**: Any further comments on the structure to be relayed to KS. Next steps; MHLDA strategy to be finalised by November so that it can be linked to the overarching ICS strategy to be published early December.	**SM/KS** **ALL**
6	**Governor/Non-Executive Director (NED) Event on 22nd October** *Following on from today's strategy discussion – what should the focus for that meeting be?* AM asked members to comment on the focus of the joint NED and governor event on 22 October: • Progress since last meeting; background to agreed workstreams; what not doing; good news stories; making a difference • Strategy must accelerate areas that haven't managed to achieve yet; an understanding of what it means for us as organisations • Steady state commissioning briefing – working together to deliver something better; not merger/privatisation. • CAMHs unit update • Service user stories wherever possible; involve governors/NEDs • Ensure time for discussion – facilitated sessions work best and create energy	
7	**Any other business:** RW asked for feedback from the group ahead of a call with Amanda Pritchard, Chief Operating Officer who is completing a piece of work for the NHS board around what support NHSI gives to the system in winter and how should we engage.	

Item	Discussion / Actions	By whom
	• Biggest challenge for LYPFT is older adults; consistent challenges around delayed transfers of care (DTOC). If there is some way of being able to put pressure on the system for all the partners to unlock the DTOC challenge in older adults this would have significant benefit for LYPFT and the acute trust. • BDCFT face same challenge particularly with the interface with the care home sector • If performance managed mental health DTOC separately to the overall system DTOC rate that would be welcomed. • Fragility of the care home sector. • Sense of their understanding of CQC expectations and consequent impact on our capacity.	
8	**Summary (including actions) and items for escalation:** AM summarised and highlighted the key areas for board feedback: • All taking these minutes through public board with exception of private items. • Developing performance indicators and dashboard; draft to be presented at the next meeting • Approved the risk management framework • Update received on CAMHS unit; valid reasons for the 15 months delay behind original plans, now expecting an opening date of September 2021. • Report on steady state commissioning, developments and progress; draft reporting mechanism to be presented at next meeting. • Agreed the Independent Sector Learning Disability Placements Memorandum of • Programme strategy and programme structure discussed and will undergo further development until ready to feed into the ICS strategy; discussing it in our boards. • NED/Governor event agenda.	
	Date and Time of Next Meeting: Tuesday 21 January 2020, Small Conference Room, Wellbeing and Learning Centre, SWYPFT, Fieldhead Hospital, Ouchthorpe Lane, Wakefield, WF1 3SP.	

Item	Discussion / Actions	By whom

Glossary

ATU	Assessment and Treatment Unit
BDCFT	Bradford District Care Foundation Trust
CQC	Care Quality Commission
CAMHS	Child and Adolescent Mental Health Services
C-In-C	Committees in Common
CCG	Clinical Commissioning Group
DTOC	Delayed Transfers of Care
ICS	Integrated Care System
LD	Learning Disabilities
LCH	Leeds Community Healthcare NHS Trust
LYPFT	Leeds and York Partnership NHS Foundation Trust
MHLDA	Mental Health, Learning Disabilities and Autism
MoU	Memorandum of Understanding
NCM	New Care Model
NED	Non-Executive Director
NHSE/I	National Health Service England / Improvement
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TCP	Transforming Care Programme
VCH	Voluntary and Community Sector
WY&H	West Yorkshire & Harrogate
WY&H HCP	West Yorkshire & Harrogate Health and Care Partnership
WY&H ICS	West Yorkshire & Harrogate Integrated Care System (internal reference to WY&H HCP)
WYMHSC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common

South West Yorkshire Partnership NHS Foundation Trust

Minutes of the Workforce and Remuneration Committee held on 7 May 2019

Present:	Sam Young	Non-Executive Director (Chair)
	Angela Monaghan	Chair of the Trust
	Rob Webster	Chief Executive
In attendance	Alan Davis	Director of HR, OD and Estates
	Janice White	PA to Director of HR, OD and Estates (author)

WRC/19/16 Welcome, Introductions and Apologies (agenda item 1)
The Chair, Sam Young (SY) welcomed everyone to the meeting. An apology was received from Charlotte Dyson (CD).

