

Trust Board (business and risk)
Tuesday 28 January 2020 at 9.30
Small conference room, Wellbeing & Learning Centre, Fieldhead Hospital, Ouchthorpe Lane, Wakefield WF1 3SP

AGENDA

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
1.	9.30	Welcome, introductions and apologies	Chair	Verbal item	1	To receive
2.	9.31	Declarations of interest	Chair	Verbal item	2	To receive
3.	9.33	Minutes and matters arising from previous Trust Board meeting held 26 November 2019	Chair	Paper	7	To approve
4.	9.40	Service User Story	Director of Operations	Verbal item	10	To receive
5.	9.50	Chair and Chief Executive's remarks	Chair	Verbal item	10	To receive
			Chief Executive	Paper		
6.	10.00	Risk and assurance				
	10.00	6.1 Board Assurance Framework (BAF)	Director of Finance & Resource	Paper	20	To receive
	10.20	6.2 Corporate / organisational risk register (ORR)	Director of Finance & Resource	Paper	15	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
7.	10.35	Business developments				
	10.35	7.1 Planning guidance	Director Finance & Resources	Paper	5	To receive
	10.40	7.2 South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS)	Director of HR, OD & Estates and Director of Strategy	Paper	10	To receive
	10.50	7.3 West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP)	Director of Strategy and Director of Provider Development	Paper	10	To receive
	11.00	7.4 Receipt of Partnership Board minutes	Chair	Paper	5	To receive
8.	11.05	Performance reports				
	11.05	8.1 Integrated performance report (IPR) Month 9 2019/20	Director of Finance & Resources and Director of Nursing & Quality	Paper	45	To receive
	<i>11.50 – 12.00 Break</i>				<i>10</i>	
9.	12.00	Strategies and policies				
	12.00	9.1 Estates strategy progress update	Director of HR, OD & Estates	Paper	10	To receive
10.	12.10	Governance matters				
	12.10	10.1 Assessment against NHS Constitution	Director of Finance & Resources	Paper	5	To approve
	12.15	10.2 Review of the Trust Constitution – progress update	Chair	Verbal	5	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
				update		
	12.20	10.3 Assurance from Nominations Committee 9 January 2020	Chair	Paper	5	To receive
11.	12.25	Assurance and receipt of minutes from Trust Board committees	Chairs of committees	Paper	10	To receive
		- Audit Committee 7 January 2020				
		- Equality & Inclusion Committee 10 December 2019				
		- Finance, Investment & Performance Committee 19 December 2019 & 23 January 2020				
		- West Yorkshire Mental Health Services Collaborative Committees in Common 21 January 2020				
12.	12.35	Trust Board work programme	Chair	Paper	3	To note
13.	12.38	Date of next meeting	Chair	Verbal item	2	To note
		31 March 2020 in Room 5/6, Laura Mitchell Health and Wellbeing Centre, Great Albion St, Halifax HX1 1YR				
14.	12.40	Questions from the public	Chair	Verbal item	10	To receive
	12.50	<i>Close</i>				

**Minutes of Trust Board meeting held on 26 November 2019
Boardroom, Conference Centre, Kendray Hospital, Barnsley**

Present:	Angela Monaghan (AM) Chris Jones (CJ) Erfana Mahmood (EM) Kate Quail (KQ) Sam Young (SYo) Rob Webster (RW) Tim Breedon (TB) Mark Brooks (MB) Alan Davis (AGD)	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Nursing and Quality / Deputy Chief Executive Director of Finance and Resources Director of Human Resources, Organisational Development and Estates Medical Director
	Dr. Subha Thiyagesh (SThi)	
Apologies:	<u>Members</u> Laurence Campbell (LC) Charlotte Dyson (CD)	Non-Executive Director Deputy Chair / Senior Independent Director
	<u>Attendees</u> Emma Jones (EJ)	Company Secretary
In attendance:	Laura Arnold Aimee Gray Carol Harris (CH) Kevin Lunn Susan Lunn Sean Rayner (SR) Maria Steeples Salma Yasmeen (SY)	Admin Assistant (observer) Corporate Governance Manager (author) Director of Operations In attendance up to item 4 In attendance up to item 4 Director of Provider Development PA (observer) Director of Strategy

TB/19/106 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies as above were noted. At the beginning of the meeting there were two members of the public in attendance, an additional member of the public joined during agenda item 4. 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/19/107 Declarations of interest (agenda item 2)

There were no further declarations over and above those made in the annual return in March 2019 or subsequently.

TB/19/108 Minutes of and matters arising from previous Trust Board meeting held 29 October 2019 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 29 October 2019 as a true and accurate record. The following matters arising were discussed.

- TB/19/97b Board Assurance Framework (BAF) – performance against creativity and innovation discussion, change to December 2019, rather than January 2020.
- TB/19/99a Integrated performance report (IPR) – targets for Comms and Engagement team linked to item 8.1 on the agenda.
- TB/19/99a Integrated performance report (IPR) – update on flu vaccination figures. Alan Davis (AGD) provided an update. This year, there was a different start to the roll out of vaccines and use of a phased rollout. Initially, the vaccines were restricted to front line staff as this is the priority in protecting people and is reflected in the target definition. They have now been opened up to all staff. Current uptake is at 55.6% which is not far off last year's position. Extended EMT on 28 November will take this as an item on the agenda to push uptake. New target of 80% for this year. Good feedback on Comms and link with UNICEF programme. On target, but the next few weeks are crucial. Support from Board needed, embedding the message about vaccines across the Trust.
- TB/19/83a Integrated performance report (IPR) – no further update, possibility of new indicators in Q4.
- TB/19/85d Care Quality Commission (CQC) inspection update – reporting on action plan considered by the Clinical Governance and Clinical Safety Committee (CG&CS) and recommendation made to include in the IPR. Action closed.

TB/19/109 Service User Story (agenda item 4)

The Trust Board heard a service user story from Mr Kevin Lunn, who has a diagnosis of dementia, and his wife Mrs Susan Lunn, who is also her husband's carer.

Carol Harris (CH) asked Mr & Mrs Lunn questions about Mr Lunn's diagnosis, and the impact that this has had on their lives.

Mr Lunn is 65, but was diagnosed with dementia aged 57. Mr & Mrs Lunn have two grown up children and one grandchild.

Mr Lunn explained that he first realised he was experiencing problems with his memory when at work. Mr Lunn was previously employed as an electrician in the mining industry. He received a job at work but was unable to remember where he was or what he was doing on the way to the job, and the memory problems escalated from this point. Mr Lunn had not worked for over a year before receiving his diagnosis. Initially, his GP thought the memory problems were being caused by anxiety and work stress. Mrs Lunn advised that he can often become cross because he is unable to find things or work things out. She explained that this can be difficult because he is unaware that there is a problem and can blame others when he is having difficulties. After 18 months, Mr Lunn was diagnosed with dementia. Mr & Mrs Lunn shared that the process of reaching the diagnosis was daunting and the diagnosis unexpected.

CH asked Mr & Mrs Lunn to explain what day to day life is like for them. Mrs Lunn advised that Mr Lunn would say that "everything is fine", however this is not the case. He requires supervision with daily tasks, and is unable to drive or make a meal. Sometimes, Mr Lunn will forget that he has had something to eat or drink and Mrs Lunn has to monitor his intake. She stated that sometimes it is like living with someone who is getting younger and becoming more dependent.

CH asked Mr Lunn if there is anything that helps and supports him. Mr Lunn stated that he attends Alzheimer's groups and meetings and when he is there, he feels safe and comfortable. Mrs Lunn noted that admiral nurses had helped to set up the groups. He said

that often it is difficult to keep track of his thoughts, and he is unable to recall thoughts straight away.

Mrs Lunn stated that she thinks the number of follow up appointments and level of support that people with dementia receive has reduced since Mr Lunn received his diagnosis. She also said that there are medications that are not always made readily available following changes to NICE guidelines and sometimes they have to request them. Mrs Lunn felt this was a common experience amongst other affected families. Mrs Lunn compared the care received by someone with cancer where everything possible was attempted, with the care offered for someone with dementia where people were given very little unless they demanded it.

AM asked for any questions or comments from the Board.

Erfana Mahmood (EM) asked what support Mrs Lunn receives as a carer. Mrs Lunn advised that she attends a group where other carers support one another, but receives no additional support. Kate Quail (KQ) queried if anything was done to try and support Mrs Lunn to be able to stay at work. Mrs Lunn explained that she was told by her employer that other arrangements to cover the out of hours on-call service that she did could not be made, so she had to leave work.

Subha Thiyagesh (STh) offered to follow up the medication issue as the processes should mean that GPs are aware of the need

Rob Webster (RW) and Sean Rayner (SR) discussed if a team of specialists could carry out dementia reviews as part of the primary care networks in Wakefield, rather than reviews taking place at the GP surgery. RW also noted that there is a campaign to support carers that is supported by the Trust through the joint work across West Yorkshire & Harrogate. This includes working carers and Mrs Lunn's experiences underlined why this is so important.

It was AGREED that SR would follow up on the link to Primary Care Networks and STh would follow up issues around medication and GP insight. It was RESOLVED to NOTE the Service User Story.

TB/19/110 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- AM explained that items for Board are tested against our policy to see if they are suitable for discussion in the private session, which is usually linked to being commercial in confidence. Today the Board will discuss the following items in private:
 - Those aspects of the Trust's financial position considered to be commercial in confidence.
 - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs).
 - Early stage development of the estates strategy and sustainability strategy.

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:

- Since the latest version of the Brief was written a number of things have changed. As we are now in the pre-election period it would be wrong to discuss any commitments made by political parties.
- Trusts have received a letter from national bodies asking to make sure there are good winter delivery systems in place. The System Oversight and Assurance Group has considered what winter delivery needs to look like and have taken on board feedback from A&E boards. The plan for West Yorkshire and Harrogate will be signed off on 18 December.
- West Yorkshire & Harrogate and South Yorkshire & Bassetlaw ICS long term plans will be discussed as part of the private board session. Plans will not now be signed off until after general election.
- Learners and long service and excellence awards were held on 19 November with a strong representation from across the Trust. Kim Leadbeater, Jo Cox's sister, well-pitched and inspiring talk regarding engagement and building community connections.
- Sarah Armer, Specialist Dietician, won a national award for engaging with the public and patients.

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

TB/19/111 Performance reports (agenda item 6)

TB/19/111a Integrated performance report month 7 2019/20 (agenda item 6.1)

Tim Breedon (TB) highlighted the following from the quality section of the report:

- There has been one under 18 admission – proper safeguards are place to ensure safety. There is no increasing trend around this.
- Family & friends test (mental health) – there has been a decline relating to experience of care. TB noted there were a high number of responses from Forensic services and further work is required to look at this in more detail. No identifiable themes in relation to information provided in the free text fields.
- Out of area position is positive moving into winter, however there is no complacency; acuity and pressures continue to exist.
- CG&CS Committee are reviewing the numbers of staff receiving supervision.
- Complaints – quality of responses is good and the recovery plan is working. Consideration is being given to changing the target to be more reflective of the time taken for complex complaints, however it is felt that this not appropriate at the moment and not until we are sure new processes are embedded.
- New safer staffing reporting starts later this month.
- Level of falls is reducing, but further work required to have a better understanding.
- Operational Management Group (OMG), Executive Management Team (EMT) and risk panel continue to remain vigilant regarding warning signs and pressures in the system.

EM queried the performance against the targets for dealing with referrals into learning disability services in a timely way. It was noted that this is improving, however further improvement is still required. CH explained that there have been issues with recruitment to learning disability services. This issue is monitored through the CG&CS Committee, with the aim of reaching 85% by year end.

Chris Jones (CJ) asked if information that was included in a previous version of the report relating to Black, Asian and Minority Ethnic (BAME) trends on detentions can be included in future reports as the information made statistics more meaningful. TB explained that the BAME trends are currently to monitor for early signs of any increases and that targets will be set for 2020/21. AM noted that a presentation was given at the last Mental Health Act (MHA) Committee regarding the experience of BAME service users under the MHA, including the

relatively high level of detentions and community treatment orders compared with non-BAME service users, and this will continue to be a focus.

RW queried the use of statistical process control (SPC) charts and if the way they are presented was helpful. It was felt that they are generally well received across the organisation and CH confirmed there has been a high level of ownership. Subha Thiyagesh (SThi) also noted that teams like to be able to see and understand the data.

KQ noted the high turnover and agency spend, especially in Forensic services. RW outlined that to reduce sickness and turnover levels, a different approach is required. EM suggested reviewing sickness rates over a different timescale, rather than monthly, to allow interventions to take place and see what the impact is. AGD noted that there has been a change to the levels of sickness this year in comparison to previous years, and that a focussed piece of work will be done with Forensics. KQ queried if there is a pattern to sickness in relation to staff groups, roles, grades and how long they have been in post. AGD noted that the numbers staying in post for over a year [the stability rate] is fairly constant. He noted that there has been an increase in peer to peer bullying and fewer exit interviews taking place. Managing aggression and violence is also an issue. AM noted that the safer staffing group will have a focus on hotspot areas and requested a focus on sickness and turnover in Forensic services come back to Board.

Action: Alan Davis / Carol Harris

RW queried what commitment had been made to reaching the target for risk assessments in the community. TB confirmed that the aim is to be at 80% by the end of this quarter and to 95% by May 2020. CH added that there could also be issues with recording data, which may increase the figures. Trios are working with teams on this. TB noted that the CQC are aware of plans and expectations in relation to this, and that this is reviewed routinely.

CJ noted the child and adolescent mental health service (CAMHS) referral to treatment waiting time is increasing and queried if there are data quality concerns and how this would impact the numbers. CH confirmed that areas of concern are Barnsley and Wakefield. Additional support to address the waiting list and data quality issues is in place.

Mark Brooks (MB) commented that most of the metrics in the national metrics section of the report are green, and this is a positive position.

CH highlighted the following from the locality section of the report:

- Increased demand on service in Barnsley general community services – work is ongoing with commissioners to build a business case to address this.
- The Secretary of State for Scotland is visiting Barnsley equipment services to look at replicating their good practice across the whole country.
- Consultation with staff is underway in relation to the stroke pathway and early supported discharge service.
- Barnsley mental health services shortlisted for an award for supporting service users with mental health diagnoses to get into employment.
- Increase in delayed transfers of care, work ongoing with commissioners to address this.
- Forensic services – work underway to address workforce issues.
- Occupancy levels increased in low and medium secure services, risk of acuity in both areas.
- Bid for community services resubmitted.
- Forensic outreach learning disability service – some progress with recruitment and the service is now being provided to approximately 70 service users.
- Barnsley Clinical Commissioning Group (CCG) procurement of CAMHS closed 14 November.

- Inpatient services previously experienced challenges, however staff now reporting a more positive experience.

Sam Young (SYo) queried what the impact of reconfiguration in Barnsley community services has been. CH advised that there has been no direct impact on performance but this does impact on staff who continue to work hard whilst trying to work out new services. RW noted the extra resource on communications that has been provided by all partners through the Barnsley integrated care partnership group (ICPG) hosted by Barnsley Council. RW also noted that Urban House is in Wakefield but Barnsley teams provide support, and that this is a good service for Board members to visit to get a better understanding of some of the risks and issues staff deal with.

RW reinforced acuity issues and that there had been a number of serious assaults on staff. The Trust is liaising with police around the level of support provided. The Board recognised this and the consequence of working with high risk individuals. AM asked if staff feel they get the right level of support and care following a violent incident. CH advised that she discussed this with staff and they felt they had been supported. Feedback also noted that agency staff managed recent situations really well as part of a bigger team. CH added that there is a need to look at incidents and staff assaults when we review sickness. AGD added there is a focus regarding prevention of assaults.

Salma Yasmeen (SYa) highlighted the following from the priority programmes section of the report:

- SystmOne – care plans went live 25 November, so far only two calls to the support desk. No system issues. Work ongoing over the next six weeks in relation to priorities and system optimisation. Clarified what we expect to deliver over next year. Way of working embedded and people are engaging.
- Communications and engagement now reported on separately in IPR to get the right focus and balance on all areas.

CJ fed back headlines from the Finance, Investment and Performance (FIP) Committee review of the Finance Report.

MB highlighted the following from the finance section of the report:

- Third consecutive surplus month.
- Significant improvement with out of area beds usage and expenditure compared to last year.
- Income being managed with commissioners as new business is implemented.
- Agency use increasing.
- Challenge to maintain performance to achieve target of £200k deficit.
- The next couple of months could show fluctuations in reporting surplus / deficit due to one off expenditure and income, for example the number of PCs and laptops that the Trust needs to be compliant with the upgrade to Windows 10 as well as expected non-recurrent income.

AM noted the positive progress and also that there is no complacency. MB noted that, based on current performance and information, he is confident the Trust will be close to delivering the control total.

AGD highlighted the following from the workforce section of the report:

- Sickness levels – link to safer staffing, which is not just about achieving numbers, has to be about delivering quality.
- Appraisals – figures are improving. There is a focus on meeting the target and the new appraisal process means more than one review over 12 months to monitor progress.
- Turnover – continued to be monitored through the recruitment and retention group.

SYo queried the number of appraisals not completed within the target timescale. AGD confirmed that this is the local target and that the Trust always performs well by the end of the year and against the national survey target. CH added that there has been some misunderstanding regarding e-appraisals and some staff thought the date for completion was December rather than September.

RW queried if turnover had changed through the year in Forensic services following a planned series of staff moves. AGD to review outside of Board and confirm.

Action: Alan Davis

CJ queried if there were any key themes that the Board wanted the FIP committee to delve into. AM noted that there are ongoing questions regarding availability of data and data quality that the committee could look into. RW added that learning disability indicators would be useful. CJ noted that agency and financial risk are a continual area of review for the committee.

It was RESOLVED to NOTE the integrated performance report and the areas for further focus by the FIP Committee.

TB/19/111b Serious incident report quarter 2 2019/20 (agenda item 6.2)

TB noted that this is a quarterly report and that the risk panel considers reports weekly. The number of serious incidents is slightly lower than the previous quarter. TB highlighted the following:

- The highest categories continue to be suicide and apparent suicide. It was noted that there are also a high number of reports relating to assault.
- The Trust continues to learn from incidents and share learning and urgent messages across the organisation using the blue light notices.
- There has been a reduction in the number of investigators available due to sickness. This has had an impact on serious incident reviews.
- More detailed work ongoing in relation to mortality that will be reported to CG&CS committee.

CJ noted the figures for apparent suicide, that this is a long term trend and queried if the Trust has learned anything from incidents. TB noted that the Trust's data has changed slightly and these figures are included in the annual report.

CJ raised the incidents recently reported in the press in Shrewsbury and Telford – where that Trust stated it had assurance that it had learned from previous incidents but this was not the case. CJ stated that our Trust needs to make sure there is assurance lessons are being learnt and asked how Non-Executive Directors (NEDs) could be assured. TB confirmed that the external regulator looks at approach to learning and that there is a positive message about this. The Trust patient safety strategy identifies where and how learning takes place. TB added that all incidents are recorded on Datix and each incident has to be reviewed and have a report on each record.

RW added that quality visits regularly take place with NEDs and lessons learned are tested as part of those visits. TB noted that clinical audit key lines of enquiry are also linked.

SYo asked if there is somewhere that we bring together all lessons learnt from across the organisation. AM noted that there is an annual lessons learned report for Board. RW added that this information is reported in the quality account and quality priorities for the year and that Board members should ensure that the priorities reflect lessons learned.

It was RESOLVED to NOTE the serious incident report and the ways in which NEDs can engage with the quality assurance processes of the Trust.

TB/19/111c Safer staffing report (agenda item 6.3)

TB advised that the report has been broadened to include some additional workforce information rather than the original prescribed requirement for Directors of Nursing in relation to safer staffing. TB outlined the following from the report:

- The Trust is currently meeting the requirements, however there is a shortfall in registered nurses in some places and this level is difficult to maintain.
- Planning for quarter 3 & 4 – ongoing work regarding establishment numbers, skill mix changes and better reporting to show real time data.

CJ expressed a concern in relation to diluting the skill mix and queried if there is a 'red line' that the Trust would not go below. TB confirmed that this is in place and is included in the safer staffing guidance.

RW highlighted registered nursing fill rates reported in appendix two and the struggle in most wards in the secure estate and a number in the acute service. TB reinforced that the Trust ensures services are safe and is working to break the cycle regarding lower levels of registered staff. Work is ongoing to deliver. AM noted that this was also a point that Laurence Campbell requested to be raised.

CH highlighted that on some days, some wards may show more staff than another and that this decision will have been made as to the the safest way to manage the wards on that day.

RW noted that the report considers safer staffing on inpatient wards but does not cover community services for mental or physical health. Turnover and vacancies in the community are high, and the Trust is currently delivering more care than is commissioned. RW queried how to get to a point where we report safer staffing for the whole organisation. TB advised that there is a pilot project with community teams, but it is too early to make recommendations. Timescales for introduction and the development of appropriate proxies will be reported into the next CG&CS committee.

Action: Tim Breedon

It was RESOLVED to NOTE the safer staffing report.

TB/19/112 Business developments (agenda item 7)

TB/19/112a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

AGD noted that sections two and three were from a previous report and had been included in error. SYa provided an update:

- ICS performance overall seems to be good. However for the first time across the ICS patch Improving Access to Psychological Therapies (IAPT) is red. Work is ongoing with the CCG to resolve this.
- It is expected that by 2021 every NHS organisation will be part of an ICS.
- Mental health executive group is working on a specification for a mental health and learning disabilities plan. Funding for the Quality, Innovation, Productivity and Prevention (QIPP) programme is being mobilised.

RW noted that the Trust is playing a full role and is a well engaged partner in arrangements. RW also noted that the Trust's control total is wholly within West Yorkshire & Harrogate finances.

It was RESOLVED to NOTE the updates on South Yorkshire and the South Yorkshire & Bassetlaw Integrated Care System.

TB/19/112b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SYa provided an update:

- Discussions taking place regarding capacity and support for all partnership arrangements in place.
- Aging well programme established, commitments to ensure living well and aging well.
- Dementia pilot – initiatives reviewed across the system and how to mainstream developments and linking with aging well.
- Light touch review of Memorandum of Understanding (MOU) underway, a more detailed review will take place in 12 months.
- The carers programme has won a HSJ award.
- The neighbourhoods programme has also been shortlisted for awards. The next phase is due to go live but is currently on hold during the pre-election period.

AM advised that a dashboard for mental health, learning disabilities and autism is being developed to show progress on all programmes and will be reviewed by the West Yorkshire Mental Health Collaborative's Committee in Common (CiC).

It was RESOLVED to NOTE the updates on West Yorkshire and the West Yorkshire & Harrogate Health & Care Partnership.

The Board agreed to take item 9 following this item as the matters were directly related.

TB/19/113 Receipt of public minutes of partnership boards (agenda item 9)

In addition to what was listed in the report, the following updates were noted:

- Barnsley – TB updated that an interface between localities and primary care networks is being considered. The Trust is fully involved.
- Wakefield – the meeting on 14 November focused on children's health and wellbeing. There is a lot of work to do on this and it is a key priority in Wakefield.
- The SYBICS Partnership Board meeting was cancelled.
- The next WYHHCP Partnership Board meeting will take place next week and will discuss the revised MOU and draft 5 year plan.

It was RESOLVED to NOTE the update on partnership boards.

TB/19/114 Strategy updates (agenda item 8)

TB/19/114a Communications, Engagement and Inclusion strategy (agenda item 8.1)

SYa updated on the process for the strategy refresh which will also include a strong focus on inclusion and stronger relationship with equality. The team formed in mid-October and has commenced on the work. SYa proposed to bring back the strategy for approval in March 2020.

Action: Salma Yasmeen

AGD noted that a dedicated staff engagement plan is required and needs to be linked to the 'making SWYPFT a great place to work' strategic objective and workforce strategy. TB added that this should also align with the equality strategy.

EM queried if work can be done with linked charities and what they can do. SYa agreed and confirmed that this will also link with volunteering. AM added that the Equality and Inclusion committee should also feed into the strategy.

RW suggested that the Trust should consider some strategic choices. For example, he suggested we should disproportionately increase representation of groups that may find it difficult to access services and whose needs are not being met. RW noted that seldom heard voices become easier to hear when there is more representation.

RW also suggested we have a choice on how the Trust is governed and the importance of how the Trust uses its membership and what it means to be a Foundation Trust. EM noted that in her experience, it can be difficult to engage with members. A discussion took place regarding looking at governor structure as part of the Constitution review.

Both of these issues will be considered in the development of the strategy.

It was RESOLVED to SUPPORT the proposed timeline for the development of the strategy and to APPROVE extension of the existing strategy to the end of March 2020.

TB/19/115 Assurance from Trust Board Committees (agenda item 10)

Clinical Governance and Clinical Safety Committee 5 November 2019

TB highlighted the following:

- Revised quality improvement approach to CQC action plan being tested and monitored through quality monitoring visits.
- Following a query from RW, TB confirmed that there was nothing in ligature report that caused concerns, that the revised arrangement was positive and the new scoring system was proving helpful.

Finance, Investment and Performance Committee 19 November 2019

CJ highlighted the following:

- Commissioning for Quality and Innovation (CQUINs) – impressed by range of process, planning and liaison with commissioners involved in delivering these.
- AM queried if more data is available through the “model hospital” programme. MB confirmed that the data is available but it is old and work is ongoing to improve.

Mental Health Act Committee 12 November 2019

KQ highlighted the following:

- BAME focus not just on figures but on experience of people. Proposal to go to EMT to have someone working one day per week on this.
- Partnership working is good. Feedback form is used if unable to attend.
- CQC recent visits, fewer actions which shows improvement.
- Community treatment orders – more work needed to look at how often used with BAME service users.
- Hospital manager payments, resolved.
- Risk register – risks need to be added around use of documentation and care planning.

West Yorkshire Mental Health, Learning Disabilities & Autism Collaborative Committees in Common

AM highlighted the following:

- Fed back verbally at the last Board meeting. Minutes now attached.

Workforce and Remuneration Committee 7 November 2019

SYo highlighted the following:

- Right things being done, clearer outcomes being developed to match to performance indicators.
- More innovation needed regarding workforce if we are to meet the digital agenda and supply issues.
- Forensics absence management – we have never met 4.5% target in some services so questioned if that is an appropriate target in all areas. The Board discussed and suggested involving, for example, forensic staff in their own action plans.
- Risk ratings regarding workforce – committee to review the development of a composite risk, similar in approach to that for patient safety.
- Discussion regarding pensions and tax implication for doctors. Since the committee met, Simon Stevens, Chief Executive Officer (CEO) of the NHS, has written to all Trust CEOs / Chairs setting out new arrangements that will be in place for doctors and senior clinicians affected by pensions arrangements. It was noted that this is a 2019/20 solution short term, with an aim to resolve in 2020/21 by government.

It was RESOLVED to NOTE the update from Trust Board Committees and RECEIVE the minutes.

TB/19/115 Use of Trust Seal (agenda item 11)

It was RESOLVED to NOTE the use of the Trust Seal since the last report in September 2019.

TB/19/116 Trust Board work programme (agenda item 12)

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

TB/19/117 Date of next meeting (agenda item 13)

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.

TB/19/118 Questions from the public (agenda item 14)

No questions were received.

Signed:

Date:

TRUST BOARD 26 NOVEMBER 2019 – ACTION POINTS ARISING FROM THE MEETING

= completed actions

Actions from 26 November 2019

Min reference	Action	Lead	Timescale	Progress
TB/19/111a	Focus on sickness and turnover in Forensic services come back to Board.	AGD / CH	January 2020	For inclusion in the Integrated Performance Report (IPR).
TB/19/111a	RW queried if turnover had changed through the year. AGD to review outside of Board and confirm.	AGD	November 2019	
TB/19/111c	RW noted that the report considers safer staffing on inpatient wards but does not cover community services... RW queried how to get to a point where we report safer staffing for the organisation. TB advised that there is a pilot project with community teams, but it is too early to make recommendations. Timescales for introduction will be reported into the next CG&CS committee.	TB	February 2020	
TB/19/1114a	SYa updated on the process for the strategy refresh which will also include a strong focus on inclusion and stronger relationship with equality. The team formed in mid-October and has commenced on the work. SYa proposed to bring back the strategy for approval in March 2020.	SY	March 2020	

Actions from 29 October 2019

Min reference	Action	Lead	Timescale	Progress
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	April 2020	This will be considered in the next versions of the Board Assurance Framework and risk register the Board receives.
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	December 2019	
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 during the next update of the BAF for 2020/21.	MB	April 2020	This will be considered in readiness for the next versions of the Board Assurance Framework and risk register the Board receives.
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	CJ asked where the financial sustainability work fits	SYa	January 2020	

Min reference	Action	Lead	Timescale	Progress
	within the priority programmes. SYa explained that thought is currently being given to how this is reflected.			
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	
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 included in the remit of the Director of Finance. RW suggested some principles are identified and agreed.	MB	January 2020	
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
<u>Actions from 24 September 2019</u>				
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	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

Min reference	Action	Lead	Timescale	Progress
	<p>recommendation be provided on when reporting would commence and any other data that could provide assurance.</p> <p>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 been an increase in data quality issues since the introduction of SystemOne 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.</p>	SY		
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	March 2020	Update to CG&CS February 2020 and Board March 2020.

Trust Board 28 January 2020 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:	<p>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 November version of this is attached [Annex 1].</p> <p>The pre-election period meant that there was a significant hiatus in national announcements and developments. There is now a period of consolidation of the manifesto commitments made by the incoming government with the Long Term Plan for the NHS [Annex 2].</p> <p>The paper discusses the consequences and the national, regional and local developments in further detail.</p>
Recommendation:	Trust Board is asked to NOTE the Chief Executive's report.
Private session:	Not applicable.

Introduction

1. This paper sets out the context in which we work and helps to frame the discussion at Board today. Due to the way that the business cycle falls the latest addition of The Brief is from November and this is attached at **[Annex 1]**.
2. Since publication of The Brief in November there have been a number of significant developments.

National Developments

3. **The general election in December returned a Conservative government with a significant majority.** During the election campaign a number of manifesto commitments were made by the Conservative Party. These included commitments to extra staff, extra resources and more investment in the infrastructure. A summary briefing is attached at **[Annex 2]**.
4. **Legislation on leaving the European Union (EU) has been passed by the government.** We expect to leave the EU on 31 January 2020. Given the safeguards in the transitional period we do not expect any immediate concerns or issues to arise at this stage. The immediate possibility of a no deal Brexit has now gone and the contingency arrangements have been stood down.
5. **The significance of a government with a substantial majority for the NHS is that any legislative changes are likely to be passed and the policy context will be more certain** and potentially more aligned with the ambitions in the NHS Long Term Plan. Matt Hancock has retained his post as Secretary of State of Health and Social Care. He has continued to reinforce the importance of prevention, the workforce, capital infrastructure and health tech.
6. **We wait to see how manifesto commitments from the new government translate into guidance for the NHS.** The government has, however, enacted a bill that will enshrine their commitment to additional cash for the NHS in law. As yet there are no significant movements on developing a sustainable future for social care.
7. **In advance of national guidance, strong messages are emerging on the importance of the role of Integrated Care Systems (ICSs) for delivering the NHS Long Term Plan (LTP).** ICSs are expected to fulfil two main roles. Firstly to oversee the transformation of health and care services, and secondly to ensure delivery of constitutional standards and commitments in the LTP. Both of our ICSs have published draft plans for the next five years and these will be updated as required in the coming weeks.
8. **I expect that national bodies will take a system first approach to engagement with the health and care system.** This will mean that NHS England/Improvement (NHSE/I) would work with the ICS teams rather than individual organisations in the first instance.

The Trust is part of two well established ICSs and should benefit from these arrangements. The latest position on these ICSs is covered in the main body of the agenda.

- 9. We anticipate two new major pieces of guidance will come in the next few weeks.** First is the publication of the NHS People Plan. We are well sighted on developments in the plan as the West Yorkshire & Harrogate (WY&H) ICS has been part of testing the practical reality of delivery through the System Workforce Improvement Model. I am also a member of the National People Board overseeing the plan.
- 10. One of the main challenges for our ICSs will be having the capacity to deliver the commitments in the People Plan.** The South Yorkshire & Bassetlaw (SY&B) ICS already has a workforce hub which will be the fulcrum for delivery. The WY&H ICS agreed at its last meeting to boost capacity in this area with financial support from Health Education England (HEE). This will help ensure that the People Plan commitments can be managed at ICS level where appropriate.
- 11. The National Planning Guidance is expected imminently.** This will set out expectations for the health and care system for 20/21. These will be closely linked with year one of the five year strategies developed in our two ICSs. I hope that this means much of the work has been completed in advance of what is a challenging set of timescales around planning. An update will be provided at the Board should the Guidance have been published.

Regional developments

- 12. We continue to have good relationships with the regional teams** ostensibly through our ICSs. This is reflected in good joint work between the teams based in Wakefield and Sheffield and the regional infrastructure. To supplement this, a piece of work is ongoing as part of the People Plan that will consider how HEE and NHSE/I work at a regional level.
- 13. Our region continues to work constructively with us through a challenging winter period.** Winter delivery agreements are in place through our ICSs that aim to ensure the delivery of safe services. We have seen significant pressure in all of the urgent and emergency care systems in which we work and continue to support A&E delivery boards.
- 14. This constructive working will become more embedded in the business model next year.** At the SOAG in WY&H an approach was agreed to “place based reviews” jointly led by the region and the ICS which will begin in Quarter 4 of the financial year. These should replace the quarterly review meetings with our regulators. In SY&B this approach is already in place and we contribute to the Barnsley reviews regularly.

Local developments

- 15. The Trust continues to operate within each of the places in WY&H and SY&B, at ICS level and at Yorkshire & Humber level.** This complexity brings challenges that are

apparent in the Board Assurance Framework being considered by the Board today. The strategic developments and service improvements and progress in each area are outlined in the update reports to Board.

16. The latest Executive Management Team timeout session considered how we ensure we have the capacity to deliver our strategy given the shift in focus from our organisation to both organisation and system working. This will be reflected in the business plan and in next year's operational planning guidance.

17. The Health and Safety Executive are conducting a visit from 27 January 2020 onwards. Preparations are in place to ensure that we give a clear account of ourselves, gain some insights into areas we need to improve on and come together around any subsequent actions. Board members have been briefed separately on the arrangements for the visit.

18. Staff from across the Trust continue to lead different pieces of work in the system. Of particular note was the role played by Cherill Watterston and Mohammad Navsarka on developing the actions that will achieve the commitments in the WY&H strategy around diverse leadership. This involved a whole day workshop in Wakefield, attended by each of the BAME networks in the area. It has resulted in a set of proposals that will be discussed and approved at the WY&H System Leadership Executive meeting.

Conclusion

19. In conclusion, this is an important period for the Trust and the Board must consider its role in leading the organisation through the next year. This will include Board development that allows us to function effectively as a system leader and an organisation that aims to be outstanding.

20. The Board is asked to note the contents of this report and to comment on any aspects relevant to the agenda today.

A large decorative graphic in the center of the page, featuring a circular pattern of blue and white brushstrokes that form a grid-like structure around the central text.

The Brief

28 November
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

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



15 Made in Barnsley ambassadors from Penistone Grammar School learning basic lifesaving skills from resuscitation manager Simon Gillot.

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

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.

Improving Health: Joining up care in every place



South West
Yorkshire Partnership
NHS Foundation Trust

South Yorkshire and Bassetlaw
Integrated Care System



West Yorkshire and Harrogate
Health and Care Partnership



The integrated care systems' 5 year plans will be finalised following the election. We have been a key part of their development and will be integral in their delivery. You can view the WY&H plan online.

The **West Yorkshire and Harrogate suicide bereavement** service will start receiving referrals from 2 Dec. This is being delivered in partnership with Leeds Mind. Work is also progressing on the service to provide suicide prevention support specifically targeted at men.

The partnership is supporting a campaign on suicide prevention. It will be launched early next year.

In **South Yorkshire and Bassetlaw** work is progressing on the **QUIT** smoking cessation programme. This involves clinical staff supporting people admitted to hospital to quit smoking, including at Kendray.



The **West Yorkshire and Harrogate** mental health, learning disability and autism strategy has now been signed off and is available on the intranet.

With **all of us** in mind.

Improving Health: Joining up care in every place

Developments in our work to join up care include:

Calderdale

- We took part in a round table discussion with the Kings Fund where we discussed our plans to support the Active Calderdale approach.
- Sports England are visiting Calderdale and we will be sharing the work we are doing to bring together physical and mental health support.

Wakefield

Work continues on the children and young people's plan, which for us includes our CAMHS and wellbeing services with additional investment.

Barnsley

- We continue to mobilise the new single service spec for integrated care from April 2020.
- Early supported discharge (ESD) pathways have been approved for stroke services.
- Work continues to develop wellbeing teams in neighbourhoods.
- We are working with partners on revised governance

Kirklees

- We continue to work with partners to develop a mental health provider alliance. An event to further progress takes place in January
- A partnership approach to how we communicate and involve people across Kirklees has been agreed. This will help support the development of the alliance.
- We took part in a peer place based review in November



With all of us in mind.

Improving Care: Safety and quality

In October we had:

- 1031 incidents - 883 rated green (no/low harm)
- 136 rated yellow or amber
- 12 rated as red
- 2 serious incidents – 1 apparent suicides and 1 cause of death unknown (awaiting confirmation).

Please take part in 'save a life' suicide prevention training on ESR. It only takes 20 minutes and can help you save a life.

There were 8 confidentiality breaches in October, down from 10 last month. Looking after people's information is everyone's responsibility. Look on the intranet for help in keeping data safe.

THINK IG

Information Governance

Our nursing strategy 2019-2021 is now available on the intranet.

It sets out the valuable role nurses have in providing quality care and the way we will support nurses in the future.



With all of us in mind.

Improving care:

Our performance in October is good



South West
Yorkshire Partnership
NHS Foundation Trust

- 4 inappropriate out of area bed days
- 99% of people recommend our community services
- 83% of people recommend our mental health services
- 93% inpatients with Cardiometabolic Assessment (CMA)
- 1.6% delayed transfers of care
- 40.1% referral to treatment in CAMHS timescales
- 1 person under 18 admitted onto adult inpatient wards
- 90.5% of prone restraint lasted less than 3 minutes
- 186 restraint incidents
- 82.9% of people dying in a place of their choosing

Medicines omissions have fallen this month to 16.6% which is better than the target. Quality improvement work continues with individual wards looking at barriers and solutions. **There are several wards with zero omissions which is a positive achievement.**

We are one of 25 organisations across England to be awarded funding to implement electronic prescribing and administration of medicines. Our aim is to have 80% of inpatient beds live by April 2021.

Nostell ward in Wakefield shared how they'd successfully reduced restrictive practice by over 50% at the Royal College of Psychiatrists' annual AIMS (accreditation for inpatient mental health services) conference using **Quality Improvement** approaches in Nov.



With all of us in mind.

Flu

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.

So far we have donated...

500 tetanus vaccines

500 polio vaccines

300 measles vaccines

That's a total of **1,300** vaccines

Thank you!

We'll be donating more vaccines once **1,800** people have had their jab, so make sure to get yours.

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.

With all of us in mind.

Improving resources: Our finances in 2019/20

October financial performance is ahead of plan and is the **third consecutive monthly surplus this year**. We need to keep this up to ensure delivery of the control total as the cost reduction plans planned for new additional savings from October onwards.

To date £5.2m of cost reductions have been identified against our plan to deliver £10.6m. We need **a further £1.2m identified and delivered, over and above the plans in place**.

Agency spend is higher than plan and last year. October spend was £0.7m. We are seeing reduced agency spend in some areas but these are being offset by additional usage elsewhere.

Recruiting, retaining and developing a substantive workforce by making this a great place to work is a Trust priority.

Spend on out of area placements remains lower than previous years. This means that the Trust can utilise this spend on Trust based services.

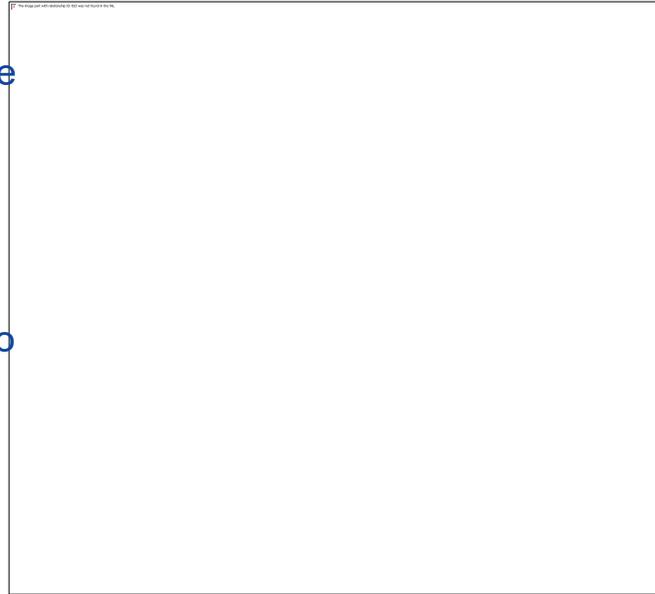
Improving Resources: Reducing Waste



Have you seen our new campaign?

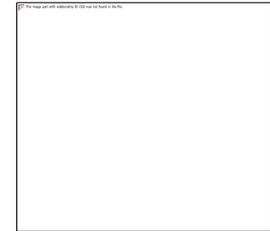
This month we're asking everyone to help us protect the environment by not using plastic cups.

Did you know that our charity EyUp! has branded mugs and eco reusable travel cups made of rice husk you can buy.



IHI training extension
Congratulations to the 118 staff passing the IHI certificate. For those of you who haven't yet completed your IHI certificate in Quality and Safety you can apply for an extension until 31 January.

We also have some new licences available. Contact Vicki Whyte for more info.



Our i-hub challenge on spending wisely has produced some great ideas. These include an automatic lights off system, recording meetings instead of minuting, managing our own compostables onsite, reducing taxi fares and reducing medicine wastage

Take part in the next challenge which starts in December and is about how we can improve physical health.



Improving resources: SystmOne Phase 2: Optimisation



South West
Yorkshire Partnership
NHS Foundation Trust

The new SystmOne mental health care plans were rolled-out across the Trust on Monday 25 November.

For help using the care plans:

- Read the [user guide](#)
- Use the knowledge in your team - identify your local SystmOne improvement champions or a member of your team who has attended a demo
- Contact the service desk for help using the care plans. They can log into your computer to provide a demonstration or assistance.

If you still need support, you can arrange a floorwalker to visit your site, please email: Julie.Hirst@swyt.nhs.uk for more information.

Mental health care plans for all inpatients should be copied onto the new mental health questionnaire and all old care plans closed down no later than **Monday 2 December**.

For community services, staff must move any old care plans across to the new questionnaire when there is a change in care plan or at next review. Staff need to remember to also end the old care plans.

With all of us in mind.

View the mental health care plan toolkit now for more information.

Improving resources EyUp! charity



From August to October, colleagues from across the Trust took part in the “Battle of the BDUs”.

With a fundraising target of £5,000, staff went above and beyond, raising over **£6,102** across 10 amazing teams.

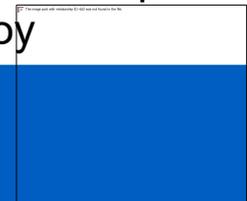
Congratulations to the winners; the “**Strictly Kirklees outreach team**” who organised a Strictly Come Dancing event in which over 40 people attended, raising an incredible £2637.26! The team can now decide how to spend £500 from charitable funds directly in their service area.

The runner-up teams from each BDU are:

- Wakefield – **Team Crofton Crew**
- Forensic – **Team Newhaven**
- Specialist – **Team Chatterboxes**
- Support services – **Team Yorkshire Puddings**
- Calderdale and Kirklees – **Team C&K OPS Superstars**
- Barnsley – unfortunately no teams from Barnsley BDU took part.



EyUp! are this year selling Yorkshire themed Christmas cards. Buy now and spread some festive joy



Congratulations to runners-up who have each won £100 to spend in their service areas. Thank you to all staff who took part and raised money. Also a huge thank you to Team Drury Lane, Team Wednesday Winners, Team How Much!?! and Team Unity Cyclists for also taking part.

Making this a great place to work

Staff achievement day



South West
Yorkshire Partnership
NHS Foundation Trust

In November we celebrated the amazing achievements of our staff and volunteers.

236 people received certificates for taking part in learning and training over the past year up from 150 the previous year

Our long service champions totted up nearly 2000 years of service to the NHS. We celebrated people who had achieved 25 and 40 year's service

Our Excellence awards were presented to staff and teams who had gone above and beyond and excelled for service users and carers.

Representatives from all of our BDU and our corporate services were celebrated. See our website for more information and to watch our team films.

With **all of us** in mind.

A great place to work

Priority updates



South West
Yorkshire Partnership
NHS Foundation Trust

This month staff sickness is **5%**, above our target.
Turnover is **11%**. Remember there's support for **#allofus**

New e-appraisal system

'WorkPal' is being piloted with clinical & non-clinical services currently. It's designed to support better appraisal conversations

There's a virtual appraisal before a more informal and shorter face-to-face meeting – it should make the process easier. Staff involved please complete appraisal by 24 December 2019

Health and Well-being

We're introducing an occupational health scheme to support staff who are subject to a formal investigation

A workshop was held in forensics last month to develop local champions. Barnsley mental health in-patient colleagues also held development sessions on improving workplaces.

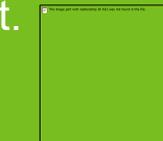
We have a number of workplace well-being champions across the Trust, if you are interested please contact Ashley Hambling.

Staff Engagement

The NHS Staff Survey has had over 1700 responses, thanks to everyone had their say

Member's Council

Elections are coming early next year, including staff seats for non-clinical services and psychological therapies. Find out more on the intranet.



With **all of us** in mind.

A great place to work: Myth-busting bullying & harassment



South West
Yorkshire Partnership
NHS Foundation Trust

Do you recognise any of these behaviours in your team?

We will not tolerate bullying & harassment

A healthy team doesn't accept bad behaviour from anyone

Bullying can take many forms, if you're making someone feel uncomfortable - stop

Look at our new framework & find out more on the intranet

A workshop was held in November with Staff Side, HR and Freedom to Speak Up Guardians. An action plan, based on our framework, was agreed and will be reviewed in March.

With all of us in mind.

Take home messages



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 job, give a job. Help us stay protected and we will donate valuable jobs to those who also need it.

Care Plans are now on SystemOne. Help us to make SystemOne the best it can be by getting involved in optimisation.

Get involved in our i-hub challenges and complete or sign up for IHI training

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

Get involved with EyUp! and our festive campaign

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

Briefing: 2019 General Election party manifestos

Overview

The Conservative, Labour and Liberal Democrat parties have published their manifestos ahead of the General Election on the 12 December, outlining their commitments and spending plans for the next parliament. All three have made significant announcements on domestic politics, and the NHS has overtaken Brexit as the **issue** voters identify as the one most likely to impact their vote. Even so, Brexit will be sure to dominate the time of any new government, and so there remains a question as to the priority that will be given to the domestic policy pledges.

This briefing provides details of the health and social care commitments made by the Conservative, Labour and Liberal Democrat parties, and sets out NHS Providers view.

The Conservative Party

The Conservative Party manifesto can be [accessed in full here](#) and the [associated costings document here](#).

Health and social care commitments

Funding and legislation

- Increase the NHS England budget by £33.9bn in cash terms by 2023-24, including £6.9bn more funding promised for the NHS this financial year.
- Enshrine in law the 'fully funded, long-term NHS plan' within three months of a new Conservative government.
- Commit £850m to upgrading 20 hospitals, £2.7bn to build six new hospitals and providing seed funding to progress work on 34 other hospitals.
- Extend the Cancer Drugs Fund into an Innovative Medicines Fund so that doctors can use the most advanced, life-saving treatments for conditions such as cancer or autoimmune disease, or for children with other rare diseases (£160m from existing budgets).
- Clamp down on health tourism, ensuring that those from overseas who use NHS services pay 'their fair share' as well as increasing the NHS surcharge paid by those from overseas.