WRC/19/17 Declaration of Interests (verbal item)
The Committee noted that Rob Webster (RW) and Alan Davis (AGD) have a personal interest in Directors Appraisals, Directors Objectives and the Directors Pay Award.

WRC/19/18 Minutes of the meeting held on 12 February 2019 (agenda item 3)
Angela Monaghan (AM) asked if acronyms could be spelt out in full. It was also mentioned that different acronyms were being used for this Committee and it was agreed that WRC will be used going forward. AM also asked if agency expenditure (page 5) was in the public domain. Following discussion, the Committee agreed that this minute would be changed for the public version.

Action: Janice White

The Committee RESOLVED to APPROVE the minutes of the meeting held on 12 February 2019 subject to the above amendments as discussed by the Committee.

WRC/19/18 Matters arising (agenda item 4)

The Committee discussed the schedule of matters arising and the following points were made:

a. WRC/17/51 Recruitment of Non-Executive Directors (NEDs) to sit on Appeals and Consultant Recruitment Panels
AM confirmed that the Non-Executive Directors (NEDs) were all in agreement that they were happy to carry on sitting on panels.

b. WRC/17/58 Workforce Strategy 2017/18 – Staff Survey and Action Plan
Paper on today's agenda.

c. WRC/18/54 Organisational Development Oversight Summary
Paper on today's agenda and on the agenda for the Trust Board Development Day.

d. WRC/19/7 2017/2018 Gender, Ethnicity and Disability Pay Audits

It was agreed that an update on the action plan will be brought back to this Committee in six months. RW asked if something could also be put in the quarterly Workforce Plan that comes to this Committee.

Action: Alan Davis

The Committee asked if this was discussed at the Equality and Inclusion Committee. AM and Sam Young (SY) agreed to check this.

Action: Angela Monaghan/Sam Young

e. WRC/19/19 Sickness Absence Forensics
It was agreed that this would be included in the July's Exception Report.

f. WRC/18/53 Workforce Strategy: 2018/2019 Action Plan
AGD confirmed this is now completed.

g. WRC/18/64 Annual Work Programme
AGD confirmed this is now completed.

WRC/19/20: Workforce Strategy 2018/2019 Action Plan: Updating on Coaching and Mentoring (agenda item 5)

AGD said there had been good progress made on the agreed action with the vast majority now completed. He reported that out of the 24 actions there were 5 ambers for partial completion and one red objective not achieved.

The Committee noted the areas of potential achievement.

Clinical Support Worker Strategy: There had been good progress on the introduction of the Nursing Associate roles and further developments are planned as part of the Safer Staffing investment. A business case is being developed to explore the potential of a partnership with NHS Professionals which will look to remove the use of agency clinical support workers.

New Roles: The Think Ahead programme for Social Workers has proved to be successful, however, other new roles for example, Physicians Associates and roll out of Advance Clinical Practitioners had not progressed as far as hoped.

Reduce time to recruit: There has been a streamlining of the process but further work needs to be undertaken to reduce time to hire.

Development of Business Delivery Unit (BDU) and Support Service Wellbeing Group: Wellbeing Groups have been established in most BDUs but Barnsley and Wakefield have only just become operational.

Bullying and Harassment: A Clinical network, Race Forward has been established to look at reducing Bullying and Harassment from Service Users/Carers. It was agreed that preventing staff bullying and harassment should be part of the April to June listening event. This will link in to the re-launch of Middleground (name to be reviewed).

Talent Management and Succession: There will be further organisational diagnostic work undertaken in 19/20. The Trust has bid to be a pilot site for the national talent management toolkit.

Coaching and Mentoring: This needs stronger links to the Leadership and Management Development Pathway.

The Committee noted that three out of the four Workforce Race Equality Standard (WRES) indicators from the staff survey had improved.

RW highlighted the success of the Shadow Board programme and felt the overall framework has been really good.

It was noted that a lot of effort had been put in to the development of Staff Equality Network but further support is required from Lesbian, Gay, Bisexual and Transgender (LGBT) and Disability to get them fully functional.

The Committee RESOLVED to NOTE the update

WRC/19/21 Workforce Strategy: 2018/2019 Dashboard (agenda item 6)

AGD informed the Committee that the Workforce Strategy dashboard had been developed using the NHSI Culture and Leadership programme which was developed in partnership with Dr Michael West. The KPIs taken from this programme link strongly to the NHS Staff Survey.