Workforce

- Ensure that the NHS workforce can grow and has the support it needs, in 'terms of numbers, training and resources'.
- Deliver 50,000 more nurses, 6,000 more doctors in general practice and 6,000 more primary care professionals, such as physiotherapists and pharmacists – on top of the 7500 extra nurse associates and 20,000 primary care professionals already announced.
- Introduce an NHS Visa, which will ensure that qualified doctors, nurses and allied health professionals, who hold a job offer from the NHS, have been trained to a recognised standard, and who have good working English, are offered fast-track entry, reduced visa fees and dedicated support to come to the UK with their families.
- Provide student nurses with a £5000-£8000 annual maintenance grant every year during their course
- Hold an urgent review, working with the British Medical Association and the Academy of Medical Royal Colleges, to address the 'taper problem' in doctors' pensions.

Service transformation, quality, safety and performance

- Improve NHS performance, using the funding settlement to bring down operating waiting times, improve A&E performance and increase cancer survival rates.
- Use frontline technology to improve patients' experience, provide flexible working for clinicians and help save lives.
- Deliver 50 million extra general practice appointments a year.
- End hospital car parking charges by making parking free for those in greatest need, including disabled people, frequent outpatient attenders, parents of sick children staying overnight and staff working night shifts.

Clinical priorities

- Improve the early diagnosis and treatment of all major conditions, including the roll out of cancer diagnostic machines across 78 hospital trusts (MRI, CT and mammography screening machines).
- Help patients with multiple conditions to have simplified and more joined-up access to the NHS.
- Introduce legislation so that patients suffering from mental health conditions – including anxiety or depression – have greater control over their treatment and receive the dignity and respect they deserve. Mental health will be treated with the same urgency as physical health.
- Improve the care for people with learning disabilities and autism, making it easier for them to be discharged from hospital and improving how they are treated in law.
- Make the NHS the best place in the world to give birth through personalised, high-quality support.
- Make finding a cure for dementia one of the government's biggest collective priorities, including doubling research funding into dementia and speeding up trials for new treatment.

Public health and prevention

- Develop a long-term strategy to empower people with lifestyle-related conditions such as obesity to live healthier lives, as well as tackling childhood obesity, heart disease and diabetes.
- Promote the uptake of vaccines via the national vaccination strategy.
- Extend social prescribing and expand the new National Academy of Social Prescribing.
- Continue to take action to tackle gambling addiction.
- Overhaul NHS screening and use new technology and mobile screening services to prevent ill health.
- Uphold the commitment to extend health life expectancy by five years by 2035.

Social care

- Build a cross-party consensus to bring forward the necessary proposal and legislation for long-term reform, with the prerequisite guarantee that no one needing care will have to sell their home to pay for it.
- Expand the additional £1bn of funding announced for the financial year beginning in April 2020 to an additional £1bn extra of funding every year of the new parliament.
- Extend the entitlement of leave for unpaid carers to one week.
- Provide £74m over three years for additional capacity in community care settings for those with learning disabilities and autism.

Other key policies of note

Brexit and immigration	<ul style="list-style-type: none"> • ‘Get Brexit done’ by starting to put the current deal through Parliament before Christmas, with a commitment to leaving the European Union in January and no extension of the implementation period beyond December 2020. • Keep the UK out of the single market, out of any form of customs union, and end the role of the European Court of Justice. • Aim to have 80% of UK trade covered by free trade agreements within the next three years, starting with the USA, Australia, New Zealand and Japan. The NHS is not on the table during these negotiations, including the price the NHS pays for drugs or the services the NHS provides. • Introduce a ‘firmer and fairer’ Australian-style points-based immigration system, prioritising people who have a good grasp of English, have been law-abiding citizens in their own countries and have good education and qualifications.
Life sciences	<ul style="list-style-type: none"> • Invest in world-class computing and health data systems that can aid research, such as the ground-breaking genetic sequencing carried out at the UK Biobank, Genomics England and the new Accelerating the Detection of Disease project, which has the potential to transform diagnosis and treatment. • Commit to the fastest ever increase in domestic public R&D spending, including in basic science research, to meet the target of 2.4% of GDP being spent on R&D across the economy. Increase the R&D tax credit rate to 13%. • Unlock long-term capital in pension funds to invest in and commercialise our

	<p>scientific discoveries, creating a vibrant science-based economy post-Brexit.</p> <ul style="list-style-type: none"> • Continue to collaborate internationally and with the EU on scientific research, including Horizon.
Pensions and personal taxation	<ul style="list-style-type: none"> • Raise the National Insurance threshold to £9,500 next year, with the ultimate ambition to ensure that the first £12,500 earned is completely free of tax. • Redesign the tax systems so that it boosts growth, wages and investment and limits arbitrary tax advantages for the wealthiest in society. • Keep the triple lock, and reintroduce legislation to protect pension pots from being 'plundered by reckless bosses'.
Capital spending	<ul style="list-style-type: none"> • Use the new fiscal rule announced on 7 November to make possible 'approximately £80bn in additional capital spending' over the next four years (<i>of which £22bn is currently allocated in the manifesto; it does not include the already announced NHS capital projects</i>).

The Labour Party

The Labour Party manifesto can be [accessed in full here](#), and associated costings document [available here](#). Additional information on Labour's spending plans was detailed ahead of the launch of the manifesto in a speech by Jon Ashworth, shadow health secretary (accessible in full [here](#) and included in the summary below).

Health and social care commitments

Funding

- Increase expenditure across the whole Department of Health and Social Care budget by an average of 4.3% a year, or £26bn in real terms, exceeding the commitments in the NHS long term plan by £5.5bn. This figure excludes additional funding for free dentistry, prescriptions and car parking (see below), which is costed separately at £1.4bn.
- In total, spending on health and social care will be £17.7bn a year higher in 2023/24 as a result of the pledges in the manifesto.

Privatisation and NHS legislation

- Prioritise ending privatisation in the NHS, repealing the Health and Social Care Act 2012 and make the secretary of state responsible for providing comprehensive and universal health services.
- Halt the integration plans contained in the long term plan, and instead "join-up, integrate and coordinate care through public bodies".
- End the requirement on health authorities to put services out to competitive tender.
- Ensure that NHS services are delivered in-house, including bringing subsidiary companies set up by trusts back in-house.
- End the "fire sale" of NHS land and assets.

- Strengthen data protection for NHS and patient information so it cannot be exploited by international technology and pharmaceutical corporations.
- Take back all PFI contracts into public ownership overtime.

Capital investment

- Make repairing and rebuilding health services a priority.
- Publish an infrastructure plan that returns the NHS England budget to the international average for capital investment and means future decisions on capital allocation are both transparent and fairly distributed across every region.
- Increase NHS capital budgets by £15bn over the parliament to rebuild hospitals and community facilities and clear the maintenance backlog. This will be funded by the transformation fund (see below).
- Complete the capital projects and confirmed hospital rebuilds already announced by government
- Overhaul the primary care estate with £2.5bn of capital investment.
- Invest in modern technologies including AI, cyber, and medical equipment, including £1.5bn to bring the number of MRI and CT scanners up to the OECD average.
- Modernise the mental health hospital estate (see below).

Mental health

- Invest an extra £1.6bn a year on mental health, and enshrine new standards for mental health in the NHS constitution, creating parity of esteem between mental and physical health.
- Develop an £845m plan for Healthy Young Minds, to more than double annual spending on child and adolescent mental health services.
- Create a network of mental health hubs and recruit 3,500 qualified counsellors to guarantee every child access to school counsellors.
- Invest £2bn in capital funding to modernise hospital facilities for mental health and end the use of inappropriate out-of-area placements.
- Fully implement the recommendations of the Independent Review of the Mental Health Act.

Public health

- Restore public health grants and invest £1bn over all in public health.
- Carry out a review of the evidence on minimum unit pricing for alcohol and add clear health warnings to alcoholic drinks.
- Recruit 4,500 more health visitors and school nurses.
- Invest in children's oral health.
- Tackle childhood obesity, including through extending the sugar tax to milk drinks and banning fast food restaurants near schools.
- Enforce stricter rules on junk food advertising and salt levels in food.
- Introduce a vaccination plan for measles, in order to regain the UK's measles-free status in WHO listings

- Implement a tobacco control plan and fund smoking cessation services.
- Expand addiction support services to treat gambling-, drug- and alcohol-related deaths as matters of public health.
- Introduce a Future Generations Well-being Act to enshrine health aims in all policies.
- Introduce a new legal duty for NHS agencies to collaborate with directors of public health.

Sexual and reproductive health and maternity

- Uphold women's reproductive rights, decriminalise abortions and ensure new mothers have access to breastfeeding support.
- Introduce mental health assessments in a maternal health check six weeks after birth.
- Fully fund sexual health services and complete the full roll-out of PrEP medication.

Social care

- Develop a comprehensive National Care Service for England, which will work in partnership with the NHS. Contracts to providers will not be awarded to organisations which don't meet standards set by the Government including on transparency, compliance and profit.
- Introduce a lifetime cap on personal contributions for care costs, ensuring nobody has to pay more than £100,000 for the care they need.
- Free personal care, starting with the elderly but with the ambition to extend this to all working-age adults.
- More than double the number of people will receive publicly-funded care packages, and the standard of care provided to them will be improved.
- End 15-minute care visits and provide care workers with paid travel time.
- Increase the carer's allowance for unpaid full-time carers.
- Develop eligibility criteria for care that ensures the service works for everyone, including those with dementia.
- Provide more home-based care to people with autism and learning disabilities, moving them out of inappropriate patient hospital settings.

Medicines

- The NHS will be at the forefront of genomics and cell therapy development, allowing patients to benefit from new treatments and the UK to continue to lead in medicine development.
- Establish a generic drugs company and use existing legal provisions to compulsory licence branded medicines if 'fair' prices are rejected by patent holders.
- Increase the number of pharmaceutical jobs in the UK.
- Exclude the NHS, medicine pricing and employment of staff from any international trade deals.
- Continue to progress the clinically appropriate prescription of medicinal cannabis.
- Abolish all prescription charges in England.

Workforce

- Increase the wages of all public sector staff by 5% in the first year followed by above inflation pay rises, with the aim of restoring public sector pay to pre-2008 levels in real terms.
- Put Agenda for Change terms and conditions into law, alongside safe staffing limits for all staff.
- Introduce a training bursary for nurses, midwives and allied health professionals.
- Remove obstacles to ethical international recruitment of NHS staff.
- Review the Conservative government's tax and pension changes for the NHS workforce to ensure that the workforce is fairly rewarded.
- Provide mental health support for NHS staff.

Other health commitments

- Improve stroke, heart disease and cancer survival rates through earlier diagnosis and screening.
- Introduce free annual NHS dental check-ups for all.
- End mixed-sex wards.
- Introduce mandatory standards for NHS in-patient food.
- Free hospital parking for patients, staff and visitors.
- Implement a moratorium on all reductions to bed numbers.
- Significantly reduce infant deaths and ensure families who lose a baby receive appropriate bereavement support.
- Ensure the NHS becomes a net zero carbon service, with an NHS forest of 1 million trees planted.
- Hospitals will receive more efficient heating and insulation systems and there will be a greater reliance on renewable energy as well as a transition to electric paramedic vehicles, NHS fleet cars and hybrid ambulances.
- Ensure fair compensation for the victims of contaminated blood products across the UK.
- Introduce a comprehensive children's health strategy to target a reduction in health inequalities.

Other key policies of note

<p>Brexit and immigration</p>	<ul style="list-style-type: none"> • Scrap Boris Johnson's deal, and within three months of entering office secure a new Brexit deal which: <ul style="list-style-type: none"> • puts the UK in a permanent and comprehensive UK-wide customs union which allows the UK to continue to benefit from joint UK-EU trade deals • secures close alignment with the single market • protects jobs, rights and the environment so UK standards match Europe as a minimum, but still allowing the UK to lead the way if it chooses • secures continued participation in EU agencies and funding programmes and makes clear commitments on future security, including the EU arrest warrant • avoids a hard border in Northern Ireland and protects the Good Friday
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	<p>Agreement and the peace process.</p> <ul style="list-style-type: none"> • Put that deal to the public in a legally-binding referendum within six months of coming to power, alongside the option of remaining in the EU' • Rule out a 'no deal' Brexit, and stop spending money on 'no deal' Brexit preparations. • Grant EU nationals the automatic right to continue living and working in the UK, ending the uncertainty caused by the current EU settlement scheme. This will mean that whilst EU nationals can register for proof of status if they wish, they will no longer have to apply to continue living and working in the UK. • Will continue freedom of movement if we remain in the EU. If the UK leaves, there will be a negotiation on freedom of movement, but Labour will seek to protect the rights of freedom of movement.
Economic transformation	<ul style="list-style-type: none"> • Transform the UK economy, including nationalising rail, mail water and energy companies, as well as BT Openreach.
The environment	<ul style="list-style-type: none"> • A green industrial revolution takes centre-stage in Labour's policy pledges, and is the first chapter of the manifesto – before the NHS or Brexit. • Pledges a 'Green New Deal' to create one million green jobs in the UK, aiming to achieve a substantial majority of UK emissions reductions by 2030. This falls short of pledging a zero carbon economy by 2030, in line with what some campaigners had called for. • Create a £400bn national transformation fund and rewrite Treasury's investment rules so that every penny spent is compatible with Labour's climate and environmental targets. £250bn of this will directly fund the transition to a green economy. • Create a National Investment Bank and a network of regional banks, backed up by £250bn of funding. • Delist companies from the London Stock Exchange if they fail to contribute to tackling the climate and environmental emergency. • A new programme of investment in renewable energy. • Bring energy and water systems into public ownership, and upgrade the nationalised energy network to deliver renewables.
Corporate and personal taxation	<ul style="list-style-type: none"> • The manifesto does not set out how each of the individual pledges will be, but the party has promised no increase in income tax or VAT for those earning less than £80,000 a year, with funding coming from other sources. • Notable revenue-raisers include: <ul style="list-style-type: none"> • reversing corporation tax cuts (raising £23.7bn by 2023/24) • tax capital gains at income tax rates (£9bn by 2023/24) • tackling tax avoidance and evasion (£6.2bn) • reform R&D funding, phasing out R&D tax credits for large firms and the Patent Box over the course of the parliament (£4bn)

	<ul style="list-style-type: none"> • reverse inheritance tax cuts, impose VAT on private school fees and introduce a second homes tax (£5.2bn).
Poverty, inequality and social security	<ul style="list-style-type: none"> • Eradicate in-work poverty in their first term of office through a mixture of better pay, better social security and reduced living costs. • Introduce a real living wage of at least £10 an hour. • Promise “the biggest extension of workers’ rights in history”, by establishing a Ministry of Employment Rights and rolling out sectoral collective bargaining across the economy. • Require one-third of company boards to be reserved for elected worker-directors, and give them more control over executive pay. • Scrap Universal Credit, and aim to design a new system which aims to “end poverty” by guaranteeing “a minimum standard of living”. • Scrap the Bedroom Tax and increase the local housing allowance in line with the 30th percentile of local rents. • End rough sleeping within five years, make 8,000 homes available for people with a history of rough sleeping and provide Councils with £1bn to tackle homelessness, paying for these policies with a new national levy on holiday homes used as second homes. • The party argue that digital access is now a fundamental right, and as such will nationalise parts of BT to deliver full-fibre broadband free to every home in the UK by 2030.

The Liberal Democrat Party

The Liberal Democrat manifesto can be [accessed in full here](#), and the associated costings document [available here](#).

Funding

- A 1p increase in income tax will raise £7bn that will be invested in social care, workforce shortages and mental health services.
- £10bn of capital funds will be invested in hospitals, equipment, ambulance and mental health service buildings
- In the longer term, the party will:
 - introduce a health and care tax, offset by other tax reductions, bringing together spending on both services into a collective budget, which will appear transparently on pay-slips to show how much the Government is spending on health and social care
 - establish a cross-party health and social care convention to reach agreement on the long-term sustainable funding of a joined-up system of health and social care -patients’ groups, professionals, the public and the governments of Scotland, Wales and Northern Ireland will be invited to be a part of this work

- introduce a cap on the cost of social care as provided for in the Care Act
- introduce a statutory independent budget monitoring body for health and social care, similar to the Office for Budget Responsibility.

Public health

- Publish a national wellbeing strategy which ministers from all departments will be responsible for implementing.
- Pursue a health in all policies approach, meaning policies and interventions will only take place after the full impact on mental and physical health has been assessed.
- Keep public health within local government and re-instate the funding that was cut from public health budgets.
- Introduce a new statutory requirement for public health interventions evaluated as cost effective by National Institute for Care Excellence (NICE) to be available to qualifying people, within three months of publication of guidance.
- Combat obesity, including by restricting marketing of junk food to children and extending the sugar tax to include juice- and milk-based drinks, and publication of information on nutrition content in restaurants and takeaways.
- Introduce a new levy on tobacco companies to contribute to the costs of health care and smoking cessation services.
- Legislate for the right to unpolluted air and take urgent action to reduce pollution, especially from traffic.
- Introduce a minimum unit price for alcohol.
- Legalise and encourage more clinical trials for medicinal use of cannabis to establish an evidence base
- Move the departmental lead on drug policy to the Department of Health and Social Care rather than the Home Office.
- Invest in addiction services and support for drug users.
- Ensure PrEP is made fully available to all who need it.
- Decriminalise abortion across the UK, fund clinics to provide services free of charge regardless of nationality or residency, enforce safe zones around clinics, and make harassment of staff or service users illegal.
- Set a national target to reduce the survival gap of 20 years for women with learning disabilities and ensure people with learning disabilities can access screening, prevention, health and care services fairly.

Access to care

- End the GP shortfall by 2025 and support multidisciplinary health and care services.
- Produce a national workforce strategy.
- Provide extra financial support for nursing students.
- Attract talent from countries with developed health systems, including attracting staff back from the EU.

- Implement the recommendations of Roger Kline's report into the lack of diversity in senior management in the NHS.

Legislation and NHS structures

- Support the changes to the Health and Social Care Act recommended by the NHS, including ending the automatic tendering of services.
- Move towards single place-based budgets for health and social care – encouraging greater collaboration between the local NHS and local authorities in commissioning.
- Encourage clinical commissioning groups and local councils to collaborate on commissioning, including further use of pooled budgets, joint appointments and joint arrangements, and encourage emerging governance structures for integrated care systems to include local government, and be accountable to them.

Social care and carers

- Support the creation of a new Professional Body for Care Workers.
- Introduce a new requirement for professional regulation of all care home managers.
- Provide support for ongoing training of care workers to improve retention and raise the status in society.
- Introduce more choice at the end of life, and move towards free end-of-life social care, whether people spend their last days at home or in a hospice.
- Introduce a statutory guarantee of regular respite breaks for unpaid carers.
- Require councils to make regular contact with carers to offer support and signpost services.
- Provide a package of carer benefits, including raising the amount people can earn before losing their carer's allowance from £123 to £150 a week and reducing the number of hours care per week required to qualify for it.

Mental Health

- Introduce maximum waiting times for mental health care.
- Increase access to a range of clinically effective therapies.
- Free prescriptions for chronic mental health conditions.
- Early perinatal mental health support.
- Implement all the recommendations of Sir Simon Wessely's Independent Review of the Mental Health Act.
- Ensure those admitted to hospital for mental ill-health are able to be treated close to home for all but the most specialist mental health services.
- Better training for frontline public service professionals.
- Fully introduce Sir Stephen Bubb's *Time For change* report recommendations and ensure that assessment and treatment units are closed urgently.
- Establish a student mental health charter.

- Improve mental health support in the criminal justice system.
- Ensure LGBTQ+ mental health services receive support.
- Reward employers who invest in the mental health and wellbeing of their employees.

Other key policies of note

Brexit	<ul style="list-style-type: none"> • Revoke Article 50 immediately without another referendum.
Welfare, education and social policies	<ul style="list-style-type: none"> • Expand childcare provision to give all children aged two to four 35 hours a week free childcare, 48 weeks a year. The expansion will cost £13bn. • Reverse cuts to school funding and hire an additional 20,000 teachers. • End mandatory SATs tests. • Introducing a £10,000 Skills Wallet for every person to support adult education. • Invest £6bn in the welfare system to reduce the waiting times for the first payment from five weeks to five days. • Invest for universal access to services, including building 100,000 social homes and introducing a right to food. • Create a £50bn fund to end regional disparities.
The environment	<ul style="list-style-type: none"> • Invest in renewable energy and ensure that at least 80% of UK electricity is generated by renewables by 2030. • Plant 60 million trees. • Electrify the railways and ensure all new cars are electric by 2030.
Human rights, political reform and foreign policy	<ul style="list-style-type: none"> • Support the Human Rights Act and the ECHR. • End the hostile environment policy and reducing the powers of the Home Office. • Give asylum seekers the right to work in the UK and resettle 10,000 unaccompanied children over the next 10 years. • Introduce votes at 16. • Introduce a written constitution for a federal UK. • Support international organisations like the UN and give 0.7% of GDP in aid to promote a safer world.

NHS Providers view

The NHS remains at the front and centre of this election campaign.

We asked politicians not to weaponise the NHS in this election campaign, and continue to encourage all political parties to set out realistic and deliverable proposals that reflect the pressing workforce, demand and performance challenges facing the NHS.

NHS workforce and training

With over 100,000 vacancies across the NHS, workforce remains the top concern for trust leaders. All parties have pledged to grow the NHS workforce, but the health service will need more support to retain the staff it is losing due to demand pressures and loss of training opportunities.

While the commitment from the parties to reinstate nursing bursaries to help attract more applicants is right, we have to be honest about the continuing need to recruit from overseas to meet our staffing needs. A future immigration system and relationship with the European Union must protect the NHS's ability to recruit overseas.

In the run-up to the winter months and the NHS' busiest period, we have seen the direct impact on patients and NHS performance as senior NHS staff feel compelled to reduce working hours or retire to avoid punitive pension tax bills. All major parties have vowed to resolve this issue. There are proposals that may help this year, but we quickly need to see fair long-term solution that meets the needs of all NHS staff.

NHS funding

Following nearly a decade long funding squeeze for the NHS, it is welcome that all three of the major political parties have pledged an increase in day-to-day funding for the health service. While the Conservatives and Labour have pledged to raise spending by 3.4% and 3.9% respectively, much nearer to historic averages, we have to be realistic about the scale of the challenge now to recover performance, secure the workforce we need, regain financial balance and invest in the services of the future. We also have to be clear about how these pledges are funded.

Capital investment

The maintenance backlog across the NHS is now at record levels. While commitments of new hospitals and investment in cancer equipment are welcome, they are only a first step towards what will be required to rebuild our health services and make them fit for the 21st century.

If the NHS is to meet all the demands placed on it, we need to upgrade and invest in new services and facilities to improve care for patients. We must move away from relying on piecemeal announcements and secure a long term strategy and settlement, which brings the NHS' capital budget in line with comparable economies, and ensure the money gets to where it is needed most.

Mental health

We are pleased to see a continued focus from all parties to meet pledges to deliver equity between mental and physical health services. But we know in practice that money earmarked for mental health services does not consistently reach the frontline and the sector suffers from shortages of specialised staff. The Labour and Liberal Democrat parties have committed ring-fenced funding for mental health services with a focus on modernising mental health facilities and eliminating out of area placements. THIS will need to be underpinned by a realistic investment and workforce strategy.

Social care

While the three main parties all acknowledge the need for meaningful reform of the adult social care system and a funding solution, more detailed commitments are required to ensure social care is not again the forgotten relative. The parties have promised varying amounts of extra money for the current system, including Labour's offer free personal care and a cap on expenditure on care costs within a 'national care service'. The election presented a genuine opportunity for parties to tackle the scandal of our overstretched, underfunded social care services which have a profound impact on the quality of the lives of millions of people, and the future sustainability of the NHS. That opportunity must not be missed.

Trust Board 28 January 2020 Agenda item 6.1

Title:	Board Assurance Framework (BAF) Quarter 3 2019/20
Paper prepared by:	Director of Finance & Resources
Purpose:	<p>For Trust Board to be assured that a sound system of control is in place with appropriate mechanisms to identify potential risks to delivery of its strategic objectives.</p> <p>This report provides the updated 2019/20 BAF for review and discussion at the Trust Board.</p>
Mission / values:	The assurance framework is part of the Trust's governance arrangements and an integral element of the Trust's system of internal control, supporting the Trust in meeting its mission and adhering to its values.
Any background papers/ previously considered by:	Previous quarterly reports to Trust Board.
Executive summary:	<p>Board Assurance Framework</p> <p>The Board Assurance Framework (BAF) provides the Trust Board with a simple but comprehensive method for the effective and focused management of the principal risks to meeting the Trust's strategic objectives. In respect of the BAF for 2019/20, the principal high level risks to delivery of the Trust's strategic objectives have been identified and, for each of these, the framework sets out:</p> <ul style="list-style-type: none"> ➤ key controls and / or systems the Trust has in place to support the delivery of the objectives. ➤ assurance on controls (where the Trust Board will obtain assurance). ➤ positive assurances received by Trust Board, its committees or the Executive Management Team (EMT) confirming that controls are in place to manage the identified risks and these are working effectively to enable objectives to be met. ➤ gaps in control (if the assurance is found not to be effective or in place). ➤ gaps in assurance (if the assurance does not specifically control the specified risks or no form of assurance has yet been received or identified), which are reflected on the risk register. <p>A schematic of the BAF process is set out as an attachment.</p> <p>The BAF is used by the Trust Board in the formulation of the Trust Board agenda in the management of risk and by the Chief Executive to support his mid-year review meetings with Directors. This will ensure Directors are delivering against agreed objectives and action plans are in place to address any areas of risk identified.</p>

In terms of development of the BAF there are two areas of improvement agreed with Internal Audit that have been put in place during the course of the last year in relation to whether assurances are positive or negative and which are provided internally or externally.

In line with the Corporate / Organisational Risk Register (ORR), the BAF has been aligned to the Trust's strategic objectives, including the fourth objective for 2019/20 'Making SWYPFT a great place to work':

Our four strategic objectives	
Improving health	Improving care
Improving resources	Making SWYPFT a great place to work

EMT have reviewed and aligned the controls and assurance for each strategic risk and indicated an overall current assurance level of 'yellow'. Below is an overview of the current assurance levels. The rationale and the individual risk RAG ratings are set out in the attached report:

Strategic objective	Strategic risk	Assurance levels			
		18/19	19/20		
		Q4	Q1	Q2	Q3
Improving health	1.1 Differences in published local priorities could lead to service inequalities across the footprint	Y	Y	Y	G
	1.2 Impact of or differences between a multiplicity of commissioners and place based plans, and those not being aligned with Trust plans	Y	Y	Y	Y
	1.3 Differences in the services may result in inequitable services offers across the Trust	Y	Y	Y	G
	1.4 Impact of the Trust not having a robust and compelling value proposition leading to under-investment in services	N/A	A	A	Y
Improving care	2.1 Lack of suitable and robust information systems backed by strong analysis leading to lack of high quality management and clinical information	Y	Y	Y	Y
	2.2 Failure to create learning environment leading to repeat incidents	Y	Y	Y	Y
	2.3 Increased demand for and acuity of service users leads to a negative impact on quality of care	Y	Y	Y	A
Improving resources	3.1 Deterioration in financial performance leading to unsustainable organisation and inability to provide services effectively	Y	Y	Y	Y
	3.2 Failure to develop commissioner relationships to develop services	Y	Y	Y	Y
	3.3 Failure to deliver efficiency improvements / CIPs	Y	Y	Y	Y
	3.4 Capacity / resource not prioritised leading to failure to meet strategic objectives	G	G	Y	Y

Making SWYPFT a great place to work	4.1 Inability to recruit, retain, skill up, appropriately qualified, trained and engaged workforce leading to poor service user experience	Y	Y	Y	Y
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The following changes have been made to the BAF since the last Board report in October 2019:

Strategic objective	Areas updated
Improving health	Strategic risk RAG ratings reviewed, 1.1 and 1.3 updated to 'green' 1.4 updated to 'yellow'. Overall assurance level remains the same.
	Rationale for current assurance level updated.
	Strategic risk 1.1 – Gaps in control and assurance updated and timescales reviewed.
	Strategic risk 1.2 – New control identified relating to work in the ICS'. New gap in control identified, for completion in the next quarter.
	Strategic risk 1.3 – Gaps in assurance timescales reviewed and one gap marked as complete.
	Strategic risk 1.4 – Gaps in assurance timescales reviewed.
Improving care	Strategic risk RAG ratings reviewed. 2.3 updated to 'amber'.
	Rationale for current assurance level updated.
	Strategic risk 2.1 – Gaps in control updated and timescales reviewed.
	Strategic risk 2.2 – Gaps in assurance updated and timescales reviewed.
Improving resources	Strategic risk 2.3 – Gaps in assurance updated and timescales reviewed.
	Strategic risk RAG ratings reviewed and remain unchanged.
	Rationale for current assurance level updated.
	Strategic risk 3.1 – Gaps in control and assurance updated and timescales reviewed.
	Strategic risk 3.2 – Gaps in assurance updated and timescales reviewed.
	Strategic risk 3.3 – Gaps in control and assurance updated and timescales reviewed.
Making SWYPFT a great place to work	Strategic risk 3.4 – Gaps in assurance updated and timescales reviewed.
	Strategic risk RAG ratings reviewed and remain unchanged.
Making SWYPFT a great place to work	Strategic risk 4.1 – Gaps in assurance updated and timescales reviewed.

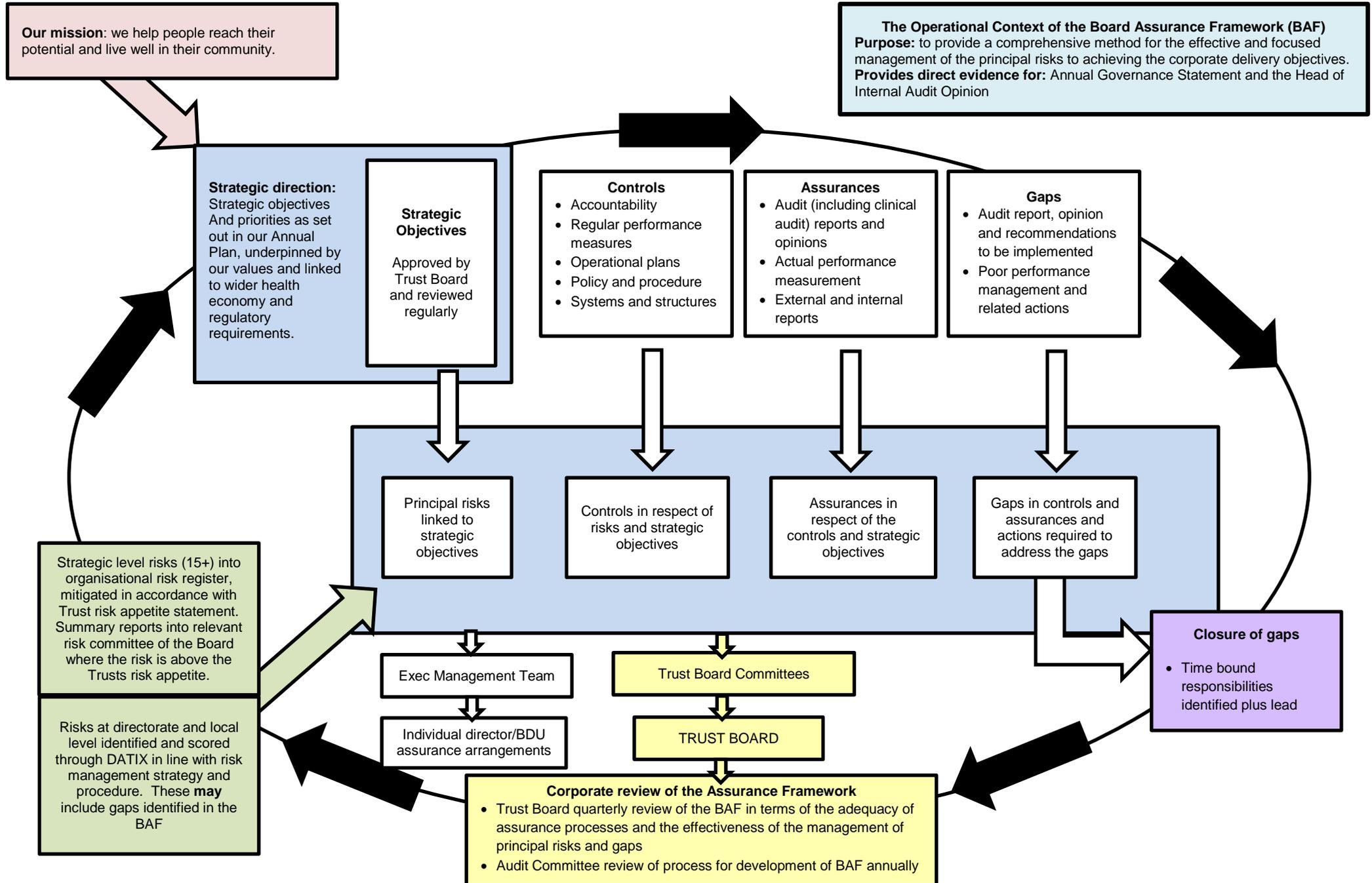
The full detail for strategic risks is included in the attached BAF report.

Within the Draft Head of Internal Audit Opinion for Stage 1 reported to the Audit Committee on 8 October 2019, the internal auditors provided some recommendations on the BAF for consideration. The first two were completed in Quarter 2, with the remaining three areas considered as part of the cyclical review in Quarter 3:

- *Due dates should be identified against all gaps in control and gaps in assurance – complete Q2.*
- *Consider whether a lead Director should be identified for the gaps in control and gaps in assurance – complete Q2.*

	<ul style="list-style-type: none"> ➤ <i>Consider whether the current RAG rating provides sufficient assessment to ensure that the BAF is reflective of the level of risk to achieving the organisation's objectives, consideration of the risk appetite and the required target risk the Trust is aiming for – complete Q3.</i> ➤ Benchmarking exercise against 19 provider BAFs top 10 risk issues noted two issues not explicitly covered: <ul style="list-style-type: none"> • Performance Targets • Estates (including H&S & Maintenance) Ongoing, to be included as part of committee annual planning process. ➤ Committees are noted as being aligned to strategic risks, however the BAF is not currently being presented at committee meetings – it was agreed at Trust Board to retain review and oversight of the BAF at the Trust Board and not to present at committees at this stage.
Recommendation:	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> ➤ NOTE the controls and assurances against the Trust's strategic objectives for Quarter 3 2019/20. ➤ AGREE to an ongoing target for addressing gaps in control given the nature of the gaps and risks identified.
Private session:	Not applicable.

BOARD ASSURANCE FRAMEWORK – STRUCTURE AND PROCESS



Board Assurance Framework (BAF) 2019/20

Key:

Lead Directors: CEO=Chief Executive Officer, DFR=Director of Finance and Resources, DHR=Director of HR, OD and Estates, DNQ=Director of Nursing and Quality, MD=Medical Director, DS=Director of Strategy, DO=Director of Operations, DPD=Director of Provider Development

Key Committees: AC=Audit Committee, EMT=Executive Management Team, CGCS=Clinical Governance & Clinical Safety Committee, MHA=Mental Health Act Committee, WRC=Workforce & Remuneration Committee. OMG= Operational Management Group. MC=Members Council, ORR=Organisational Risk Register, EIC=Equality & Inclusion Committee

Controls and Assurance inputs: I=Internal, E=External, P=Positive, N=Negative

RAG ratings:

G	=On target to deliver within agreed timescales
Y	=On trajectory but concerns on ability / confidence to deliver actions within agreed timescales
A	=Off trajectory and concerns on ability / capacity to deliver actions within agreed timescales
R	=Actions will not be delivered within agreed timescales
B	=Action complete

Overview of current assurance level:

The rationale and the individual risk RAG ratings are set out in the following pages.

Strategic objective	Strategic risk	Page Ref	Assurance levels				
			2018/19	2019/20			
			Q4	Q1	Q2	Q3	Q4
Improving health - Working in partnership	1.1 Differences in published local priorities could lead to service inequalities across the footprint	4	Y	Y	Y	G	
	1.2 Impact of or differences between a multiplicity of commissioners and place based plans, and those not being aligned with Trust plans	7	Y	Y	Y	Y	
	1.3 Differences in the services may result in inequitable services offers across the Trust	10	Y	Y	Y	G	
	1.4 Impact of the Trust not having a robust and compelling value proposition leading to under-investment in services	12	N/A	A	A	Y	
Improving care - Safety first, quality counts and supporting our staff	2.1 Lack of suitable and robust information systems backed by strong analysis leading to lack of high quality management and clinical information	15	Y	Y	Y	Y	
	2.2 Failure to create learning environment leading to repeat incidents	17	Y	Y	Y	Y	
	2.3 Increased demand for and acuity of service users leads to a negative impact on quality of care	19	Y	Y	Y	A	
Improving resources - Getting ready for tomorrow: operational excellence	3.1 Deterioration in financial performance leading to unsustainable organisation and inability to provide services effectively	22	Y	Y	Y	Y	
	3.2 Failure to develop commissioner relationships to develop services	25	Y	Y	Y	Y	
	3.3 Failure to deliver efficiency improvements / CIPs	27	Y	Y	Y	Y	
	3.4 Capacity / resource not prioritised leading to failure to meet strategic objectives	29	G	G	Y	Y	
Making SWYPFT a great place to work	4.1 Inability to recruit, retain, skill up, appropriately qualified, trained and engaged workforce leading to poor service user experience	32	Y	Y	Y	Y	

Strategic Objective: 1. Improving health - Working in partnership		Lead Director(s)	Key Board or Committee	Overall Assurance Level			
		As noted below	EMT, CGCS, MHA	Q1	Q2	Q3	Q4
				Y	Y	Y	
Strategic Risks - that need to be controlled and consequence of non-controlling and current assessment							
Ref	Description						RAG Rating
1.1	Differences in published local priorities could lead to service inequalities across the footprint.						G
1.2	Impact of or differences between a multiplicity of commissioners and place based plans, and those not being aligned with Trust plans						Y
1.3	Differences in the services provided due to unnecessary internal variation in practice, may result in inequitable service offers across the whole Trust.						G
1.4	Impact of the Trust not having a robust and compelling value proposition leading to under-investment in services						Y

Rationale for current assurance level (Strategic Objective 1)

- Health & Wellbeing Board place based plans – contributed to through board discussions and commented on.
- Active and full membership of Health & Wellbeing Boards.
- Care Quality Commission (CQC) visit overall rating of good including well-led review, Partnership working acknowledged to be strong.
- In the main, positive Friends and Family Test feedback from service users and staff with the exception of Child and Adolescent Mental Health Services (CAMHS) (being addressed through joint action plan with commissioners).
- Strong and robust partnership working with local partners, through integrated partnerships in Calderdale, Kirklees Wakefield and Barnsley.
- Trust executive director is SRO on behalf of Integrated Care Partnership for implementation of Primary Care Networks (PCHs) in Wakefield.
- Board-to-Board and/or Exec-to Exec meetings with partners.
- Trust involvement and engagement with West Yorkshire & Harrogate and South Yorkshire & Bassetlaw Integrated Care Systems, especially on mental health is strong.
- Trust involved in development of place based plans and priority setting.
- Involved in development of Integrated Care Partnerships in Barnsley (establishment of Integrated Care Partnership Group), Calderdale, Kirklees and Wakefield.
- Mental health offer well regarded with the establishment of Mental Health Provider Alliance in Wakefield being copied in Kirklees and potential for this elsewhere.
- Changes in Local Authority Commissioning arrangements for smoking cessation contracts e.g. loss of smoking cessation service in Kirklees and impact on our more vulnerable groups.
- Stakeholder engagement plans in place.
- Integrated Performance Report (IPR) summary metrics re improving people's health and reduce inequalities – IPR Month 8: out of area beds – green, children and young people accommodated on an adult inpatient ward – red, 7 day follow up– to be confirmed (green for Months 1-8), physical health – green, LD referrals with completed assessment, care package and commenced delivery within 18 weeks – red (red for Months 1-8), delayed transfers of care - green.
- Transformation and priority programmes, including the measurement and impact on strategic risks, reported to Trust Board through the Integrated Performance Report (IPR), Clinical Governance & Clinical Safety Committee, and Audit Committee through the triangulation report.
- Internal audit reports: Governance, Performance Management framework, Data Quality framework significant assurance.
- Clear value proposition for our Social Prescribing offer in Wakefield through Live Well Wakefield
- NHS Long Term Plan requires Commissioners to grow investment in mental health services faster than the NHS budget overall, aligned to specific service requirements that will be common across all districts.

Strategic Risk 1.1
Differences in published local priorities could lead to service inequalities across the footprint.

Controls (Strategic Risk 1.1)			
Systems and processes - what are we currently doing about the Strategic Risks?)	Control Ref	Director lead	Strategic risk/s
Process for amending policies and procedures in place aiming for consistency of approach, with systematic process for renewal, amending and approval. (I)	C01	DNQ	1.1
Cross-BDU and Operational Management Group (OMG) performance meetings established to identify and rectify performance issues and learn from good practices in other areas. (I)	C02	DO	1.1
Senior representation on West Yorkshire mental health collaborative and associated workstreams. (I)	C03	DPD	1.1, 1.4
Senior representation on local partnership boards, building relationships, ensuring transparency of agendas and risks, facilitating joint working, cohesion of policies and strategies, ability to influence future service direction. (I,E)	C04	DS	1.1, 1.2, 1.4
Annual business planning process, ensuring consistency of approach, standardised process for producing businesses cases with full benefits realisation. (I)	C05	DFR	1.1, 1.2, 3.1
Trust performance management system in place with KPIs covering national and local priorities reviewed by Executive Management Team (EMT) and Trust Board. (I)	C06	DFR	1.1, 1.2
Director lead in place to support revised service offer through transformation programme and work streams, overseen by EMT. (I)	C07	DS	1.1, 1.3
Formal contract negotiation meetings with clinical commissioning groups and specialist commissioners underpinned by legal agreements to support strategic review of services. (I)	C08	DFR	1.1,1.4, 3.2
Development of joint Commissioning for Quality and Innovation (CQUIN) targets with commissioners to improve quality and performance, performance monitoring regime of compliance with CQUIN targets in place. (I,E)	C09	DO	1.1, 1.4, 3.3
Engagement and representation on South Yorkshire / West Yorkshire integrated care system mental health work streams and partnership group. (I,E)	C77	DS	1.1, 1.4

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
Impact on services as a result of local authority cuts – actions identified on the Organisational Risk Register. (Linked to ORR Risk ID 275, 1077)	Ongoing	DO
Impact of local place based solutions and Integrated Care System initiatives – recognition that some of this is out of our control and ensure engagement takes place in each area impacted. (Linked to ORR Risk ID 812)	Ongoing	DS
Impact of not having a clear and well communicated value proposition. <i>In progress - developed service and offer prospectus and engagement plan complete further work to develop value proposition to be concluded by April 2020.</i> <i>(Note, expected completion date changed from September 2019 to March 2020 due to prioritisation of other areas including Care Quality Commission (CQC) improvement plan.)</i>	March 2020	DS

Assurance (Strategic Risk 1.1)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P,N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee.(P) (I)	A02	DFR	All
Care Quality Commission (CQC) registration in place and assurance	The Trust is registered with the CQC and assurance processes are in place	A03	DNQ	1.1

Assurance (Strategic Risk 1.1)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
provided that Trust complies with its registration	through the DNQ to ensure continued compliance – quarterly engagement meetings between DNQ & CQC. (P) (I)			
Trust Board strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives	Quarterly Board strategic meetings. (P) (I)	A04	CEO	1.1
Independent PLACE audits undertaken with results and actions to be taken reported to Executive Management Team (EMT), Members' Council and Trust Board	Service users and Directors involved in assessments. (P) (I, E)	A05	DHR	1.1, 1.2, 1.3
Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities	Clinical audit and practice effectiveness (CAPE) annual evaluation plan 2018/19 taken to CG&CS Committee June 2019 and 19/20 report scheduled for 19/20 work plan. (P) (I)	A06	DNQ	1.1, 1.2, 1.3
Strategic priorities and programmes monitored and scrutinised through Executive Management Team (EMT) and reported to Trust Board through IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). (P) (I)	A07	DS	1.1, 1.2, 1.3, 2.1, 3.4
Service user survey results reported annually to Trust Board and action plans produced as applicable	NHS Mental Health service user survey Results will be reported to Trust Board when available with associated plans. (P, N) (I, E)	A08	DNQ	1.1, 1.2, 1.3, 1.4, 2.3
Transformation change and priority programme plans monitored and scrutinised through Executive Management Team (EMT) ensuring co-ordination across directorates, identification of and mitigation of risks, reported through Change and partnership Board, OMG and EMT and IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). Monthly update to delivery EMT. Quarterly report to CG&CS Committee re. quality impact. (I)	A09	EMT	1.1, 1.2, 1.3, 2.3, 3.4
Business cases for expansion/change of services approved by Executive Management Team (EMT) and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework	Contracting risks, bids & tenders update standing item on delivery EMT agenda. Report to Board bi-annually. (P, N) (I)	A10	DO	1.1, 1.2, 2.1, 3.1
Documented review of Directors' objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Objectives for 2019/20 set for all Directors. Monthly one to one meetings between Chief Executive and Directors. (P) (I)	A11	CEO	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4
Announced and unannounced inspection visits undertaken by Care Quality Commission (CQC), independent reports on visits provided to the Trust Board, Clinical Governance & Clinical Safety Committee (CGCS) and Members' Council	Annual unannounced and planned visits programme in place and annual report is now received directly by the CG&CS Committee. The annual report for 2017/18 was received by the CG&CS Committee in June 2019 and 19/20 report included in 19/20 work plan. (P, N) (E)	A12	DNQ	1.1, 1.2, 2.3
Annual plan, budget and strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by NHS Improvement	Operational plan for 2019/20 approved at Trust Board March 2019. Monthly financial reports to Trust Board and NHS Improvement plus quarterly exception reports. Trust engaged in development	A13	DFR	1.1, 1.2, 3.1, 3.3, 3.4

Assurance (Strategic Risk 1.1)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
	of Integrated Care System (ICS) 5 year plans (P, N) (I).			
Annual reports of Trust Board Committees to Audit Committee, attendance by Chairs of Committees and Director leads to provide assurance against annual plan	Audit Committee and Trust Board – April 2019. (P) (I)	A14	DFR	1.1, 1.3, 2.3
Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	Communication, engagement and involvement strategy 2016-2019 (approved October 2016). Weekly and monthly engagement with staff (huddles, the Headlines, the View and the Brief) plus staff listening events held in May & June 2019, monthly engagement with stakeholders (the Focus), various service user & carer engagement events across the year plus Annual Members' Meeting September 2019. Engagement through Members' Council. Stakeholder engagement through involvement in new models of care in each place. Involving people strategy refresh to be completed by April 2020 (P) (I, E)	A15	DHR, DS	1.1, 1.3, 2.3
Commissioning intentions for 2019/20 have been factored into our operating plans	Mutual agreement between provider and commissioner of investment priorities (P) (I)	A23	DFR, DO	1.1, 1.2, 1.3, 1.4

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
<i>Assessment of commissioning intentions. (Linked to ORR Risk ID 812). Complete - during 2019/20 contracting round.</i>	<i>Complete</i>	<i>DFR</i>
<i>Assessment of place based plans in each Integrated Care System (ICS). (Linked to ORR Risk ID 812). (Note, expected completion date changed from June 2019 to September 2019 as plans will be completed once implementation plans for the long term plan within each integrated care system are agreed. This has changed further to February 2020 in line with planning timescale, affected by pre-election period work continues in each place as part of developing the Trust plan)</i>	<i>February 2020</i>	<i>DS / DPD</i>
<i>Unclear if there is clear understanding of the full range and value of the services the Trust provides by all key stakeholders. Engagement plan and prospectus being developed. Complete - Engagement plan and prospectus in place.</i>	<i>Complete</i>	<i>DS</i>
<i>Each integrated care system is required to develop a 5 year plan to implement the NHS long term plan</i>	<i>Complete</i>	<i>DFR</i>
<i>Not a scheduled programme of board to board or exec to exec meeting in place with all partners Ongoing - The requirement for Board to Board is diminishing due to whole system working across each ICS and the development of Integrated Care partnerships in each place.</i>	<i>Ongoing</i>	<i>DS</i>

Strategic Risk 1.2

Impact of or differences between a multiplicity of commissioners and place based plans, and those not being aligned with Trust plans

Controls (Strategic Risk 1.2)