The key highlights from the dashboard were:

1. **Workforce Development**

   - There had been improvements in turnover rates and staff saying that they would recommend South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) as a place to work has increased.

2. **Staff Wellbeing and Engagement**

   - Sickness rates have fallen slightly from last year.
   - Quality of appraisal and staff engagement has remained the same and broadly average compared to similar organisations.
   - Staff saying that immediate managers take an interest in their wellbeing and health has increased above national averages but staff feeling the Trust takes positive action of health and wellbeing has fallen.

3. **Leadership and Management Development**

   - Positive trend in support from immediate managers.
   - Feedback and encouragement from managers has fallen below average.

4. **Equality and Diversity**

   - Three of the four WRES indicators have improved
   - Bullying and harassment of Black, Asian, Minority and Ethnic (BAME) has increased.

   The Committee noted that there is a strong link to the Trust's priority of Making SWYPFT a Great Place to Work in a number of the above areas.

The Committee RESOLVED to NOTE the update.

WRC/19/22: NHS Staff Survey Results (agenda item 7)

The Committee considered the highlight report on the results of the 2018 national Staff Survey.

AGD said that there were ten key themes which the results of the survey are broken down into:

Equality and Diversity

Quality of Appraisal
Immediate Manager
Morale
Wellbeing
Quality of Care
Bullying and Harassment
Violence
Safety
Staff Engagement

The Committee noted that the survey compared the Trust against other similar Trusts (Mental Health/Learning Disability/Community) and across the ten themes, the organisation was broadly average.

AGD said that there was a different approach adopted this year to respond to the feedback from staff which involved:

- Focus of what we can do to improve four of the ten key themes: Quality of Appraisal; Staff Wellbeing; Preventing Bullying and Harassment; and Staff Engagement.
- The starting point for the action plans will be BDUs developing their local action plan in response to what skills in their services are feedback in the survey.
- There will be a three month engage and listen exercise with a view to speak to 1000 staff. This will be used to support the BDU action plans and the development of a Trust-wide action plan.

RW felt that the four focus areas were key and that building the plan from the bottom was important to get local ownership.

SY mentioned that Safety Culture which is one of the key themes was the furthest away from the best in class. RW said it was important to note that whilst it was furthest away, it was still on an upward trend.

The Committee felt that it was important that the Clinical Governance and Clinical Safety Committee look at the safety culture work as part of the remit. SY to pick up with Charlotte Dyson (CD) as lead Non-Executive Director for the Clinical Governance and Clinical Safety Committee.

Action: Sam Young

The Committee RESOLVED to NOTE the highlight report.

WRC/19/23 Strategy Workforce Plan: Update on the Workforce Planning Workshops (agenda item 8)

AGD reported that the 19/20 Strategic Workforce Plan was being finalised and will be available for the next meeting. There has been a delay as discussions are still on-going about the inpatient safer staffing model which should go to the Executive Management Team in June.

The Committee recognised the importance of the plan and noted that it will come to the next meeting.

The Committee RESOLVED to NOTE the report.

WRC/19/24 Organisational Development Strategy 2019/2020 / 2020/2021 (agenda item 9)

It was noted that the Organisational Development Strategy was now part of the Board Development Day.

The Committee NOTED the update.

WRC/19/25 HR Exception Reports (agenda item 10)

(a) Recruitment and Retention

The Committee discussed the report and acknowledged this remains a key issue for the Trust. It was noted that there is some positive trends, for example, increase in staff retiring and returning and the overall stability and turnover rates have improved. Nursing turnover is an area of concern.

The Committee recognised the link with the Nursing Strategy and the importance of career and personal development in both recruiting and retaining staff.

The Committee felt that we need to continue to improve exit interview rates as this is an important source of intelligence.

The Committee discussed medical vacancies and noted that there had been some good recent appointments to consultant vacancies. The Committee felt it would be helpful to have an understanding of medical vacancies at the next meeting.

(b) Sickness Absence

AGD reported that sickness levels had reduced in 18/19 compared to the previous year. All BDUs except for Forensic Services had seen a reduction in their sickness rates.

The Committee noted the report and felt it was important that we continue to promote the Trust's staff wellbeing approach.