Systems and processes - what are we currently doing about the Strategic Risks?	Control Ref	Director lead	Strategic risk/s
Senior representation on local partnership boards, building relationships, ensuring transparency of agendas and risks, facilitating joint working, cohesion of policies and strategies, ability to influence future service direction. (I,E)	C04	DS	1.1, 1.2, 1.4
Annual business planning process, ensuring consistency of approach, standardised process for producing businesses cases with full benefits realisation. (I)	C05	DFR	1.1, 1.2, 3.1
Trust performance management system in place with KPIs covering national and local priorities reviewed by Executive Management Team (EMT) and Trust Board. (I)	C06	DFR	1.1, 1.2
Framework in place to ensure feedback from customers, both internal and external (including feedback loop) is collected, responded to, analysed and acted upon. (I, E)	C10	DNQ	1.2, 1.4
Governors' engagement and involvement on Members' Council and working groups, holding Non-Executive Directors (NEDs) to account. (I)	C11	DFR	1.2
Partnership Fora established with staff side organisations to facilitate necessary change. (I)	C12	DHR	1.2
Priority programmes supported through robust programme management approach. (I)	C14	DS	1.2
Project Boards for change programmes and work streams established, with appropriate membership skills and competencies, PIDs, project plans, project governance, risk registers for key projects in place. (I)	C15	DS	1.2, 1.3
Communication, Engagement and Involvement Strategy in place for service users/carers, staff and stakeholders/partners, engagement events gaining insight and feedback, including identification of themes and reporting on how feedback been used. (I,E)	C16	DS	1.2, 1.4, 4.1
New operational leadership structure has been implemented to reflect the ICS boundaries (West and South) and focus on reducing unwarranted variation service wide.	C85	DO	1.2

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
<i>Agreement and implementation of new leadership structure for all operational services to maximise clinical leadership across pathways and operational leadership in each place.</i>	<i>Complete</i>	<i>DO</i>
Clinical networks to be embedded across each pathway as part of the new operational leadership structure	April 2020	DO

Assurance (Strategic Risk 1.2)

Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P,N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee. (P) (I)	A02	DFR	All
Independent PLACE audits undertaken and results and actions to be taken reported to Executive Management Team (EMT), Members' Council and Trust Board	Service users and Directors involved in assessments. (P) (I, E)	A05	DHR	1.1, 1.2, 1.3
Audit of compliance with policies and	Clinical audit and practice effectiveness	A06	DNQ	1.1, 1.2,

Assurance (Strategic Risk 1.2)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities	(CAPE) annual evaluation plan 2018/19 taken to CG&CS Committee June 2018 and 18/19 report scheduled for 19/20 work plan. (I)			1.3
Strategic priorities and programmes monitored and scrutinised through Executive Management Team (EMT) and reported to Trust Board through IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). (P) (I)	A07	DS	1.1, 1.2, 1.3, 2.1, 3.4
Service user survey results reported annually to Trust Board and action plans produced as applicable	NHS mental health service user survey. Results are reported to Trust Board when available with associated plans (P,N) (I, E)	A08	DNQ	1.1, 1.2, 1.3, 1.4, 2.3
Transformation change and priority programme plans monitored and scrutinised through Executive Management Team (EMT) ensuring co-ordination across directorates, identification of and mitigation of risks, reported through Change and partnership Board, OMG and EMT and IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). Monthly update to delivery EMT. Quarterly report to CG&CS Committee re. quality impact. (P) (I)	A09	EMT	1.1, 1.2, 1.3, 2.3, 3.4
Business cases for expansion/change of services approved by Executive Management Team (EMT) and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework	Contracting risks, bids & tenders update standing item on delivery EMT agenda. Report to Board bi-annually. (P, N) (I)	A10	DS	1.1, 1.2, 2.1, 3.1
Documented review of Directors' objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Objectives for 2019/20 set for all Directors. Monthly one to one meetings between Chief Executive and Directors. (P) (I)	A11	CEO	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4
Announced and unannounced inspection visits undertaken by Care Quality Commission (CQC), independent reports on visits provided to the Trust Board, CG&CS and MC	Unannounced and planned visits programme in place – regular report to CG&CS Committee and included in annual report to Board and Members Council. Visit plan in place for 19/20 and 20/21 report included in workplan (P,N) (E)	A12	DNQ	1.1, 1.2, 2.3
Annual plan and budget and strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by NHS Improvement	Operational plan for 2019/20 approved at Trust Board March 2019. Monthly financial reports to Trust Board and NHS Improvement plus quarterly exception reports. Trust engaged in development of Integrated Care System (ICS) 5 year plans (P, N) (I)	A13	DFR	1.1, 1.2, 3.1, 3.3, 3.4
Monitoring of organisational development plan through Executive Management Team (EMT) and Workforce & Remuneration Committee, deviations identified and remedial plans requested	Update reports into EMT and Workforce & Remuneration Committee (P) (I)	A16	DHR	1.2
Update reports on WY and SY ICS progress	Routine report into EMT and Board (P) (I)	A17	DS	1.2
Reports from Calderdale, Kirklees and Wakefield Partnership Board	Update reports into EMT (P, N) (I)	A18	DFR	1.2, 1.3
Serious incidents from across the organisation reviewed through the Clinical Reference Group including the	Process in place with outcome reported through quarterly serious incident reporting including lessons learned to	A19	DNQ	1.2, 2.3

Assurance (Strategic Risk 1.2)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
undertaking of root cause analysis and dissemination of lessons learnt and good clinical practice across the organisation	OMG, EMT, Clinical Governance & Clinical Safety Committee and Trust Board. "Our Learning Journey Report" (P, N) (I)			
Benchmarking of services and action plans in place to address variation	Benchmarking reports are received by Executive Management Team (EMT) and any action required identified. (P, N) (I, E)	A20	DFR	1.2, 3.1, 3.2, 3.3
Monthly Investment Appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity	Monthly bids and tenders report to Executive Management Team (EMT) and twice yearly to Trust Board (P, N) (I)	A21	DFR	1.2, 1.4, 3.1, 3.2, 3.3
CQUIN performance monitored through Operational Management Group (OMG) and Executive Management Team (EMT), deviations identified and remedial plans requested	Monthly Integrated Performance reporting (IPR) to OMG, EMT and Trust Board. (P, N) (I)	A22	DO	1.2, 1.4, 3.1, 3.3
Commissioning intentions for 2019/20 have been factored into our operating plans	Mutual agreement between provider and commissioner of investment priorities (P) (I)	A23	DFR, DO	1.1, 1.2, 1.3, 1.4

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
Assessment of commissioning intentions. (Linked to ORR Risk ID 812). Complete - during 2019/20 contracting round.	Complete	DFR
Benchmarking data unavailable for some services and limited number of statistically similar organisations. In progress - Programme of work agreed to accelerate availability of internal productivity information and effectively use the model hospital. Updated dashboards now available to teams. Presentations have taken place to EMT and Finance, Investment & Performance Committee. Plans to effectively roll out the use of the dashboard being developed.	January 2020 March 2020	DFR DFR
Assessment of place based plans in light of the impact of the NHS long term plan (Note, expected completion date changed from Jun 2019 to Sep 2019 as plans will be completed once implementation plans for the long term plan within each integrated care system are agreed. This has changed further to February 2020 in line with planning timescale, affected by pre-election period work continues in each place as part of developing the Trust plan)	February 2020	DS
Each integrated care system is required to develop a 5 year plan to implement the NHS long term plan. An assessment of this against the Trust's strategy and plans will allow greater understanding of any risks and issues to be resolved.	Complete	DFR
Not a scheduled programme of board to board or exec to exec meeting in place with all partners. Ongoing - The requirement for Board to Board is diminishing due to whole system working across each ICS. Local board to board scheduled, CHFT exec to exec meetings in place, further meetings will be planned as required.	Ongoing	DS

Strategic Risks 1.3

Differences in the services provided due to unnecessary internal variation in practice, may result in inequitable service offers across the whole Trust.

Controls (Strategic Risk 1.3)

Systems and processes - what are we currently doing about the Strategic Risks?	Control Ref	Director lead	Strategic risk/s
Director lead in place to support revised service offer through transformation programme, change programmes and work streams, overseen by EMT. (I)	C07	DO	1.1, 1.3
Project Boards for change programmes and work streams established, with appropriate membership skills and competencies, PIDs, project plans, project governance, risk registers for key projects in place in line with the Integrated Change Framework. (I)	C15	DS	1.2, 1.3
Strategic priorities and underpinning programmes supported through robust programme and change management approaches and in line with the Integrated Change Framework. (I)	C17	DS	1.4
All senior medical staff participate in a job planning process which reviews and restates priority areas of work for these senior clinical leaders. (I)	C18	MD	1.3
Clear Trustwide policies in place that are agreed by the Executive Management team.(I)	C19	DNQ	1.3
Participate in national benchmarking activity for mental health services and act on areas of significant variance. (I)	C21	DFR	1.3
Director of operations post is now embedded and working with the Board trio (I)	C78	DO	1.1, 1.3

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
Impact of local place based solutions and ICS initiatives – recognition that some of this is out of our control and ensure engagement takes place in each area impacted, as well as using the LTP and relationships with groups of commissioners to ensure consistency. (Linked to ORR Risk ID 812).	Ongoing	DS

Assurance (Strategic Risk 1.3)

Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee. (P) (I)	A02	DFR	All
Independent PLACE audits undertaken and results and actions to be taken reported to Executive Management Team (EMT), Members' Council and Trust Board	Service users and Directors involved in assessments. (P) (I, E)	A05	DHR	1.1, 1.2, 1.3
Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities	Clinical audit and practice effectiveness (CAPE) annual evaluation plan 2018/19 taken to CG&CS Committee June 2019 and 19/20 report is scheduled for 19/20 work plan.(I)	A06	DNQ	1.1, 1.2, 1.3
Strategic priorities and programmes monitored and scrutinised through Executive Management Team (EMT) and reported to Trust Board through IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT).(P) (I)	A07	DS	1.1, 1.2, 1.3, 2.1, 3.4
Service user survey results reported annually to Trust Board and action plans	NHS Mental Health Service user survey results are reported to Trust Board when	A08	DNQ	1.1, 1.2, 1.3, 1.4,

Assurance (Strategic Risk 1.3)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
produced as applicable	available with associated plans.(I, E)			2.3
Transformation change and priority programme plans monitored and scrutinised through Executive Management Team (EMT) ensuring co-ordination across directorates, identification of and mitigation of risks, reported through Change and partnership Board, OMG and EMT and IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). Monthly update to delivery EMT. Quarterly report to Audit Committee and CG&CS Committee re. quality impact. (P) (I)	A09	EMT	1.1, 1.2, 1.3, 2.3, 3.4
Annual reports of Trust Board Committees to Audit Committee, attendance by Chairs of Committees and Director leads to provide assurance against annual plan	Audit Committee and Trust Board – April 2019 (P) (I)	A14	DFR	1.1, 1.3, 2.3
Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	Communication, engagement and involvement strategy 2016-2019 (approved October 2016). Engagement with staff (the Headlines, the View and the Brief) plus staff listening events May & June 2019, various engagement events across the year plus Annual Members' Meeting September 2019. Involving people strategy refresh to be completed by April 2020 (P, N) (I, E)	A15	DHR, DS,	1.1, 1.3, 2.3
Reports from Calderdale, Kirklees and Wakefield Partnership Board	Update reports into EMT. (P, N) (I)	A18	DFR	1.2, 1.3
Commissioning intentions for 2019/20 have been factored into our operating plans	Mutual agreement between provider and commissioner of investment priorities (P) (I)	A23	DFR, DO	1.1, 1.2, 1.3, 1.4

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
<i>Assessment of commissioning intentions. (Linked to ORR Risk ID 812). Complete - during 2019/20 contracting round.</i>	<i>Complete</i>	<i>DFR</i>
<i>Impact of medical workforce retention / turnover in certain specialities and assessment through recruitment and retention strategy. Complete - This is linked to the Trust Recruitment and Retention strategy with an ongoing action plan.</i>	<i>Complete</i>	<i>MD / DHR</i>
<i>Review of model hospital data and determine how this can best be used in the Trust In progress - Work has commenced on the review of the model hospital data with a presentation to EMT on 03/10/2019 that identified initial areas for consideration. (Note, expected completion date changed from October 2019 to March 2020 as next update of model hospital likely in Q4, 2019/20).</i>	<i>March 2020</i>	<i>DO</i>
<i>Each integrated care system is required to develop a 5 year plan to implement the NHS long term plan.</i>	<i>Complete</i>	<i>DFR</i>

Strategic Risk 1.4

Impact of the Trust not having a robust and compelling value proposition leading to under-investment in services

Controls (Strategic Risk 1.4)

Systems and processes - what are we currently doing about the Strategic Risks?	Control Ref	Director lead	Strategic risk/s
Senior representation on West Yorkshire mental health collaborative and associated workstreams. (I)	C03	DPD	1.1, 1.4
Senior representation on local partnership boards, building relationships, ensuring transparency of agendas and risks, facilitating joint working, cohesion of policies and strategies, ability to influence future service direction. (I,E)	C04	DS	1.1, 1.2, 1.4
Formal contract negotiation meetings with clinical commissioning groups and specialist commissioners underpinned by legal agreements to support strategic review of services. (I)	C08	DFR	1.1, 1.4, 3.2
Development of joint Commissioning for Quality and Innovation (CQUIN) targets with commissioners to improve quality and performance, performance monitoring regime of compliance with CQUIN targets in place. (I,E)	C09	DO	1.1, 1.4, 3.3
Framework in place to ensure feedback from customers, both internal and external (including feedback loop) is collected, responded to, analysed and acted upon. (I, E)	C10	DNQ	1.2, 1.4
Representation and engagement in place based integrated care developments.	C13	DS/DPD	1.4
Communication, Engagement and Involvement Strategy in place for service users/carers, staff and stakeholders/partners, engagement events gaining insight and feedback, including identification of themes and reporting on how feedback been used. (I,E)	C16	DS	1.2, 1.4, 4.1
Engagement and representation on South Yorkshire and Bassetlaw / West Yorkshire and Harrogate integrated care systems mental health work streams and partnership group. (I,E)	C77	DS	1.1, 1.4

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
<i>Finalisation of an engagement plan and prospectus Complete - engagement plan and prospectus developed.</i>	<i>Complete</i>	<i>DS</i>

Assurance (Strategic Risk 1.4)

Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee.(P) (I)	A02	DFR	All
Service user survey results reported annually to Trust Board and action plans produced as applicable	NHS mental health service user survey. Results are reported to Trust Board when available with associated plans (P,N) (I, E))	A08	DNQ	1.1, 1.2, 1.3, 1.4, 2.3
Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	Communication, engagement and involvement strategy 2016-2019 (approved October 2016). Engagement with staff (huddles, the Headlines, the View and the Brief) plus staff listening events May & June 2019, various engagement events across the year plus Annual Members' Meeting September	A15	DHR, DS,	1.1, 1.3, 2.3

Assurance (Strategic Risk 1.4)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
	2019. Involving people strategy refresh to be completed by April 2020 (P, N) (I, E)			
Reports from Calderdale, Kirklees and Wakefield Partnership Board	Update reports into EMT. (P, N) (I)	A18	DFR	1.2, 1.3
Monthly Investment Appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity	Monthly bids and tenders report to Executive Management Team (EMT) and twice yearly to Trust Board (P, N) (I)	A21	DFR	1.2, 1.4, 3.1, 3.2, 3.3
CQUIN performance monitored through Operational Management Group (OMG) and Executive Management Team (EMT), deviations identified and remedial plans requested	Monthly Integrated Performance reporting (IPR) to OMG, EMT and Trust Board. (P, N) (I)	A22	DO	1.2, 1.4, 3.1, 3.3
Commissioning intentions for 2019/20 have been factored into our operating plans	Mutual agreement between provider and commissioner of investment priorities (P) (I)	A23	DFR, DO	1.1, 1.2, 1.3, 1.4
Customer service reports to board and CGCS	Monthly reports to board/EMT and bi-monthly into CGCS. (P, N) (I)	A27	DNQ	2.1 2.2 2.3
Quality strategy implementation plan reports into CGCS	Routine reports into CGCS via IPR and annual report scheduled in 19/20 work plan. (P) (I)	A29	DNQ	1.4, 2.1, 2.2, 4.1

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
<i>Development of a clear value proposition linked to vision, mission and values Complete - prospectus developed.</i>	Complete	DS
<i>Collate learning and insight from engagement surveys with feedback to identify themes In progress - The Involving people strategy refresh complete by April 2020 will include significant stakeholder engagement and feedback. (Note, expected completion date changed from December 2019 to March 2020).</i>	March 2020	DS

Strategic Objective: 2. Improving care - Safety first, quality counts and supporting our staff		Lead Director(s)	Key Board or Committee	Current Assurance Level			
		As noted below	EMT, WRC, CGCS	Q1	Q2	Q3	Q4
				Y	Y	Y	
Strategic Risks - that need to be controlled and consequence of non-controlling and current assessment							
Ref	Description						RAG Rating
2.1	Lack of suitable and robust, performance and clinical information systems backed by strong analysis leading to lack of timely high quality management and clinical information to enable improved decision-making						Y
2.2	Failure to create a learning environment leading to repeat incidents impacting on service delivery and reputation						Y
2.3	Increased demand for and acuity of service users leads to a negative impact on quality of care						A

Rationale for current assurance level (Strategic Objective 2)	
<ul style="list-style-type: none"> • Staff 'living the values' as evidenced through values into excellence awards. • In the main, positive Friends and Family Test feedback from service users and staff with the exception of CAMHs (being addressed through joint action plan with commissioners). • Trio model bringing together clinical, managerial and governance roles working together at service line level, with shared accountability for delivery. • Strong and robust partnership working with local partners, such as Locala to deliver the Care Close to Home contract and establishment of Programme Board. • Care Quality Commission (CQC) assessment overall rating of good. • CQC have conducted a well-led review during recent inspections which has contributed to the overall rating provided. • Internal audit reports – Risk management, Information Governance, Data Quality, Staff Engagement, Mental Health Act Governance, Quality Governance – significant assurance. • CQUIN targets largely achieved. • Regular analysis and reporting of incidents. • Development of trust wide arrangements for learning and improving standards, recognised by CQC. • Quality Improvement culture becoming embedded and good examples have emerged on safety huddles, reducing restricted practices and flu. • Data warehouse implementation taking place, but at slower pace than originally planned to ensure alignment with SystemOne implementation. • Capacity for routine analysis and focused work affected by SystemOne implementation. • Focused information provided for out of area bed review to support findings and recommendations. • Integrated Performance Report (IPR) summary metrics re improving the quality and experience of all that we do – IPR for month 8 shows: Friends & Family Test MH green, F&F Test Community green, safer staff fill rates green, IG confidentiality breaches green, people dying in their place of choosing – green. • Effective initial implementation of SystemOne for mental health. • Programme of optimisation for SystemOne for mental health in place. 	

Strategic Risk 2.1

Lack of suitable and robust, performance and clinical information systems backed by strong analysis leading to lack of timely high quality management and clinical information to enable improved decision-making

Controls (Strategic Risk 2.1)			
Systems and processes - what are we currently doing about the Strategic Risks?)	Control Ref	Director lead	Strategic risk/s
Access to the model hospital to enable effective national benchmarking and support decision-making.	C20	DFR	2.1
Development of data warehouse and business intelligence tool supporting improved decision making. (I)	C22	DFR	2.1
Digital strategy in place with quarterly report to Executive Management Team (EMT) and half yearly report to Trust Board. (I)	C23	DFR	2.1
Programme established for optimising the use of SystemOne. (I)	C24	DS	2.1
Risk assessment and action plan for data quality assurance in place. (I)	C25	DFR	2.1
Customer services reporting includes learning from complaints and concerns. (I)	C26	DNQ	2.1, 2.2, 4.1
Datix incident reporting system supports review of all incidents for learning and action.(I)	C27	DNQ	2.1, 2.2, 4.1
Integrated change management arrangements focus on co-design. (I)	C28	DS	2.1, 2.3
Patient Safety Strategy developed to reduce harm through listening and learning. (I)	C29	DNQ	2.1, 2.2, 4.1
Weekly risk scan where all red and amber incidents are reviewed for immediate learning. (I)	C30	DNQ/MD	2.1, 2.3, 4.1
Quality Improvement network established to provide Trustwide learning platform. (I)	C31	DNQ	2.1, 2.2, 4.1
Quality Strategy achieving balance between assurance and improvement. (I)	C32	DNQ	2.1, 2.2, 2.3
Performance management system in place with Key Performance Indicators (KPIs) covering national and local priorities reviewed by EMT and Trust Board. (I)	C33	DFR	2.1, 2.2, 3.1, 3.2, 4.1

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
Limited use of reports generated using the data warehouse tool with resource recently focused on SystemOne implementation. <i>In progress - Initial presentations on model hospital benchmarking made to EMT and the Finance, Investment & Performance Committee. Updated team dashboards now available. Plans being developed to ensure effective roll out of new dashboards.</i>	2020	DFR
Limited data on caseload, real time waiting list issues, face to face time. <i>In progress - Work is taking place as part of data warehouse and dashboard development. Further development expected during Q1 of 2020/21. (Note, expected completion date changed from 2019 to June 2020).</i>	June 2020	DFR
Limited actual use of benchmarking information in the Trust. Review use of model hospital data <i>(Note, change of due date from October 2019 to January 2020. Programme of work has commenced to accelerate availability of internal productivity information and effectively use the model hospital. Initial presentation made to EMT of areas for consideration following review of the model hospital).</i>	January 2020	DFR

Assurance (Strategic Risk 2.1)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions	IPR reported monthly to OMG, EMT and Trust Board. (P) (I)	A01	DFR	All

Assurance (Strategic Risk 2.1)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
to be taken				
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee.(P) (I)	A02	DFR	All
Strategic priorities and programmes monitored and scrutinised through Executive Management Team (EMT) and reported to Trust Board through the Integrated Performance Report (IPR)	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). Annual review of impact of priority programmes received by EMT. (P) (I)	A07	DS	1.1, 1.2, 1.3, 2.1, 3.4
Business cases for expansion/change of services approved by Executive Management Team (EMT) and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework	Contracting risks, bids & tenders update standing item on delivery EMT agenda. Report to Board bi-annually. (P, N) (I)	A10	DS	1.1, 1.2, 2.1, 3.1
Documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Objectives for 2019/20 set for all Directors. Monthly one to one meetings between Chief Executive and Directors.(P) (I)	A11	CEO	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4
Data quality improvement plan monitored through Executive Management Team (EMT) deviations identified and remedial plans requested	Included in monthly IPR to OMG, EMT and Trust Board. Regular reports to Audit Committee. (P) (I)	A24	DNQ	2.1
Progress against SystemOne optimisation plan reviewed by Programme Board, EMT and Trust Board	Monthly priority programmes item schedule for EMT. Included as part of the IPR to EMT and Trust Board. (P) (I)	A25	DS	2.1
Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken	Quarterly BAF and risk register reports to Board. Triangulation of risk, performance and governance present to each Audit Committee. (P) (I)	A26	DFR	2.1
Customer service reports to board and CGCS	Monthly reports to board/EMT and bi-monthly into CGCS (P, N)	A27	DNQ	2.1 2.2 2.3
Quality strategy implementation plan reports into CGCS	Routine reports into CGCS (I)	A29	DNQ	1.4, 2.1, 2.2, 4.1
Attendance of NHS Improvement at Executive Management Team (EMT) and feedback on performance against targets	NHS Improvement hold Quarterly Review Meetings with EMT. (P) (E)	A30	DFR	2.1, 3.1, 3.3
Data quality focus at OMG and ICIG	Regular agenda items and reporting of at ICIG and OMG (P, N) (I)	A31	DNQ	2.1

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
<i>Implementation of actions identified in internal audit report on SystemOne implementation governance arrangements. Complete - Focus in Q3 & Q4 was on ensuring clinical record data for fit for migration to SystemOne for mental health services. System was implemented in February and March 2019 and moved into optimisation phase.</i>	Complete	DS
<i>Development plan and implementation to more extensively generate and use management reports using the data warehouse. (Note, expected date of completion changed from Quarter 3 to January 2020). In progress - Work has commenced and an initial presentation of model hospital benchmarking given to EMT. Use of benchmarking reports is evolving and will continue to do so over the next twelve months.</i>	January 2020	DFR
<i>Completion of review of decision-making framework (Scheme of Delegation) to inform delegated authority at all levels (to Audit Committee). Complete - Update approved by Trust Board in April 2019.</i>	Complete	DFR