(c) Agency Expenditure

The Committee discussed the Agency Expenditure report and noted that the Organisational Management Group (OMG) is focussing on reducing expenditure in this area. AGD said a number of recent medical appointments have been made and also discussions are taking place with some agency staff for them to transfer to a Trust contract. It was expected that both should have an impact on the agency spend later in the year.

The Committee RESOLVED to NOTE the HR Exception Report.

WRC/19/27 Directors Objectives 2019/2020 Pay (agenda item 12)

RW informed the Committee that each director is currently going through their appraisal and have been set detailed objectives. RW ensured that each director had referred to the Care Quality Commission (CQC) action plan, the financial recovery plan and making SWYPFT a Great Place to Work. RW also informed the Committee that he asked each director's teams and Non-Executive Directors for feedback which was used in the directors appraisal.

The Committee RESOLVED to NOTE the update

WRC/19/28 Directors Appraisals (agenda item 13)

The Committee discussed this under agenda item 12.

The Committee RESOLVED to NOTE the update.

WRC/19/30 Workforce Risk Register (agenda item 16)

The Committee RESOLVED to NOTE the Workforce Risk Register and the new risk on succession planning.

WRC/19/31 Annual Work Programme 2019/2020 (agenda item 17)

The Committee agreed that the annual pay audit action plan needs to be put into the work plan.

Action: Alan Davis

The Committee RESOLVED to AGREE the Annual Work Programme, subject to the annual pay audit action plan being added to the work plan.

WRC/19/32 Matters to report to the Trust Board and other Committees (agenda item 18)
These were agreed as:

- Medical vacancy to review at the next meeting
- Development of Forensics and Child and Adolescent Mental Health Services targeted support plan
- NHSI Very Senior Managers Pay Guidance
- Risk Management: Equality and Inclusion Committee
- Staff Survey: ensure that Clinical Governance and Clinical Safety Committee pick up Safety Culture feedback

WRC/19/33 Date and Time of next meeting
The next meeting will be held on the 22nd July 2019 at 2.30pm in the Chair's office, Block 7, Fieldhead Hospital.

NHS
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Minutes of the Workforce and Remuneration Committee held on 22 July 2019

Present:	Sam Young	Non-Executive Director (Chair)
	Angela Monaghan	Chair of the Trust
	Charlotte Dyson	Non-Executive Director (Vice-Chair)
	Rob Webster	Chief Executive
In attendance	Alan Davis	Director of HR, OD and Estates
	Janice White	PA to Director of HR, OD and Estates (author)
	Tabitha Arulampalam	Insight Programme (Observer)

WRC/19/34 Welcome, Introductions and Apologies (agenda item 1)
The Chair, Sam Young (SY) welcomed everyone to the meeting. SY also welcomed Tabitha Arulampalam who is part of the Insight Programme and was attending the meeting as an observer. There were no apologies given.

WRC/19/35 Declaration of Interests (verbal item)
There were no further declarations over and above those made in the annual return to the Trust Board in March 2018 or subsequently.

WRC/19/36 Minutes of the meeting held on 7 May 2019 (agenda item 3)
The Committee RESOLVED to APPROVE the minutes of the meeting held on 7 May 2019.

WRC/19/37 Matters arising (agenda item 4)

The Committee discussed the schedule of matters arising and the following points were made:

a. WRC/19/9 HR Exception Reports
AGD confirmed he had sent a paper out on sickness absence focused on Forensics and this will be part of the HR Exception Report agenda item.

b. WRC/19/22 NHS Staff Survey
CD confirmed that the results for Safety Culture from the NHS Staff Survey were discussed at the last Clinical Governance and Clinical Safety Committee meeting. SY felt that it was also important that we use the survey results to look at best practice and therefore identify where we are furthest away from top score. It was agreed that for the 2019 survey we would do further work on best in class and move towards outstanding.

c. WRC/19/25 Exit Interviews
SY asked whether exit interviews should be "opt out" rather than "opt in" to increase the response rate. AGD felt at the end of the day we could not force someone who is leaving to have an exit interview or complete the exit questionnaire but would be happy to see what we could to encourage people to participate. RW asked how we could make sure line managers offer exit interviews. AGD said he would be happy to re-look at the process to ensure that managers are fully engaged.

Action: Alan Davis

WRC/19/38 NHS Staff Survey Action Plans and Engage and Listen Events (agenda item 5)

AGD said that we took a different approach to responding to the results of the NHS Staff Survey this year. AGD reported in the past the starting point was the development of a Trust-wide action plan whereas this year we have asked Business Delivery Units (BDU's) to start to develop their local action plan. In addition, as part of three way organisational staff engagement initiatives, which included the Care Quality Commission (CQC) briefings and the Chief Executive listening events, there was an engage and listen exercise with the ambition to see a large group to find out what they feel will make South West Yorkshire Partnership NHS Foundation Trust (SWYFT) a great place to work.

AGD said that the engage and listen exercise involved speaking to 800 staff in their workplace on four key themes within the survey: Quality of Appraisal; Staff Health and Wellbeing; Bullying and Harassment; and Staff Engagement to see what was working well, what was not working so well and what we can do to improve. The attached paper summarises the feedback from staff and identifies five essential elements which to them will make SWYPFT a great place to work. These were: feeling safe; being part of a supportive team; positive support to keep me fit and well; developing my potential and my voice counting.

AGD said that there were lots of links to these key themes beyond the workforce strategy, particularly to the Quality Improvement Strategy and the Nursing and Allied Health Professional (AHP) Strategies.

AGD felt that tackling bullying and harassment had unanimous support and it was recognised that everyone has a role in this. What had come out was addressing what could be perceived as lower level bullying and harassment e.g. banter which goes too far, pointed jokes and rudeness. There was support for the development of an organisational framework to prevent bullying and harassment which is planned to be launched in September 2019.

AGD said other key areas were:

- The feedback about improving the quality of appraisals was reducing the paperwork, further streamlining the process and giving protected time, particularly in inpatient areas. AGD said the Trust is looking at piloting an e-appraisal system which should reduce the bureaucracy, make the process more continuous and not just a one off meeting and strengthen links to the Trust priority areas.

- The importance of a supportive team and team leader was a consistent message from staff to help manage service pressures and support health and wellbeing of individuals. A clear pathway for team leaders development will be part of the Trust's updated Management and Leadership Development pathway.

- Connection between staff engagement and quality improvement and being part of the change process was felt to be important.

- Positive support to keep well, particularly focusing in on mental health wellbeing was a consistent theme.

AGD said the next step was to build the action into the Workforce Strategy action plan which is next on the agenda and use this insight to develop the next Workforce Strategy.
RW felt it was also vital that it feeds into the Organisational Development (OD) Strategy and action plan.

CD said that the report was very encouraging and it is really important we go back to staff to say how we are responding.

SY felt that the key messages were very clear and link very well to the NHS Interim People Plan.

AM believed it would be a good idea to put these key messages in front of the Members Council.

RW said it would be good if we could start thinking how we could put some of these measures into the performance report.

The Committee RESOLVED to NOTE the Engage and Listen report and support the actions outlined.

WRC/19/39: Workforce Strategy 2019/2020 Action Plan (agenda item 6)

AGD informed the Committee that this is the action plan that is produced annually and this year it has been designed to respond positively to the feedback from the NHS Staff Survey and the Engage and Listen events. AGD said that whilst not trying to repeat the previous discussions he wanted to highlight the following from the action plan:

- Keeping a strong focus on Recruitment and Retention.
- Undertaking the Robertson Cooper survey, after a break this year, to help to identify areas of good practice and where we need to continually improve in terms of staff health and wellbeing.
- A replacement programme to Middleground focused on developing healthy teams which includes better staff engagement, equality and diversity and preventing bullying and harassment.
- A framework for preventing bullying and harassment based on rights and responsibilities
- A focused staff engagement plan which builds on the engagement and listening events
- A talent management plan using the national Talent Management Diagnostic Tool.
- Commitment to the WRES and WDES.
- Refresh the Management and Leadership Development Pathway.

RW mentioned the importance of strengthening the communications on the action plan and ensure there is clear links to the engage and listen feedback. AGD said that he was looking to develop a plan on a page matrix which links the strategic HR goals and the five key themes from the engage and listen exercise which should support clear communication.