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
<i>Data input for SystmOne implementation catch up is not yet complete. Complete - previous clinical records system closed.</i>	<i>Complete</i>	<i>DS</i>
SystmOne optimisation programme will take place over the course of the next twelve months.	September 2020	DS

Strategic Risk 2.2

Failure to create a learning environment leading to repeat incidents impacting on service delivery and reputation

Controls (Strategic Risk 2.2)

Systems and processes - what are we currently doing about the Strategic Risks?)	Control Ref	Director lead	Strategic risk/s
Customer services reporting includes learning from complaints and concerns (I)	C26	DNQ	2.1, 2.2, 4.1
Datix incident reporting system supports review of all incidents for learning and action (I)	C27	DNQ	2.1, 2.2, 4.1
Integrated change management arrangements focus on co-design (I)	C28	DS	2.1, 2.3
Patient Safety Strategy developed to reduce harm through listening and learning (I)	C29	DNQ	2.1, 2.2, 4.1
Weekly risk scan where all red and amber incidents are reviewed for immediate learning (I)	C30	DNQ/MD	2.1, 2.2, 4.1
Quality Improvement network established to provide Trustwide learning platform (I)	C31	DNQ	2.1, 2.2, 4.1
Quality Strategy achieving balance between assurance and improvement (I)	C32	DNQ	2.1, 2.2, 2.3
Performance management system in place with Key Performance Indicators (KPIs) in place covering national and local priorities reviewed by OMG, EMT and Trust Board (I)	C33	DFR	2.1, 2.2, 3.1, 3.2, 4.1
Leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of services (I)	C46	DO	2.2, 4.1
Learning lessons reports, BDUs, post incident reviews (I)	C47	DNQ	2.3
Risk Management Strategy in place facilitating a culture of horizon scanning, risk mitigation and learning lessons supported through appropriate training (I)	C48	DFR	2.3
Weekly serious incident summaries to Executive Management Team (EMT) supported by quarterly and annual reports to OMG, EMT, Clinical Governance & Clinical Safety Committee and Trust Board (I)	C49	DNQ	2.3
Quality improvement approach and methodology (I)	C82	DNQ	2.1, 2.2, 2.3

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
Monitoring of implementation of action plans linked to SI reports.	Ongoing	DNQ

Assurance (Strategic Risk 2.2)

Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee. (P) (I)	A02	DFR	All
Service user survey results reported annually to Trust Board and action plans produced as applicable	NHS Mental Health Service user survey results are reported to Trust Board when available with associated plans. (I, E)	A08	DNQ	1.1, 1.2, 1.3, 1.4, 2.3
Serious incidents from across the organisation reviewed through the Clinical Reference Group including the	Process in place with outcome reported through quarterly serious incident reporting including lessons learned to	A19	DNQ	1.2, 2.3

Assurance (Strategic Risk 2.2)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
undertaking of root cause analysis and dissemination of lessons learnt and good clinical practice across the organisation	OMG, EMT, Clinical Governance & Clinical Safety Committee and Trust Board. "Our Learning Journey Report" (P), (N), (I)			
Customer service reports to board and CGCS	Monthly reports to board/EMT and bi-monthly into CGCS. (P, N) (I)	A27	DNQ	2.1 2.2 2.3
Priority programmes reported to board and EMT	Monthly reports to board/EMT and bi-monthly into CGCS. (P) (I)	A28	DS	2.2, 4.1
Quality strategy implementation plan reports into CGCS	Routine reports into CGCS via IPR and annual report scheduled in 19/20 work plan. (P) (I)	A29	DNQ	1.4, 2.1, 2.2, 4.1
Weekly risk scan update into EMT	Weekly risk scan update into EMT. (P, N) (I)	A38	DNQ	2.3
Assurance reports to Clinical Governance and Clinical Safety Committee covering key areas of risk in the organisation seeking assurance on robustness of systems and processes in place	Routine report to each CG&CS Committee of risks aligned to the committee for review. (P) (I)	A39	DNQ	2.3
New inpatient structure provides assurance of operational grip in relation to record keeping	Routine matron checks reported through BDU governance groups and in governance report to CGCS	A54	DO	2.2

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
Impact of information governance (IG) training and action plan on IG hotspots. (Linked to ORR Risk ID 852) <i>Largely complete - IG training achieved the target. Deep-dive conducted for Audit Committee. Updated comms plan taking effect from April 2019 following SysmOne go-live. Current level of training is below the required amount and focus being placed on this during Q4</i>	January 2020 <i>Largely complete</i>	DFR
<i>Impact of learning lessons process on all relevant practitioners Complete – now included in revised Patient Safety Strategy.</i>	<i>Complete</i>	<i>DNQ</i>
<i>Further assurance required to address similar repeated themes in relation to communication and risk assessment are identified through investigations Complete - "Our Learning Journey" Report and annual BDU Governance report published.</i>	<i>Complete</i>	<i>DNQ</i>
Inpatient strategy improvement plan evaluation data to be finalised prior to end of financial year.	Partially complete December 2019 March 2020 for strategy improvement plan data.	DO

Strategic Risk 2.3

Increased demand for and acuity of service users leads to a negative impact on quality of care

Controls (Strategic Risk 2.3)

Systems and processes - what are we currently doing about the Strategic Risks?)	Control Ref	Director lead	Strategic risk/s
Care Closer to Home Partnership Meeting and governance process. (I)	C50	DO	2.3
Care closer to home priority programme incorporating whole system actions with out of area bed reduction reported against trajectory. (I, E)	C51	DO	2.3
Performance management process and IPR at various levels of the organisation. (I)	C52	DFR	2.3
Safer staffing policies and procedures in place to respond to changes in need. (I)	C53	DNQ	2.3
TRIO management system monitoring quality, performance and activity on a routine basis. (I)	C54	DO	2.3
Use of trained and appropriately qualified temporary staffing through bank and agency system. (I)	C55	DO	2.3
Targeted improvement support in place to deliver waiting list management improvement plans to support people awaiting a service/treatment. (I)	C56	DO	2.3
Process to manage the CQC action plan	C79	DNQ	2.3

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
N/A		

Assurance (Strategic Risk 2.3)

Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee. (P) (I)	A02	DFR	All
Service user survey results reported annually to Trust Board and action plans produced as applicable	NHS Mental Health service user survey results reported regularly to Trust Board via the IPR with associated plans. (I, E)	A08	DNQ	1.1, 1.2, 1.3, 1.4, 2.3, 2.3
Transformation change and priority programme plans monitored and scrutinised through Executive Management Team (EMT) ensuring co-ordination across directorates, identification of and mitigation of risks, reported through Change and partnership Board, OMG and EMT and IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). Monthly update to delivery EMT. Quarterly report to CG&CS Committee re: quality impact. (P) (I)	A09	EMT	1.1, 1.2, 1.3, 2.3, 3.4
Announced and unannounced inspection visits undertaken by Care Quality Commission (CQC), independent reports on visits provided to the Trust Board, CG&CS and MC	Unannounced and planned visits programme in place – report to CG&CS Committee and included in annual report to Board. Visits planned during 2018/19 and 20/21 report included in work plan. (E)	A12	DNQ	1.1, 1.2, 2.3

Assurance (Strategic Risk 2.3)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Annual reports of Trust Board Committees to Audit Committee, attendance by Chairs of Committees and Director leads to provide assurance against annual plan	Audit Committee and Trust Board – April 2019 (P) (I)	A14	DFR	1.1, 1.3, 2.3
Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	Communication, engagement and involvement strategy 2016-2019 (approved October 2016). Engagement with staff (the Headlines, the View and the Brief) plus staff listening events May & June 2019, various engagement events across the year plus Annual Members' Meeting September 2019. Involving people strategy refresh to be completed by April 2020 (P) (I)	A15	DHR, DS	1.1, 1.3, 2.3
Serious incidents from across the organisation reviewed through the Clinical Reference Group including the undertaking of root cause analysis and dissemination of lessons learnt and good clinical practice across the organisation	Process in place with outcome reported through quarterly serious incident reporting including lessons learned to OMG, EMT, Clinical Governance & Clinical Safety Committee and Trust Board. "Our Learning Journey Report" (P, N) (I)	A19	DNQ	1.2, 2.3, 2.3
CQC self-assessment process	Reviewed by EMT as part of preparation for CQC inspection process	A32	DNQ	2.3
Assurance reports to Clinical Governance and Clinical Safety Committee covering key areas of risk in the organisation seeking assurance on robustness of systems and processes in place	Routine report to each CG&CS Committee of risks aligned to the committee for review. (P, N) (I)	A39	DNQ	2.3, 2.3
Health Watch undertake unannounced visits to services providing external assurance on standards and quality of care	Unannounced visits as scheduled by Health Watch. (E)	A40	DNQ	2.3
Staff wellbeing survey results reported to Trust Board and/or Workforce & Remuneration Committee and action plans produced as applicable	Results will be reported when available. (P, N) (I)	A41	DHR	2.3
Annual appraisal, objective setting and PDPs to be completed in Q1 of financial year for staff in Bands 6 and above and in Quarter 2 for all other staff, performance managed by Executive Management Team (EMT)	Included as part of the IPR to EMT and Trust Board. (P) (I)	A42	DHR	2.3, 3.4
The Care Closer to Home Priority Programme incorporates the outcomes from the review of the community mental health transformation review	Reported through to Board as part of the priority programmes and to the Partnership Board with commissioners	A53	DO	2.3

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
Impact upon patients and families of out of area placements. (Linked to ORR 1319) <i>In progress - Independent SSG report completed and recommendations being implemented during 2019/20.</i> <i>In progress - Progress against out of area has been noted and the actions from the independent report are well underway. Risk reduced but still present. (Note, expected completion date changed from December 2019 to April 2020).</i>	April 2020	DO

<p><i>Outcomes of community mental health transformation programme review.</i> <i>Complete - findings have been incorporated into the Care Closer to Home priority programme.</i></p>	<p>Complete</p>	<p>DO</p>
<p>Impact of waiting list in CAMHS services. <i>In progress - Improvements noted but not yet sustained in Barnsley and Wakefield. CAMHS improvement group established with additional resources in place for change leadership.</i> <i>Further review required in April 2020 (Note, expected completion date changed from Oct 2019 to April 2020).</i></p>	<p>April 2020</p>	<p>DO</p>

Strategic Objective: 3. Improving resources - Getting ready for tomorrow: operational excellence		Lead Director(s)	Key Board or Committee	Current Assurance Level			
		As noted	AC, EMT, WRC	Q1	Q2	Q3	Q4
				Y	Y	Y	
Strategic Risks - that need to be controlled and consequence of non-controlling and current assessment							
Ref	Description						RAG Rating
3.1	Deterioration in financial performance leading to unsustainable organisation and insufficient cash to provide services effectively						Y
3.2	Failure to develop required relationships or commissioner support to develop new services/expand existing services leading to contracts being lost, reduction in income						Y
3.3	Failure to deliver efficiency improvements/CIPs						Y
3.4	Capacity and resources not prioritised leading to failure to meet strategic objectives						Y

Rationale for current assurance level (Strategic Objective 3)

- Contracts agreed with commissioners for 2019/20.
- NHS Improvement Single Oversight Framework rating of 2 – targeted support.
- Deterioration in financial performance since mid-2017/18.
- Impact of non-delivery of Cost Improvement Programmes (CIPs), non-recurrent CIPs and out of area placements on financial performance.
- Underlying deficit is higher than the reported number after adjusting for non-recurrent measures being taken.
- Integrated Care System (ICS) and place based driven change may impact on our service portfolio.
- Internal audit reports – CIP, Quality and Integrity of general ledger and financial reporting, financial system (accounts payable) – significant assurance.
- Integrated Performance Report (IPR) summary metrics provide assurance on majority of our performance and clearly identifies where improvement is required.
- Various income reductions in recent years.
- 2018/19 deficit recorded and 2019/20 deficit plan.
- Current cash balance and cash management processes.
- Positive well-led results following Care Quality Commission (CQC) review.
- Capital investment prioritisation process.
- Priority programmes agreed for 2019/20 which are aligned to strategic objectives.
- CIP delivery higher than plan in 2018/19.
- Recurrent CIP delivery 75% of total in 2018/19.
- £1.2m unidentified CIP for 2019/20.
- Projected recurrent delivery of 60% of total identified in 2019/20.

Strategic Risk 3.1

Deterioration in financial performance leading to unsustainable organisation and insufficient cash to provide services effectively

Controls (Strategic Risk 3.1)

Systems and processes - what are we currently doing about the Strategic Risks?)	Control Ref	Director lead	Strategic risk/s
Annual business planning process, ensuring consistency of approach, standardised process for producing businesses cases with full benefits realisation. (I)	C05	DFR	1.1, 1.2, 3.1
Performance management system in place with KPIs covering national and local priorities reviewed by Executive Management Team (EMT) and Trust Board. (I)	C33	DFR	2.1, 2.2, 3.1, 3.2, 4.1
Finance managers aligned to Business Delivery Units (BDUs) acting as integral part of local management teams. (I)	C57	DFR	3.1
Standardised process in place for producing business cases with full benefits realisation. (I)	C58	DFR	3.1
Standing Orders, Standing Financial Systems, Scheme of Delegation and Trust Constitution in place and publicised re staff responsibilities. (I)	C59	DFR	3.1
Annual financial planning process, CIP and Quality Impact Assessment (QIA) process. (I)	C60	DFR DNQ	3.1, 3.3
Financial control and financial reporting processes. (I)	C61	DFR	3.1, 3.3
Regular financial reviews at Executive Management Team (EMT) including monthly focus when non-executive directors are also invited. (I)	C62	DFR	3.1, 3.3
Service line reporting / service line management approach. (I)	C63	DFR	3.1, 3.3
Weekly Operational Management Group (OMG) chaired by Director of Operations providing overview of operational delivery, services/resources, identifying and mitigating pressures / risks. (I)	C64	DO	3.1, 3.3
Finance Investment & Performance Committee (FIP) chaired by a non-executive director.	C84	DFR	3.1, 3.3

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
Risk of loss of business impacting on financial, operational and clinical sustainability (Linked to ORR Risk ID 1077, 1214).	Ongoing	DFR
Risk of inability to achieve transitions identified in our plan (Linked to ORR Risk ID 695, 1114).	Ongoing	DS
Trust has a history of not fully achieving its recurrent CIP targets (Linked to ORR Risk ID 1076). <i>In progress - Total CIP delivery £0.5m below plan. £1.2m risk for the full year position</i>	March 2020	DFR/DO
Reduction in Local Authority budgets negatively impacting on financial resource available to commission staff / deploy social care resource (Lined to ORR Risk ID 275).	Ongoing	DO
Historical lack of growth in Clinical Commissioning Group (CCG) budgets combined with other local healthcare financial pressures leading to mental health and community funding not increasing in line with demand for our services over recent years. (Linked to ORR Risk ID 275). <i>Ongoing - Contractual growth for 2019/20 in line with mental health investment standard, recognises demographic growth and some specific service pressures</i>	Ongoing	DFR
<i>All financial risk for out of area bed costs currently sits with the Trust (Linked to ORR Risk ID 1335). Complete - Non-recurrent support provided by commissioners in 2018/19. Recognition of demographic growth in 2019/20 - contracts and recognising priority for in year funding if required and available.</i>	Complete for 2018/19 and 2019/20 contract	DFR
Increased risk of redundancy / lack of ability to redeploy if services are decommissioned at short notice (Linked to ORR Risk ID 1156, 1214).	Ongoing	DHR
<i>Formal board committee covering finance, investment and performance will commence in November 2019.</i>	Complete	DFR

Assurance (Strategic Risk 3.1)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated Performance Report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee. (P) (I)	A02	DFR	All
Business cases for expansion/change of services approved by Executive Management Team (EMT) and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework	Contracting risks, bids & tenders update standing item on delivery EMT agenda. Report to Board bi-annually. Scheme of delegation. Reports to Audit Committee. (P, N) (I)	A10	DS DFR	1.1, 1.2, 2.1, 3.1 3.1
Documented review of Directors' objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Objectives for 2019/20 set for all Directors. Monthly one to one meetings between Chief Executive and Directors. (P) (I)	A11	CEO	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4
Annual plan and budget and strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by NHS Improvement	Operational plan for 2019/20 approved at Trust Board March 2019. Monthly financial reports to Trust Board and NHS Improvement plus quarterly exception reports. Trust engaging in development of Integrated Care System (ICS) 5 year plans.(P, N) (I)	A13	DFR	1.1, 1.2, 3.1, 3.3, 3.4
Benchmarking of services and action plans in place to address variation	Benchmarking reports are received by Executive Management Team (EMT) and any action required identified. (P, N) (I)	A20	DFR	1.2, 3.1, 3.2, 3.3
Monthly Investment Appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity	Monthly bids and tenders report to Executive Management Team (EMT) and twice yearly to Trust Board (P, N) (I)	A21	DFR	1.2, 1.4, 3.1, 3.2, 3.3
CQUIN performance monitored through Operational Management Group (OMG) and Executive Management Team (EMT), deviations identified and remedial plans requested	Monthly Integrated Performance reporting (IPR) to OMG, EMT and Trust Board. (P, N) (I)	A22	DO	1.2, 1.4, 3.1, 3.3
Attendance of NHS Improvement at Executive Management Team (EMT) and feedback on performance against targets	NHS Improvement hold Quarterly Review Meetings with EMT. (P) (E)	A30	DFR	2.1, 3.1, 3.3
Annual Governance Statement reviewed and approved by Audit Committee and Trust Board and externally audited	(P) (I) Annual Governance Statement 2018/19 reviewed by Audit Committee and approved by Trust Board in May 2019	A43	DFR	3.1
Half-yearly strategic business and risk analysis to Trust Board ensuring identification of opportunities and threats	Strategic business and risk analysis reviewed by Trust Board in the first half and second half of 2019 (P) (I)	A44	DS	3.1, 3.2
Monthly investment appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity	Monthly bids and tenders report to Executive Management Team (EMT). Trust Board reviews the investment appraisal report every six months. (P, N) (I)	A45	DFR	3.1
Audit Committee review evidence for compliance with policies, process, standing orders, standing financial	Trust Constitution (including Standing Order) and Scheme of Delegation last reviewed by Audit Committee in April	A46	DFR	3.1

Assurance (Strategic Risk 3.1)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
instructions, scheme of delegation, mitigation of risk, best use of resources	2019 prior to approval by Trust Board and Members' Council. (P) (I)			
Monthly focus of key financial issues including CIP delivery, out of area beds and agency costs at Operational Management Group (OMG)	Standing agenda item for OMG.(P, N) (I)	A47	DO	3.1, 3.3

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
<i>Update of decision-making framework (Scheme of Delegation) to inform delegated authority at all levels (to Audit Committee). Will reduce some levels of approval. Complete - Update approved by Trust Board in April 2019.</i>	Complete	DFR
£1.2m of unidentified CIP for 2019/20 <i>In progress - Level of unidentified recurrent savings remains at a similar level. Options to address in-year and beyond continue to be assessed. (Note, expected completion date changed from October 2019 to March 2020).</i>	March 2020	DFR
Internal audit reports with limited assurance management actions agreed by lead Director. Review of high and medium priority recommendations to be undertaken quarterly. <i>Ongoing - Completion of internal audit recommendations in line with original timescales (70% implemented within original timescales as at 31/12/19 and 95% fully implemented)</i>	As per Audit reports	DFR
There is a significant increase in spend on out of area bed placements and an overspend against budget. Requesting non-recurrent financial support for 2018/19. <i>Ongoing - Actions identified as part of the SSG review are being implemented. Although a reduction in spend has been noted for 2019/20 the actions in place from the Care Closer to Home improvement priority programme are still to be embedded</i>	Ongoing	DO
Cash position is largely dependent on us delivering a surplus.	Ongoing	DFR
Balanced financial plan for 2019/20 not yet in place. <i>(Note, change of due date from April 2019 to April 2020. Regular forecast updates provided to Trust Board. Ongoing work to identify how unidentified CIP risk can be covered)</i>	April 2020	DFR
Recurrent position is a deficit in excess of £4m <i>Ongoing - Financial sustainability work is focusing on recurrent improvement opportunities.</i>	Ongoing	DFR
Level of board scrutiny to be increased by introduction of a Finance Committee <i>Ongoing - Terms of Reference for Finance, Investment and Performance Committee approved by Trust Board in September 2019, due to replace Finance Oversight Group from November 2019.</i>	Ongoing	DFR

Strategic Risk 3.2

Failure to develop required relationships or commissioner support to develop new services/expand existing services leading to contracts being lost, reduction in income

Controls (Strategic Risk 3.2)

Systems and processes - what are we currently doing about the strategic risks?	Control Ref	Director lead	Strategic risk/s
Formal contract negotiation meetings with clinical commissioning and specialist commissioners underpinned by legal agreements to support strategic review of services. (I, E)	C08	DFR	1.1, 1.4, 3.2
Performance management system in place with KPIs covering national and local priorities reviewed by Executive Management Team (EMT) and Trust Board. (I)	C33	DFR	2.1, 2.2, 3.1, 3.2, 4.1
Clear strategy in place for each service and place to provide direction for service development. (I)	C65	DS	3.2
Forums in place with commissioners to monitor performance and identify service development. I, E)	C66	DO	3.2
Independent survey of stakeholders perceptions of the organisation and resulting action plans. (I, E)	C67	DS	3.2
Strategic Business and Risk Report including PESTEL / SWOT and threat of new entrants/substitution, partner/buyer power. (I)	C68	DS	3.2
Quality Impact Assessment (QIA) process in place. (I)	C69	DNQ	3.2, 3.3

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
Risk of loss of business. (Linked to ORR Risk ID 1077). Being addressed as part of the work on the LTP in each place, SY&B and WY&H.	Ongoing	DFR
Level of tendering activity taking place. (Linked to ORR Risk ID 1214). Partnership and collaborative arrangements in each place being used to minimise this wherever possible.	Ongoing	DFR
<i>Refresh of actions to support the stakeholder engagement plans. Complete - prospectus and engagement plan complete.</i>	<i>Complete</i>	<i>DS</i>

Assurance (Strategic Risk 3.2)

Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated Performance Report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee.(P) (I)	A02	DFR	All
Documented review of Directors' objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Objectives for 2019/20 set for all Directors. Monthly one to one meetings between Chief Executive and Directors. (P) (I)	A11	CEO	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4
Benchmarking of services and action plans in place to address variation	Benchmarking reports are received by Executive Management Team (EMT) and any action required identified. (P, N) (I)	A20	DFR	1.2, 3.1, 3.2, 3.3
Monthly Investment Appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity	Monthly bids and tenders report to Executive Management Team (EMT) and twice yearly to Trust Board (P, N) (I)	A21	DFR	1.2, 1.4, 3.1, 3.2, 3.3
2019/20 contracts reflect growth in line with mental health investment standard as well as some specific service	Contracts in place for 2019/20 (P) (I,E)	A33	DFR	1.1, 1.2, 1.3, 3.1, 3.2

Assurance (Strategic Risk 3.2)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
pressures				
Half-yearly strategic business and risk analysis to Trust Board ensuring identification of opportunities and threats	Strategic business and risk analysis reviewed by Trust Board in the first half and second half of 2019. (P) (I)	A44	DS	3.1, 3.2
Attendance at external stakeholder meetings including Health & Wellbeing boards	Minutes and issues arising reported to Trust Board meeting on a monthly basis.(P, N) (I,E)	A48	DO	3.2
Documented update of progress made against comms and engagement strategy	Monthly IPR to Executive Management Team (EMT) and Trust Board. (P, N) (I)	A49	DS	3.2

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
Refresh of actions to support the stakeholder engagement plans. <i>In progress - Involving people strategy refresh to be completed by April 2020. (Note, expected completion date changed from October 2018 to December 2018 and again to March 2020, work ongoing)</i>	March 2020	DS
Assessment of updated commissioning intentions. <i>(Note, expected completion date changed from December 2018 to January 2019 as publication of national guidance and long term plan has been delayed). Completed - during planning process and contract negotiations). Further review taking place as part of the long term and 5 year plan intentions.</i>	Complete	DFR
Assessment of place based plans within the Integrated Care Systems. <i>(Note, expected completion date changed from June 2019 to September 2019 as plans will be completed once implementation plans for the long term plan within each integrated care system are agreed This has changed further to February 2020 in line with planning timescale, affected by pre-election work continues in each place as part of developing the Trust plan).</i>	February 2020	DS / DPD