The Committee mentioned that a manageable workload appears to be missing and asked how this will be picked up. AGD said that this goes wider than the Workforce Strategy Action Plan and needs to be part of the Safer Staffing and Nursing Strategies but links to both the Strategic Workforce Plan and Supportive Teams.

RW felt it was important that we do not lose focus on the four areas identified from the Staff Survey of: Quality of Appraisal; Staff Wellbeing; Staff Engagement; Preventing Bullying and Harassment. AGD said that the action plan does respond to those areas and links to the Trust's four priorities. SY asked how this plan linked to the development of the new Workforce Strategy. AGD said that the engage and listen feedback will be a key part of the new strategy and there will be a strong link to the five areas identified. AM asked that as part of the next strategy, we have a review process. The Committee supported the Action Plan.

Action: Alan Davis

The Committee NOTED and COMMENTED on the Workforce Strategy 2019/2020 Action Plan

WRC/19/40 Organisational Development Strategy: 2019/2021 (agenda item 7)

AGD said following the Board Development Day, the Organisational Development Strategy is being updated and will go to the Executive Management Team in October and Board in November.

The Committee RESOLVED to NOTE the update

WRC/19/41 Strategic Workforce Plan 2019/20 Update (agenda item 8)

AGD gave the Committee an update on the Strategic Workforce Plan. He said that this is a summary of a 90 page detailed workforce plan and there were three important points about the plan:

1. The workforce plan is driven by the service.
2. There are strong links and alignment with the finance plan.
3. Provides a way of monitoring and tracking workforce development.

AGD said that the annual workforce planning cycle is now an integral part of the annual planning process in the Trust. The plan for the first in a while is predicting a growth in the workforce. This increase is primarily related to clinical support workers, e.g. Nursing Associates and Advanced Clinical Practitioners.

AM felt that NHS Professionals should be referenced in the plan as it is part of our financial sustainability plan. AGD said that discussions are on-going in NHS Professionals but when doing the due diligence, there were assumptions which although quite reasonable, did not apply to the Trust, for example, holiday pay for bank staff. The Trust is working with NHS Professionals on potential other solutions.

The Committee felt it would be helpful to not refer to it as a Strategic Plan but call it a Workforce Plan. The Committee felt that the Workforce Plan was key to support the Trust's sustainability in terms of both services and finance.

The Committee CONSIDERED and COMMENTED on the report and SUPPORTED the recommendations

RW gave his update for agenda item 11 then left the meeting. (see WRC/19/44 agenda item 11).

WRC/19/42 Interim NHS People Plan (agenda item 9)

AGD informed the Committee that NHS England/Improvement published the Interim People Plan for the NHS at the beginning of June and the attached paper was a briefing from NHS Employers. The Committee felt the Interim People Plan was consistent with the Trust's Workforce Strategy.

The Committee RESOLVED to NOTE the briefing.

WRC/19/43 HR Exception Reports (agenda item 10)

(a) Recruitment and Retention
The Committee noted that the Recruitment and Retention Plan had been discussed as part of earlier items.

(b) Sickness Absence
AGD said there was an additional paper around Forensics. He said there had been a lot of support going into the Forensic Service and CAMHS. The Committee considered the report in some depth and noted the targeted support being provided to both Forensic and CAMHS.

(c) Agency Expenditure
The Committee discussed the Agency Expenditure report and noted that this report goes to the Organisational Management Group (OMG) and the Financial Oversight Group (FOG).

The Committee RESOLVED to NOTE the HR Exception Report.
WRC/19/44 Directors Objectives 2019/2020 Pay (agenda item 11)

RW informed the Committee that appraisals had been done for each director and objectives set. CD asked for a copy of the objectives and RW confirmed they were on the Intranet.

The Committee RESOLVED to NOTE the update.

WRC/19/45 NHSI: Learning Lessons to Improve Our People Practices (agenda item 12)

AGD briefed the Committee on the Trust's Disciplinary and Procedure and Guidance following the Chair of NHSI's letter on Improving our People Practices. He informed the Committee that the Trust's Policies are reflective of good practice detailed in the letter, however, he felt that we need to continually ensure that staff are following them. AM asked how do we know if we are following policy. AGD confirmed that if a member of staff is suspended, HR monitor the process and ensure appropriate support and action are happening. He also confirmed that the number of suspensions are in the Human Resource performance reports.