**Strategic Risk 3.3
Failure to deliver efficiency Improvements/CIPs**

Controls (Strategic Risk 3.3)			
Systems and processes - what are we currently doing about the Strategic Risks?)	Control Ref	Director lead	Strategic risk/s
Development of joint Commissioning for Quality and Innovation (CQUIN) targets with commissioners to improve quality and performance, performance monitoring regime of compliance with CQUIN targets in place. (I, E)	C09	DO	1.1, 1.4, 3.3
Annual financial planning process, CIP and Quality Impact Assessment (QIA) process. (I)	C60	DFR DNQ	3.1, 3.3
Financial control and financial reporting processes. (I)	C61	DFR	3.1, 3.3
Regular financial reviews at Executive Management Team (EMT) including monthly focus when non-executive directors are also invited. (I)	C62	DFR	3.1, 3.3
Service line reporting / service line management approach. (I)	C63	DFR	3.1, 3.3
Weekly Operational Management Group (OMG) chaired by Director of Operations providing overview of operational delivery, services/resources, identifying and mitigating pressures/risks. (I)	C64	DO	3.1, 3.3
Quality Impact Assessment (QIA) process in place. (I)	C69	DNQ	3.2, 3.3
Participation in benchmarking exercises and use of that data to shape CIP opportunities. (I)	C70	DFR	3.3
Introduction of a Finance Investment & Performance Committee (FIP) chaired by a non-executive director.	C83	DFR	3.3

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
<i>Trust has a history of not fully achieving its recurrent CIP targets. Review of NHSI checklist to further strengthen CIP delivery process. Complete - review has been completed and recommendations form part of the financial sustainability plans.</i>	Complete	DFR
<i>Finance Oversight Group has not yet commenced Complete - Group meetings in place from June 2019. This will be replaced by a board committee – Finance, Investment & Performance from November 2019</i>	Complete	DFR

Assurance (Strategic Risk 3.3)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated Performance Report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee. (P) (I)	A02	DFR	All
Documented review of Directors' objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Objectives for 2019/20 set for all Directors. Monthly one to one meetings between Chief Executive and Directors. (P) (I)	A11	CEO	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4
Annual plan and budget and strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by NHS Improvement	Operational plan for 2019/20 approved at Trust Board March 2019. Monthly financial reports to Trust Board and NHS Improvement plus quarterly exception reports. Trust engaging in development of Integrated Care System (ICS) 5 year plans.(P, N) (I)	A13	DFR	1.1, 1.2, 3.1, 3.3, 3.4

Benchmarking of services and action plans in place to address variation	Benchmarking reports are received by Executive Management Team (EMT) and any action required identified. (P, N) (I)	A20	DFR	1.2, 3.1, 3.2, 3.3
Monthly Investment Appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity	Monthly bids and tenders report to Executive Management Team (EMT) and twice yearly to Trust Board (P) (I)	A21	DFR	1.2, 1.4, 3.1, 3.2, 3.3
CQUIN performance monitored through Operational Management Group (OMG) and Executive Management Team (EMT), deviations identified and remedial plans requested	Monthly Integrated Performance reporting (IPR) to OMG, EMT and Trust Board. (P, N) (I)	A22	DO	1.2, 1.4, 3.1, 3.3
Attendance of NHS Improvement at Executive Management Team (EMT) and feedback on performance against targets	NHS Improvement hold Quarterly Review Meetings with EMT. (P) (E)	A30	DFR	2.1, 3.1, 3.3
Monthly focus of key financial issues including CIP delivery, out of area beds and agency costs at Operational Management Group (OMG)	Standing agenda item for OMG.(P, N) (I)	A47	DO	3.1, 3.3

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
Currently £1.2m of unidentified CIP for 2019/20 <i>(Note, expected completion date changed from September 2019 to January 2020). Ongoing - Plans to bridge the gap continually reviewed and assessed. Main issue is that mitigations are typically non-recurrent. (Note, expected completion date changed from January 2020 to March 2020).</i>	March 2020	DFR
Balanced financial plan for 2019/20 not yet in place. Financial sustainability partly developed with further opportunities for improvement required. <i>(Note, expected completion date changed from Sept 2019 to Jan 2020). Ongoing - Plans to bridge the gap continually reviewed and assessed. Control total likely to be delivered in 2019/20 with a higher reliance on non-recurrent measures than what was assumed in the plan.</i>	January 2020	DFR
<i>Level of Board scrutiny to be increased by introduction of a Finance Committee. Complete -Terms of Reference for Finance, Investment and Performance Committee approved by Trust Board in September 2019, replacing Finance Oversight Group from November 2019.</i>	Complete	DFR

Strategic Risk 3.4
Capacity and resources not prioritised leading to failure to meet strategic objectives

Controls (Strategic Risk 3.4)			
Systems and processes - what are we currently doing about the Strategic Risks?)	Control Ref	Director lead	Strategic risk/s
Agreed workforce plans in place which identify staffing resources required to meet current and revised service offers. Also describe how we meet statutory requirements re training, equality and diversity. (P, N), (I)	C71	DHR	3.4
Director portfolios clearly identify director level leadership for strategic priorities. (P), (I)	C72	CEO	3.4
Integrated Change Framework in place to deliver service change and innovation with clearly articulated governance systems and processes. (P), (I)	C73	DS	3.4
Integrated Change Team in place with competencies and skills to support the Trust to make best use of its capacity and resources and to take advantage of business opportunities. (P), (I)	C74	DS	3.4
Production of annual plan and strategic plan demonstrating ability to deliver agreed service specification and activity within contracted resource envelope or investment required to achieve service levels and mitigate risks. (P), (I)	C75	DFR	3.4
Robust prioritisation process developed and used which takes into account multiple factors including capacity and resources. Process used to set 2019/20 priorities. (P), (I)	C76	DS	3.4
Integrated Change framework contains process for adding to strategic priorities within year which includes consideration as to whether a new programme becomes an additional priority or whether it replaces a current priority. (P), (I)	C80	DS	3.4

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
N/A		

Assurance (Strategic Risk 3.4)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee.(P) (I)	A02	DFR	All
Strategic priorities and programmes monitored and scrutinised through Executive Management Team (EMT) and reported to Trust Board through IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). Annual review of impact of priority programmes received by EMT. (P) (I)	A07	DS	1.1, 1.2, 1.3, 2.1, 3.4
Transformation change and priority programme plans monitored and scrutinised through Executive Management Team (EMT) ensuring co-ordination across directorates, identification of and mitigation of risks, reported through Change and partnership Board, OMG and EMT and IPR	Monthly update provided to Trust Board via the IPR (reviewed monthly by EMT). Monthly update to delivery EMT. Quarterly report to CG&CS Committee re. quality impact. (P) (I)	A09	EMT	1.1, 1.2, 1.3, 2.3, 3.4
Documented review of Directors' objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Objectives for 2019/20 set for all Directors. Monthly one to one meetings between Chief Executive and Directors.(P) (I)	A11	CEO	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 3.4
Annual plan and budget and strategic	Operational plan for 2019/20 approved	A13	DFR	1.1, 1.2,

Assurance (Strategic Risk 3.4)				
Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by NHS Improvement	at Trust Board March 2019. Monthly financial reports to Trust Board and NHS Improvement plus quarterly exception reports. Trust engaged in development of Integrated Care System (ICS) 5 year plans.(P, N) (I)			3.1, 3.3, 3.4
Annual appraisal, objective setting and PDPs to be completed in Q1 of financial year for staff in Bands 6 and above and in Quarter 2 for all other staff, performance managed by Executive Management Team (EMT)	Included as part of the IPR to EMT and Trust Board. (P) (I)	A42	DHR	2.3, 3.4
Integrated Change Framework includes escalation process for issues/risks to be brought to the attention of the Executive Management Team	Included as part of priority programme agenda item. (P) (I)	A50	DS	3.4
Integrated Change Framework includes gateway reviews at key points and post implementation reviews. Capacity and resources are considered at these key points	Included as part of priority programme agenda item. (P) (I)	A51	DS	3.4
Strategic priority programmes report into CG&CS Committee and Audit Committee on regular basis to provide assurance on risk and quality issues	Strategic priority programmes report into CG&CS Committee and Audit Committee.(P) (I)	A52	DS	3.4

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
Assessment of place based plans within the Integrated Care Systems to include understanding of capacity required for implementation and any implications this has on capacity overall. <i>(Note, expected completion date changed from June 2019 to September 2019 as plans will be completed once implementation plans for the long term plan within each integrated care system are agreed. This has changed further to February 2020 in line with planning timescale, affected by pre-election period work continues in each place as part of developing the Trust plan).</i>	February 2020	DS
Additional demands being placed on Trust resource during the year over and above planning assumptions, particularly in respect of place based developments. Ongoing - Engagement through place based Integrated Care Partnerships to agree capacity and resources to deliver on agreed change programmes.	Ongoing	DS

Strategic Objective: 4. Making SWYPFT a great place to work		Lead Director(s)	Key Board or Committee	Current Assurance Level			
		As noted	WRC	Q1	Q2	Q3	Q4
				Y	Y	Y	
Strategic Risks - that need to be controlled and consequence of non-controlling and current assessment							
Ref	Description						RAG Rating
4.1	Inability to recruit, retain, skill up, appropriately qualified, trained and engaged workforce leading to poor service user experience						Y

Rationale for current assurance level (Strategic Objective 4)

- Staff 'living the values' as evidenced through values into excellence awards, consistent feedback from regulators and partners.
- Award winning flu and #alofus staff wellbeing campaigns with strong impact.
- Vacancies in key areas – CAMHS consultants – and supply problems in LD nursing and PWP trainees.
- Staff turnover rates slightly higher but comparable with other trusts in Yorkshire.
- Staff sickness absence higher than target, but lower than majority of other trusts in Yorkshire.
- Staff survey feedback average across the Trust, with some good areas and some hot spots.
- In the main, positive Friends and Family Test feedback from service users and staff with the exception of CAMHS (being addressed through joint action plan with commissioners).
- Trio model bringing together clinical, managerial and governance roles working together at service line level, with shared accountability for delivery.
- Strong and robust partnership working with local partners, such as Locala to deliver the Care Close to Home contract and establishment of Programme Board.
- Care Quality Commission (CQC) visit overall rating of good. CQUIN targets largely achieved.
- Integrated Performance Report (IPR) summary
- "Hot spots" in terms of staff survey results and other workforce metrics reviewed and identified

Strategic Risk 4.1

Inability to recruit, retain, skill up, appropriately qualified, trained and engaged workforce leading to poor service user experience

Controls (Strategic Risk 4.1)

Systems and processes - what are we currently doing about the Strategic Risks?	Control Ref	Director lead	Strategic risk/s
Communication, Engagement and Involvement Strategy in place for service users/carers, staff and stakeholders/partners, engagement events gaining insight and feedback, including identification of themes and reporting on how feedback been used I, E)	C16	DS	1.2, 2.2, 4.1
Customer services reporting includes learning from complaints and concerns (I)	C26	DNQ	2.1, 2.2, 4.1
Datix incident reporting system supports review of all incidents for learning and action (I)	C27	DNQ	2.1, 2.2, 4.1
Patient Safety Strategy developed to reduce harm through listening and learning (I)	C29	DNQ	2.1, 2.2, 4.1
Weekly risk scan where all red and amber incidents are reviewed for immediate learning (I)	C30	DNQ/MD	2.1, 2.3, 4.1
Quality Improvement network established to provide trust-wide learning platform (I)	C31	DNQ	2.1, 2.2, 4.1
Quality Strategy achieving balance between assurance and improvement (I)	C32	DNQ	2.1, 2.2, 2.3, 4.1
Performance management system in place with Key Performance Indicators (KPIs) covering national and local priorities reviewed by OMG, EMT and Trust Board (I)	C33	DFR	2.1, 2.2, 3.1, 3.2, 4.1
A set of leadership competencies developed as part of the leadership and management development plan supported by coherent and consistent leadership development programme (I)	C34	DHR	2.2, 4.1
Annual learning needs analysis undertaken linked to service and financial meeting. (I)	C35	DHR	2.2, 4.1
Education and training governance group established to agree and monitor annual training plans (I)	C36	DHR	2.2, 4.1
Human Resources processes in place ensuring defined job description, roles and competencies to meet needs of service, pre-employment checks done re qualifications, DBS, work permits (I)	C37	DHR	2.2, 4.1
Mandatory clinical supervision and training standards set and monitored for service lines (I)	C38	DHR	2.2, 4.1
Medical leadership programme in place with external facilitation as and when required	C39	MD	2.2, 4.1
Organisational Development Framework and plan re support objectives “the how” in place with underpinning delivery plan, strategic priorities and underpinning programmes supported through robust programme management approach (I)	C40	DHR	2.2, 4.1
Recruitment and Retention action plan agreed by EMT (I)	C41	DHR	2.2, 4.1
Recruitment and Retention Task Group established (I)	C42	DHR	2.2, 4.1
Values-based appraisal process in place and monitored through Key Performance Indicators (KPIs) (I)	C43	DHR	2.2, 4.1
Values-based Trust Welcome Event in place covering mission, vision, values, key policies and procedures (I)	C44	DHR	2.2, 4.1
Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity (I)	C45	DHR	2.2, 4.1
Leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of service (I)	C46	DO	2.2, 4.1
Regular meetings established with Sheffield and Huddersfield University to discuss undergraduate and post graduate programmes	C81	DHR	4.1

Gaps in control - what do we need to do to address these and by when?	Date	Director lead
<i>Exit interviews and questionnaire have a poor response rate and therefore Trust does not have a complete picture of why staff are leaving. Recruitment and Retention Task group streamlining process and monitoring response rate including medical workforce Further work required on response rates. Complete - New arrangements in place and response rate significantly increased.</i>	Complete	DHR
<i>Support needed for a tailored medical leadership / talent development programme. Currently capacity issues exist to support this. Complete - Mentorship programme launched. Medical leadership programmes launched.</i>	Complete	MD/DHR
The recruitment group have membership including medical HR, medical directorate and are developing the offer further; the recruitment and retention strategy is in place. The offer is being finalised and once complete to be supported by the development of a comms plan	December 2019	MD / DHR

Assurance (Strategic Risk 4.1)

Assurance outputs - how do we know if the things we are doing are having an impact internal and external	Guidance/reports	Assurance Ref	Director lead	Strategic risk/s
Integrated performance report (IPR) to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	IPR reported monthly to OMG, EMT and Trust Board. (P, N) (I)	A01	DFR	All
Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	Triangulation of risk, performance and governance report is a standing item on the agenda for Audit Committee. (P) (I)	A02	DFR	All
Customer service reports to board and CGCS	Monthly reports to board/EMT and bi-monthly into CGCS (P, N) (I)	A27	DNQ	2.1 2.2 2.3
Priority programmes reported to board and EMT	Monthly reports to board/EMT and bi-monthly into CGCS (P) (I)	A28	DS	2.2, 4.1
Quality strategy implementation plan reports into CGCS	Routine reports into CGCS via IPR and annual report, scheduled in 19/20 work plan (I)	A29	DNQ	1.4, 2.1, 2.2, 4.1
Annual Mandatory Training report goes to Clinical Governance & Clinical Safety Committee	Clinical Governance & Clinical Safety Committee receive annual report (P) (I)	A31	DHR	2.2
Appraisal uptake included in IPR	Monthly IPR goes to the Trust Board and EMT (P) (I)	A32	DHR	2.2
ESR competency framework for all clinical posts	Monitored through mandatory training report (P) (I)	A33	DHR	2.2
Mandatory training compliance is part of the IPR	Monthly IPR goes to the Trust Board and EMT (P) (I)	A34	DHR	2.2
Recruitment and Retention performance dashboard	Quarterly report to the Workforce and Remuneration Committee (P, N) (I)	A35	DHR	2.2
Safer staffing reports included in IPR and reported to Clinical Governance & Clinical Safety Committee	Monthly IPR goes to the Trust Board and EMT six monthly report to Trust Board (P)	A36	DNQ	2.2
Workforce Strategy performance dashboard	Quarterly report to the Workforce and Remuneration Committee (P) (I)	A37	DHR	2.2

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date	Director lead
Report to Workforce and Remuneration Committee on reasons for leaving extracted from exit interviews. <i>(Note, Reviewing & streamlining current processes which causes delay to meeting original plan. Next Committee meeting scheduled for November 2019)</i>	November 2019	DHR
<i>Sustainable workforce plan for CAMHS services. Complete - Developed an action plan with consultants to increase their leadership role including them supporting the development of a sustainable workforce. Further work will be developed through workforce planning workshops in January and February. This is also linked to the Trust Recruitment and Retention strategy.</i>	Complete	DO / DHR
Impact of a no deal Brexit is currently uncertain.	Jan 2020	DHR

<i>(Note, Brexit coordination group established and Trust meeting national guidance. Timescale changed to be in line with latest withdrawal date, now January 2020)</i>		
Supply of a range of professions including doctors and nurses is insufficient to meet demand. (Linked to ORR ID 1151).	Ongoing	DHR

Trust Board 28 January 2020 Agenda item 6.2

Title:	Corporate / Organisational Risk Register Quarter 3 2019/20						
Paper prepared by:	Director of Finance and Resources						
Purpose:	For Trust Board to be assured that a sound system of control is in place with appropriate mechanisms to identify potential risks to delivery of key objectives and have controls and actions in place to mitigate those risks						
Mission / values:	The risk register is part of the Trust's governance arrangements and an integral element of the Trust's system of internal control, supporting the Trust in meeting its mission and adhering to its values.						
Any background papers / previously considered by:	Previous quarterly reports to Trust Board. Standing agenda item at each board committee meeting. Triangulation of risk performance and governance report to Audit Committee in January 2020.						
Executive summary:	<p>Corporate / Organisational Risk Register</p> <p>The Corporate / Organisational Risk Register (ORR) records high level risks in the organisation and the controls in place to manage and mitigate the risks. The organisational level risks are aligned to the Trust's strategic objectives and to one of the board committees for review and to ensure that the committee is assured the current risk level is appropriate.</p> <div style="text-align: center;"> <table border="1"> <thead> <tr> <th colspan="2">Our four strategic objectives</th> </tr> </thead> <tbody> <tr> <td style="background-color: #0056b3; color: white; text-align: center;">Improving health</td> <td style="background-color: #70ad47; color: white; text-align: center;">Improving care</td> </tr> <tr> <td style="background-color: #8e44ad; color: white; text-align: center;">Improving resources</td> <td style="background-color: #f1c40f; color: white; text-align: center;">Making SWYPFT a great place to work</td> </tr> </tbody> </table> </div> <p>The risk register is reviewed at each board committee meeting and any recommendations made to the Executive Management Team (EMT) to consider as part of the cyclical review. EMT re-assess risks based on current knowledge and proposals made in relation to this assessment, including the addition of any high level risks from Business Delivery Units (BDUs), corporate or project specific risks and the removal of risks from the register.</p>	Our four strategic objectives		Improving health	Improving care	Improving resources	Making SWYPFT a great place to work
Our four strategic objectives							
Improving health	Improving care						
Improving resources	Making SWYPFT a great place to work						

The ORR contains the following **15+ risk**:

Risk ID	Description
1080	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.

The following changes have been made to the ORR since the last Board report in October 2019:

Risks 15+

Risk ID	Description	Status	Update (what changed, why, assurance)
1080	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.	Actions updated	Reviewed by lead Director and EMT. Additional actions identified.

Risks below 15 (outside risk appetite):

Risk ID	Description	Status	Update (what changed, why, assurance)
275	Risk of deterioration in quality of care and financial resources available to commission services due to reduction in LA funding.	Controls and actions updated	Reviewed by lead Director and EMT. Controls and actions updated.
905	Risk that wards are not adequately staffed leading to increased temporary staffing which may impact upon quality of care and have financial implications.	Controls and actions updated	Reviewed by lead Director and EMT. Controls and actions updated.
1078	Risk that young people will suffer serious harm as a result of waiting for treatment.	Controls and actions updated	Reviewed by lead Director and EMT. Controls and actions updated.
1159	Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity.	Controls updated	Reviewed by lead Director and EMT. Controls updated.
1424	Risk of serious harm occurring from known patient safety. risks, with a specific focus on: <ul style="list-style-type: none"> ➤ Inpatient ligature risks ➤ Learning from deaths & complaints ➤ Clinical risk assessment ➤ Suicide prevention ➤ Restraint reduction 	Risk description, controls and actions updated	Reviewed by lead Director and EMT. Risk description updated, new controls and actions added, completed actions moved to control.
522	Risk that the Trust's financial viability will be	Risk score updated	Reviewed by lead Director and EMT.

		affected as a result of changes to national funding arrangements.		Likelihood changed from 3 'possible' to 2 'unlikely'. <i>*in future reports, the risk will be included in summary of risks managed within the risk appetite</i>
	852	Risk of information governance breach and / or non-compliance with General Data Protection Regulations (GDPR) leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk.	Risk description and controls updated	Reviewed by lead Director and EMT. Risk description and controls updated. Risk merged with former risk relating specifically to GDPR implementation (1216)
	1076	Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its capital programme, leading to an inability to pay staff and suppliers without DH support.	Risk level, controls and actions updated	Reviewed by lead Director and EMT. Likelihood changed from 3 'possible' to 2 'unlikely'. Controls and actions updated.
	1077	Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective.	Risk level, controls and actions updated	Reviewed by lead Director and EMT. Likelihood changed from 4 'likely' to 3 'possible'. Controls and actions updated.
	1114	Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided.	Controls and actions updated	Reviewed by lead Director and EMT. Controls and actions updated.
	1158	Risk of over reliance on agency staff which could impact on quality and finances.	Controls and actions updated	Reviewed by lead Director and EMT. Controls updated, new actions added.
	1214	Risk that local tendering of services will increase, impacting on Trust financial viability.	Actions updated	Reviewed by lead Director and EMT. Actions updated.
	1169	Risk that improvements in performance against the metrics covering open referrals, unvalidated progress notes and un-outcome appointments are not made leading to clinical risk and poor outcomes for service users.	Risk responsibility level reviewed.	Reviewed by lead Director and EMT. Discussions ongoing regarding managing the risk at a BDU level.
	1319	Risk that there will be no bed available in the Trust for someone requiring admission to hospital for	Risk level, description and controls	Reviewed by lead Director and EMT. Risk description and controls updated.

		PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed. The distance from home will mean that their quality of care will be compromised.	updated	Likelihood changed from 4 'likely' to 3 'possible'.
	1335	Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total.	Risk level and actions updated	Reviewed by lead Director and EMT. Likelihood changed from 4 'likely' to 3 'possible' and actions updated.
	1368	Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be unable to access a CAMHS bed. This could result in serious harm.	Actions updated	Reviewed by lead Director and EMT. Actions updated.
	1151	Risk of being unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development.	Controls and actions updated	Reviewed by lead Director and EMT. Completed actions moved to controls.
	1154	Risk of loss of staff due to sickness absence leading to reduced ability to meet clinical demand etc.	Controls and actions updated	Reviewed by lead Director and EMT. Completed actions moved to controls.

Risks recommended for closure:

Risk ID	Description	Status	Update (what changed, why, assurance)
1369	Risk that a "no-deal" Brexit has implications for the Trust including product availability, medicines availability and staffing.	Recommended for closure	Reviewed by lead Director and EMT. As of 10 January 2020, the NHS I risk team has formally stood down all activity in this area.
279	Risk that trust may not be competitive in its offer to secure Any Qualifies Provider status for services selected by Cluster Commissioners.	Recommended for closure	Reviewed by lead Director and EMT.
1216	Risk that the impact of General Data Protection Regulations (GDPR) results in additional requirements places on the Trust that are not met or result in a financial penalty.	Recommended for closure	Reviewed by lead Director and EMT. Merged with risk ID 852.