The Committee discussed the guidance and felt the Trust's policies and procedures were consistent with what has been suggested as good practice.

The Committee RESOLVED to NOTE the update.

WRC/19/46 Employment Law Update (agenda item 14)

AGD informed the Committee there had been a recent ruling on holiday pay for overtime and the Unions are asking as a Trust what we are doing about it. The advice nationally is do not take any action at the moment as it is being appealed. We do not use much overtime and additional hours are worked through bank and paid for through the bank. We are unclear at this time whether it will impact on this.

The Committee RESOLVED to NOTE the update.

WRC/19/47 Workforce Risk Register (agenda item 15)

The Committee are asking if it still correct in light of discussions had at this meeting.

1153 Ageing Workforce – asked whether risk is lowered. AGD agreed to review this.

14/32 is a new risk on talent management. The Committee asked for the description to be reviewed.

1157 Equality – There was a question whether this risk should move to the Equality and Inclusion Committee. It was felt as it forms part of the Workforce Strategy that it was appropriate for this Committee as well. It was agreed to put down the Equality and Inclusion Committee as the lead with WRC in brackets.

Action: Alan Davis

The Committee RESOLVED to NOTE the Workforce Risk Register and the comments stated above.

WRC/19/48 Annual Work Programme 2019/2020 (agenda item 16)

The Committee agreed that the Workforce Strategy Review needs to come to this Committee then Trust Board sign off.

Action: Alan Davis

The Committee RESOLVED to AGREE the Annual Work Programme, subject to the Workforce Strategy Review be added to the work plan.

WRC/19/49 Matters to report to the Trust Board and other Committees (agenda item 17)

These were agreed as:

- NHS Staff Survey Action Plans and Engage and Listen Events - Key messages
- Workforce Strategy Action Plan 2019/2020]
- Organisational Development Strategy 2019/2021] Reviewed and aligned against] NHS People Plan
- Strategic Workforce Plan 2019/2020]
- NHSI: Learning Lessons – Identified where there are differences and reviewed

The Committee NOTED the update

WRC/19/51 Date and Time of next meeting

The next meeting will be held on the 7th November 2019 at 9.30pm in the Chair's office, Block 7, Fieldhead Hospital.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 26 November 2019
Agenda item 11

Title:	**Use of Trust Seal**
Paper prepared by:	Company Secretary on behalf of the Chief Executive
Purpose:	The Trust's Standing Orders, which are part of the Trust's Constitution, require a report to be made to Trust Board on the use of the Trust's seal every quarter. The Trust's Constitution and its Standing Orders are pivotal for the governance of the Trust, providing the framework within which the Trust and its officers conduct its business. Effective and relevant Standing Orders provide a framework that assists the identification and management of risk. This report also enables the Trust to comply with its own Standing Orders.
Mission/values:	The paper ensures that the Trust meets its governance and regulatory requirements.
Any background papers/ previously considered by:	Quarterly reports to Trust Board.
Executive summary:	The Trust's Standing Orders require that the Seal of the Trust is not fixed to any documents unless the sealing has been authorised by a resolution of Trust Board, or a committee thereof, or where Trust Board had delegated its powers. The Trust's Scheme of Delegation implied by Standing Orders delegates such powers to the Chair, Chief Executive and Director of Finance of the Trust. The Chief Executive is required to report all sealing to Trust Board, taken from the Register of Sealing maintained by the Chief Executive. The seal has been used two times since the report to Trust Board in September 2019 in respect of the following: ➢ Lease relating to Hebden Bridge Health Centre, Hanging Royd Lane, Hebden Bridge HX7 6AG between the Trust and Calderdale Borough Council. Formalises the continuing occupation of Calderdale Council following expiry of previous lease. ➢ License relating to provision of rooms for Health Integration Services for asylum seekers between the Trust and Urban Housing Services LLP.
Recommendation:	**Trust Board is asked to NOTE use of the Trust's seal since the last report in September 2019.**
Private session:	Not applicable.

NHS
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Trust Board annual work programme 2019-20

Agenda item/issue	Apr	June	July	Sept	Oct	Nov	Jan	Mar
Standing items								
Declaration of interest	✘	✘	✘	✘	✘	✘	✘	✘
Minutes of previous meeting	✘	✘	✘	✘	✘	✘	✘	✘
Chair and Chief Executive's report	✘	✘	✘	✘	✘	✘	✘	✘
Business developments	✘	✘	✘	✘	✘	✘	✘	✘
STP / ICS developments	✘	✘	✘	✘	✘	✘	✘	✘
Integrated performance report (IPR)	✘	✘	✘	✘	✘	✘	✘	✘
Serious Incidents (private session)	✘	✘	✘	✘	✘	✘	✘	✘
Assurance from Trust Board committees	✘	✘	✘	✘	✘	✘	✘	✘
Receipt of minutes of partnership boards	✘	✘	✘	✘	✘	✘	✘	✘
Question from the public	✘	✘	✘	✘	✘	✘	✘	✘
Quarterly items								
Corporate/organisational risk register	✘		✘		✘		✘	
Board assurance framework	✘		✘		✘		✘	
Serious incidents quarterly report		✘		✘		✘		✘
Use of Trust Seal		✘		✘		✘		✘
Corporate Trustees for Charitable Funds# (annual accounts presented in July)	✘		✘		✘		✘	
Half yearly items								
Strategic overview of business and associated risks	✘				✘			
Investment appraisal framework (private session)	✘				✘			
Safer staffing report	✘				✘			
Digital strategy (including IMT) update	✘				✘			
Estates strategy update			✘				✘	
Annual items								
Draft Annual Governance Statement	✘							
Audit Committee annual report including committee annual reports	✘							

Agenda item/issue	Apr	June	July	Sept	Oct	Nov	Jan	Mar
Compliance with NHS provider licence conditions and code of governance - self-certifications *(date to be confirmed by NHS Improvement)*	✘	✘						
Guardian of safe work hours	✘							
Risk assessment of performance targets, CQUINs and Single Oversight Framework and agreement of KPIs	✘							
Review of Risk Appetite Statement	✘							
Annual report, accounts and quality accounts - update on submission		✘						
Health and safety annual report		✘						
Patient experience annual report		✘						
Serious incidents annual report		✘						
Equality and diversity annual report			✘					
Medical appraisal/revalidation annual report			✘					
Sustainability annual report				✘				
Workforce Equality Standards				✘				
Emergency Preparedness, Resilience & Response (EPRR) Compliance					✘			
Assessment against NHS Constitution						✘		
Eliminating mixed sex accommodation (EMSA) declaration								✘
Data Security and Protection toolkit								✘
Strategic objectives								✘
Trust Board annual work programme								✘
Operational plan	✘					✘ (draft / private)	✘ (draft / private)	✘ (draft / private)
Five year plan				✘				
Policies and strategies								
Constitution (including Standing Orders) and Scheme of Delegation					✘			
Communication, Engagement and Involvement strategy		✘ (update)					✘	
Organisational Development Strategy						✘		
Risk Management Strategy	✘							
Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies)							✘	
Treasury Management Policy							✘	

Agenda item/issue	Apr	June	July	Sept	Oct	Nov	Jan	Mar
Workforce Strategy								✘

Policies/strategies for future review:

- Trust Strategy *(reviewed as required)*
- Standing Financial Instructions *(reviewed as required)*
- Membership Strategy *(next due for review in April 2020)*
- Customer Services Policy *(next due for review in June 2020)*
- Equality Strategy *(next due for review in July 2020)*
- Standards of Conduct in Public Service Policy (conflicts of interest) *(next due for review in October 2020)*
- Learning from Healthcare Deaths Policy *(next due for review in October 2020)*
- Digital Strategy *(next due for review in January 2021)*
- Quality Strategy *(next due for review in March 2021)*
- Trust Board declaration and register of fit and proper persons, interests and independence policy *(next due for review in March 2021)*
- Estates Strategy *(next due for review in July 2022)*
- Sustainability Strategy *(to be reviewed with the Estates Strategy)*

	Business and risk
	Performance and monitoring
Strategic sessions (including Board development work) are held in February, May, September and December which are not meetings held in public.	
There is no meeting scheduled in August.	
# Corporate Trustee for the Charitable Funds which are not meetings held in public.	