	<p>The full detail for all current organisational level risks is included in the attached risk report. Further detail regarding the status of risks is also provided in the attached risk profile.</p> <p>The Executive Management Team (EMT) and Workforce and Remuneration Committee will consider inclusion of a generic workforce risk as part of the next cyclical review of the risk register.</p> <p>As the Finance, Investment and Performance Committee is now established, EMT and Committee Chairs will also reconsider the alignment of risks to the nominated committees. Any updates will be reported to Board in quarter 4.</p> <p>Risk appetite</p> <p>The ORR supports the Trust in providing safe, high quality services within available resources, in line with the Trust's Risk Appetite Statement.</p>
Recommendation:	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> ➤ NOTE the key risks for the organisation subject to any changes / additions arising from papers discussed at the Board meeting around performance, compliance and governance. ➤ DISCUSS if the target risk levels that fall outside of the risk appetite are acceptable or whether they require review. ➤ AGREE the risk recommended for closure.
Private session:	Not applicable.

ORGANISATIONAL LEVEL RISK REPORT

Risk appetite:
Clinical risks (1-6): Risks arising as a result of clinical practice or those risks created or exacerbated by the environment, such as cleanliness or ligature risks.
Commercial risks (8-12): Risks which might affect the sustainability of the Trust or its ability to achieve its plans, such as inability to recruit or retain an appropriately skilled workforce, damage to the Trust's public reputation which could impact on commissioners' decisions to place contracts with the organisation.
Compliance risks (1-6): Failure to comply with its licence, CQC registration standards, or failure to meet statutory duties, such as compliance with health and safety legislation.
Financial risks (1-6): Risks which might affect the sustainability of the Trust or its ability to achieve its plans, such as loss of income.
Strategic risks (8-12): Risks generated by the national and political context in which the Trust operates that could affect the ability of the Trust to deliver its plans.

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

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

Our four strategic objectives	
Improving health	Improving care
Improving resources	Making this a great place to work

Risk appetite	Application
Minimal / low - Cautious / moderate (1-6)	<ul style="list-style-type: none"> Risks to service user/public safety. Risks to staff safety Risks to meeting statutory and mandatory training requirements, within limits set by the Board. Risk of failing to comply with Monitor requirements impacting on license Risk of failing to comply with CQC standards and potential of compliance action Risk of failing to comply with health and safety legislation Meeting its statutory duties of maintain expenditure within limits agreed by the Board. Financial risk associated with plans for existing/new services as the benefits for patient care may justify the investment Risk of breakdown in financial controls, loss of assets with significant financial value.
Open / high (8-12)	<ul style="list-style-type: none"> Reputational risks, negative impact on perceptions of service users, staff, commissioners. Risks to recruiting and retaining the best staff. Delivering transformational change whilst ensuring a safe place to receive services and a safe place to work. Developing partnerships that enhance Trusts current and future services.

KEY:

CEO = Chief Executive Officer
 DFR = Director of Finance and Resources
 DHR = Director of HR, OD and Estates
 DNQ = Director of Nursing and Quality
 MD = Medical Director
 DS = Director of Strategy
 DO = Director of Operations
 DPD = Director of Provider Development

AC = Audit Committee
 CG&CSC = Clinical Governance & Clinical Safety Committee
 MHA = Mental Health Act Committee
 WRC = Workforce & Remuneration Committee
 EIC = Equality & Inclusion Committee

Actions in green are ongoing by their nature.

Trust Board (business and risk) – 28 January 2020

Risk level 15+

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1080	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.	<ul style="list-style-type: none"> McAfee anti-virus software in place including additional email security and data loss prevention. Security patching regime covering all servers, client machines and key network devices. Annual infrastructure, server and client penetration testing. Appropriately skilled and experienced staff who regularly attend cyber security events. Disaster recovery and business continuity plans which are tested annually. Data retention policy with regular back-ups and off-site storage. NHS Digital Care Cert advisories reviewed on an on-going basis & where applicable applied to Trust infrastructure. Key messages and communications issued to staff regarding potential cyber security risks. <p>(continued over)</p>	5 Catastrophic	3 Possible	15 Red / extreme / SUI risk (15-25)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> The Trust has signed up to be an early adopter for the simulated phishing training tool being developed by NHS Digital – NHS Digital re-considering its approach time scales are awaited. (DFR). (awaiting national confirmation of timescales) The implementation of year 3 of the data centre infrastructure plan focusing on improvements to: (DFR) (31 March 2020) <ul style="list-style-type: none"> Replacement of core equipment Application availability Implement Forcepoint email filtering solution (DFR) (March 2020) Work towards full cyber essentials certification (DFR) (December 2020) – activities progressing to support this. Registered interest with NHS Digital to become a pilot site for secure boundary service. (DFR) (June 2020) Annual cyber survey currently being conducted. (DFR) (March 2020) <p>(continued over)</p>	DFR	Ongoing	IM&T Managers Meeting (Monthly) EMT Monthly (bi-Monthly) Audit Committee (Quarterly) IT Services Department service management meetings (Trust / Daisy) (Monthly)	5 Yellow / moderate (4-6)	AC	Risk appetite: Financial risk target 1 – 6 Links to BAF, SO 2 & 3 The Trust was not impacted by the WannaCry Ransomware cyber-attack on NHS and private industry, 12 May 2017. Cyber security review conducted by Daisy completed in March 2018. (continued over)	Every three months prior to business and risk Trust Board – January 2020

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> ➤ Microsoft software licensing strategic roadmap in place. ➤ Cyber security has been incorporated into mandatory Information Governance Training, revised during 17/18. The Trust achieved the compliance requirement for level 2. ➤ Annual cyber exercise. ➤ Windows defender advanced threat protection in place. ➤ Strengthened password requirements in place. 					<ul style="list-style-type: none"> ➤ Internal Audit phishing exercise results being evaluated. (DFR) (January 2020) 						Internal assurance report for the Trust controls and mechanisms in relation to the WannaCry Ransomware cyber-attack produced and all actions complete. Actions identified for 2018/19 are complete with any further improvements identified included in the 19/20 plan.	

Risk level <15 - risks outside the risk appetite (unless stated)

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
275	Risk of deterioration in quality of care and financial resources available to commission services due to reduction in LA funding.	<ul style="list-style-type: none"> ➢ Agreed joint arrangements for management and monitoring delivery of integrated teams. ➢ Weekly risk scan by Director of Nursing & Quality and Medical Director. ➢ BDU / commissioner forums – monitoring of performance. ➢ Monthly review through performance monitoring governance structure via EMT of key indicators and regular review at OMG of key indicators, which would indicate if issues arose regarding delivery, such as delayed transfers of care, waiting times and service users in settled accommodation. ➢ Regular ongoing review of contracts with local authorities. ➢ New organisational change policy to include further support for the transfer and redeployment of staff. ➢ Attendance at and minutes from Health & Wellbeing board meetings. ➢ Attendance and monitoring at contract forums. ➢ Annual planning process. 	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Involved with partners in the co-development of integrated care partnerships in each place as Trust priority programmes of work. (DS) ➢ Calderdale is captured in the Calderdale Cares document and delivery is overseen through the Health and Wellbeing Board. (DNQ) ➢ Kirklees – part of the provider development board to develop wider system integration of care closer to home and 0 – 19 services in Kirklees (DO / DPD) ➢ Barnsley – part of the Integrated Care Delivery Group (DS) ➢ Wakefield – active involvement in the mental health provider alliance and integrated care partnership (DPD) ➢ Active involvement in both West and South Yorkshire integrated care systems (DHR / DS / DPD) ➢ Engagement in each place with local authority partners through meetings and joint working. (DO) 	DS	Ongoing risk given external influence outside our control	BDU (monthly) EMT (monthly) OMG (regular) Trust Board (each meeting through integrated performance report) Annual review of contracts and annual plan at EMT and Trust Board	6 Yellow / Moderate (4-6)	CG&CS AC	Risk appetite: Clinical risk target 1 – 6 Links to BAF, SO1, 2 & 3	Every three months prior to business and risk Trust Board – January 2020
905	Risk that wards are not adequately staffed leading to increased temporary staffing which may impact upon quality of care and have financial implications.	<ul style="list-style-type: none"> ➢ Safer staffing project manager in place with appropriate medium and longer term plans including recruitment drive and centralisation of the bank. ➢ Safer staffing project manager is currently implementing appropriate actions. ➢ Recruitment and retention plan agreed. ➢ Additional funding requested from commissioners through contract negotiations where applicable. ➢ Monthly safer staffing reports to Board and OMG with appropriate escalation arrangements in place. ➢ Biannual safer staffing report to Board and Commissioners. ➢ Review of establishment for adult inpatient areas completed and implementation plan developed. Progress monitored through OMG & EMT. 	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Further review of forensics and older peoples services to take place. (DNQ / DO) (March 2020) ➢ Safecare tool to be introduced during 2020/21 with pilot during Q4 2019/20. (DNQ) (April 2020) ➢ Care hours per patient day (CHPPD) data now included in revised safer staffing six monthly board report. (DNQ) ➢ Additional funding requests with commissioners will be maintained throughout contract negotiations for 2020/21. (DO / DFR) 	DO / DNQ	Ongoing	EMT (monthly)	6 Yellow / moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6 Links to BAF, SO 2 & 3	Every three months prior to business and risk Trust Board – January 2020
1078	Risk that young people will suffer serious harm as a result of waiting for treatment	<ul style="list-style-type: none"> ➢ Emergency response process in place for those on the waiting list. ➢ Demand management process with commissioners to manage ASD waiting list within available resource. ➢ Commissioners have established an ASD 	4 Major	2 Unlikely	8 Amber / High risk (8-12)	Minimal / low – Cautious / moderate	<ul style="list-style-type: none"> ➢ CAMHS Improvement Group established with identified change leadership for Barnsley and Wakefield – this focuses on improvements required to reduce waits. (DO) (impact to be reviewed at the end of March 2020) ➢ Recruitment to vacant positions is underway to 	DO	Review every three months	Performance reporting to EMT - monthly Assurance	6 Yellow / moderate	CG&CS	Risk appetite: Clinical risk target 1 – 6 Links to BAF, SO 2	Every three months prior to business and risk

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<p>Board and local commissioning plans are in place to start to address backlog for ASD.</p> <ul style="list-style-type: none"> ➢ Future in Mind investments are in place to support the whole CAMHS system. ➢ Healthwatch Barnsley and Wakefield have carried out monitoring visits and are supporting local teams with the action plans. ➢ CAMHS performance dashboard for each district. ➢ Work has taken place to implement care pathways and consistent recording of activity and outcome data. ➢ Kirklees has a new ASD pathway in place. ➢ System wide work was undertaken in Wakefield to improve access to assessment for ASD. ➢ There is ongoing dialogue with people on the waiting list to keep in touch and to carry out well-being checks. ➢ Active participation in ICS CAMHS initiative. ➢ Jointly agreed neuro-developmental pathway implemented in Kirklees. ➢ Improved finances included in 2019/20 contracts. ➢ CAMHS assurance meeting chaired by Chief Exec of SWYPFT and Chief Officer of Wakefield CCG oversees the delivery of young people's mental health and associated action plans. ➢ First point of contact is in place in all areas. 				(1 – 6)	<p>increase capacity. This includes the consideration of new roles to improve opportunities to recruit. (DO)</p> <ul style="list-style-type: none"> ➢ Calderdale CCG has led on development of a new diagnostic assessment pathway and is currently considering options for investment in a waiting list initiative. (DO) (Date to be confirmed by CCG). ➢ Waiting list initiatives details and outputs reported to Clinical Governance & Clinical Safety Committee. (DO) ➢ System being developed to review young people on the waiting list every three months. (DO) 			<p>report to Clinical Governance Committee</p> <p>Individual district performance reports reviewed by BDU</p>	(4-6)		<p>An additional £150k was made available by Kirklees CCG to support reduction of the ASC waiting list. The strengthened pathway ensured waiting times were reduced to less than 12 months by September 2018.</p>	Trust Board – January 2020
1132	Risks to the confidence in services caused by long waiting lists delaying treatment and recovery.	<ul style="list-style-type: none"> ➢ Waiting lists are reported through the BDU business meetings. ➢ Alternative services are offered as appropriate. ➢ People waiting are offered contact information if they need to contact someone urgently. ➢ Individual bespoke arrangements are in place within services and reported through the BDU business meetings. ➢ Bespoke arrangements to review pathways in individual services. ➢ Additional investment secured waiting list initiatives as part of the 2019/20 contract negotiations to flex capacity across the IAPT pathway. ➢ Review of impact and ongoing risk presented to CG&CS Committee. ➢ Bespoke arrangements are in place in BDUs where waiting times have an impact on carers. 	4 Major	3 Possible	12 Amber / high risk (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Waiting list information being developed with P&I and reported to EMT on the IPR. (DPD / DO / DFR) (April 2020) ➢ Reports developed, further work is still required to ensure they are comprehensive. Additional reporting will be developed as part of SystemOne optimisation. (DPD / DO / DFR) (April 2020) ➢ The impact of reviewed pathways is to be monitored in the BDU management meetings and will be a regular report at OMG in 2019/20. (DO) ➢ Waiting list initiatives agreed with Barnsley and Calderdale CCGs. Demand will be reported via contract meetings during 2019/20 ➢ Work has taken place with commissioners to agree additional capacity in specific services. (DO) 	DO	April 2020	<p>Performance reporting to OMG and EMT monthly.</p> <p>Assurance report to CG&CS Committee (CAMHS).</p> <p>Individual district performance reports reviewed by BDU.</p>	6 Yellow / moderate (4-6)	CG&CS	<p>Risk appetite: Clinical risk target 1 – 6</p> <p>Links to BAF, SO 2</p>	Every three months prior to business and risk Trust Board – January 2020

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1159	Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity.	<ul style="list-style-type: none"> ➢ Fire Safety Advisor produces monthly / quarterly Fire Report and Operational Fire / Unwanted Fire Activation for review / action by EFM Senior Managers. ➢ Quarterly review undertaken by Estates TAG. ➢ Weekly risk scan are completed by the Trust's Fire Safety Advisor and any issues or concerns raised directly with the Head of Estates and Facilities and Head of Estates Operations with the Director of HR, OD and Estates been briefed and action undertaken accordingly. ➢ Trust smoking policies with the use of e-cigarettes agreed for a trial period. ➢ Compliance with the following regulations: <ul style="list-style-type: none"> ○ The allocation and definition of responsibilities and standards for the provision, installation, testing and planned maintenance of fire safety equipment, devices, alarm and extinguishing systems; ○ The identification of standards for the control of combustible, flammable or explosive materials; ○ The allocation of responsibilities for the implementation of fire emergency plans including evacuation procedures, first-aid firefighting, contacting the emergency services, emergency co-ordination and staff training; ○ The allocation of responsibilities and duties of staff for monitoring and auditing all fire safety management systems and procedures; ○ The development and delivery of suitable staff training in fire safety awareness; ○ Fire safety training compliance measured monthly at OMG with time constrained action plans required for non-compliant areas. ○ The development and implementation of emergency procedures to ensure early recovery from unforeseen incident involving fire in order to maximise safety, minimise problems and enable the core business structure to continue. ➢ Use of sprinklers across all Trust buildings reviewed as part of the capital programme. 	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Smoking group established to review the smoking policy including the trial period for the use of e-cigarettes. (DO) An update report will be provided to the Clinical Governance and Clinical Safety Committee in February 2020. ➢ New inpatient builds and major developments fitted with sprinklers. (DHR) 	DHR	Ongoing	EFM (weekly and monthly) Estates TAG (quarterly) OMG (monthly)	6 Yellow / moderate (4-6)	CG&CS	<p>Risk appetite: Clinical risk target 1 – 6</p> <p>Links to BAF, SO2 & 3</p> <p>Note - A failure to effectively manage compliance with the Trust Fire/Smoking policies will expose the Trust to an increased risk of fire within patient care areas. This would result in injury to service users and damage to Trust property and buildings.</p>	Every three months prior to business and risk Trust Board – January 2020

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1424	Risk of serious harm occurring from known patient safety risks, with a specific focus on: <ul style="list-style-type: none"> Inpatient ligature risks Learning from deaths & complaints Clinical risk assessment Suicide prevention Restraint reduction 	<p>Clear policy & procedure in place providing framework for the identification and mitigation of risks in respect of:</p> <ul style="list-style-type: none"> Ligature assessment. Blue light alerts and learning library introduced immediate lessons learnt are shared and prompt action taken to prevent recurrence of incidents. (DNQ) Learning from deaths. Complaints reviews. Clinical risk assessment process. Suicide prevention training. Weekly risk scan of all red and amber patient safety incidents for immediate action. Monthly clinical risk report to OMG for action and dissemination. Monthly IPR performance monitoring report includes complaints response times and risk assessment training level compliance. Patient safety strategy in place to reduce harm and improve patient experience. Patient safety strategy identifies key metrics for harm reduction which are reported to EMT & TB. Suicide prevention strategy in place to reduce to reduce risk of suicide. Monthly complaints review meeting with CEO / DNQ / MD / DO to scan and act on themes. Introduction of "Manchester scale" to improve reliability & validity of ligature assessment process and to prioritise remedial action. New AMD for patient safety appointed to revised job description. Updated clinical risk report that captures a wider range of risk information for OMG. Mental health safety improvement partnership in place with NHS 1 / CQC. Clinical risk assessment training programme. Our Learning Journey report disseminated across all teams and discussed at team level (DNQ) (2017/18 report complete, 2018/19 report complete and being utilised). Agency and bank staffing action plan is monitored through OMG. Safer staffing group meets on a monthly basis to review exception reporting. Alignment of WY&H ICS suicide prevention strategy with SWYPFT plans. QI approach adopted on CQC areas for 	4 Major	2 Unlikely	8 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> CQC improvement action plans performance managed through OMG and Clinical Governance Group with escalation arrangements in place where action behind schedule. (DNQ) Quality improvement network focus on patient safety improvement. (DNQ) – to commence in Q1 2020/21 in line with clinical TRIO refresh. Formulation of informed risk assessment training plan scheduled for Q4 2019/20 / Q1 2020/21 to introduce enhanced risk assessment process and outcome. Reducing restrictive practice and intervention (RRPI) improvement plan implementation. 	DNQ MD	On going	Performance & monitoring via EMT, OMG & TB reports e.g. quarterly Patient Safety report & incident report	6 Yellow / moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6	Every three months prior to business and risk Trust Board January 2020

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		improvement. Detailed plan approved by CG&CS Committee. Risk assessment improvement is a key domain. ➤ Suicide prevention strategy action plan.												
522	Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements.	<ul style="list-style-type: none"> ➤ Participation in system transformation programmes. ➤ Robust CIP planning and implementation process. ➤ Trust is proactive in national discussions and forums to have positive influence on upholding concept of "parity of esteem" for mental health and learning disabilities. ➤ 2019/20 contracts agreed and in place. ➤ 5 year funding arrangements increases income allocated to mental health services. ➤ Mental health investment standard. 	3 Moderate	2 Unlikely	6 Yellow / moderate (4 – 6)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➤ The Trust is developing external engagement and communications to explain the benefits of mental health transformation for external stakeholders. (DS) (Ongoing – delivery dates specific to each priority programme) ➤ Annual planning process identifies financial needs and risks, enabling necessary actions to be identified. (DFR) ➤ 2020/21 contract negotiation process (DFR) (March 2020) 	DFR	Ongoing Review annually	EMT (monthly) Trust Board	6 Yellow / moderate (4-6)	AC	Risk appetite: Financial risk target 1 – 6 Links to BAF, SO1, 2 & 3	Every three months prior to business and risk Trust Board – January 2020
852	Risk of information governance breach and / or non-compliance with General Data Protection Regulations (GDPR) leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk.	<ul style="list-style-type: none"> ➤ Trust maintains access to information governance training for all staff and has track record of achieving the mandatory training target of 95%. ➤ Trust employs appropriate skills and capacity to advise on policies, procedures and training for Information Governance. ➤ Trust has appropriate policies and procedures that are compliant with GDPR. ➤ Trust has good track record for recording incidents and all incidents are reviewed weekly with investigations carried out where needed and action plans put in place. ➤ Improving Clinical Information and Governance group in place which is the governance group with oversight of IG issues. ➤ Monthly report of IG issues to EMT. ➤ Internal audit perform annual review of IG as part of IG Toolkit. ➤ Internal Audit programme of work. 	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➤ Targeted approach to advice and support from IG Manager through proactive monitoring of incidents and 'hot-spot- areas. Individual letters asking for action plans from services where there have been a recurrence of incidents(DFR) ➤ IG awareness raising sessions through an updated communications plan. (DFR) ➤ Rebranded materials and advice to increase awareness in staff and reduce incidents. (DFR) ➤ Increase in training available to teams including additional e-learning and face-to-face training. (DFR) ➤ Commitment to support comprehensive attendance at the ICIG meeting (DO) 	DFR	ICO external monitoring of progress by external evidence / desk based reviews	Progress monitored through EMT and weekly risk scans	4 Yellow / moderate (4-6)	AC	Risk appetite: Financial risk target 1 – 6 Links to BAF, SO2 & 3	Every three months prior to business and risk Trust Board – January 2020
1076	Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its capital programme, leading to an inability to pay staff and suppliers without DH support.	<ul style="list-style-type: none"> ➤ Financial planning process includes detailed two year projection of cash flows. ➤ Working capital management process including credit control and creditor payments to ensure income is collected on time and creditors paid appropriately. ➤ Capital prioritisation process to ensure capital is funded where the organisation most needs it. ➤ Stated aim of development of financial plans that achieve at least a small surplus position. ➤ Existing estates strategy in place. ➤ CIP identification and review process. 	4 Major	2 Unlikely	8 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➤ Investigate additional sources of capital funding should they be required. (DFR) (December 2020) ➤ Focus on benchmarking and internal productivity. (DFR) (July 2020) ➤ Compare CIP ideas with similar trusts in the region. (DFR) (April 2020) ➤ Revised estates strategy being developed. (DHR) (July 2020) ➤ Increased robustness of CIP and expenditure management. (DFR) ➤ Increased focus on raising of invoices to ensure timely payment. (DFR) ➤ Increased focus on robust financial management via training. (DFR) 	DFR	Ongoing	EMT (monthly) Board (monthly)	6 Yellow / moderate (4-6)	AC	Risk appetite: Financial risk target 1 – 6 Links to BAF, SO3	Every three months prior to business and risk Trust Board – January 2020

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		<ul style="list-style-type: none"> ➢ Treasury Management policy. ➢ Non-Executive Director led Finance, Investment & Performance Committee. 					<ul style="list-style-type: none"> ➢ Collaborative working within West Yorkshire ICS. (DFR / CEO / DPD) 							
1077	Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective.	<ul style="list-style-type: none"> ➢ Systematic and integrated monitoring of contract performance, changes in specification and commissioning intentions to identify and quantify contract risks. ➢ Regular reporting of contract risks to EMT and Trust Board. ➢ Play full role in ICSs in both West and South Yorkshire. ➢ Communication, engagement and involvement strategy. ➢ Updated Trust strategy in place. ➢ Liaison with regulators. ➢ Approved commercial strategy. ➢ 2019/20 contracts agreed and in place. ➢ Non-Executive Director led Finance, Investment & Performance Committee. ➢ Prospectus and Board stakeholder engagement plan. 	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Develop an understanding of clinical and operational interdependencies and minimum volumes for high quality care. (DPD / DO) (To be in place for 2019/20 Contract round discussions (to start in January 2019)) ➢ Implement actions from stakeholder survey. (DS) (December 2019) ➢ 2020/21 contract negotiations. (DFR) (March 2020) ➢ External stakeholder engagement plans will be refreshed as part of the involving people strategy refresh (DS) (April 2020) ➢ Implementation of longer term financial sustainability plan. (DFR) (ongoing over three years period 2019 - 2022) ➢ Development of targeted programme of business growth focused on specific services and markets and aligned to strategy. (DPD / DO) ➢ Scenario planning in operational plan and strategy regarding place based developments, where this could result in step-changes in income in either direction. (DS / DPD / DO) (Ongoing – delivery dates specific to each priority programme) ➢ Ongoing response to the rapidly changing operating environment and the role the Trust plays in each place (DS). (Ongoing – delivery dates specific to each priority programme) 	DFR	Ongoing	EMT (monthly) Board (monthly)	6 Yellow / moderate (4-6)	AC	Risk appetite: Financial risk target 1 – 6 Links to BAF, SO 1 & 3	Every three months prior to business and risk Trust Board – January 2020
1114	Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided.	<ul style="list-style-type: none"> ➢ Board and EMT oversight of progress made against transformation schemes. ➢ Active engagement in West Yorkshire and South Yorkshire STPs / CEO leads the West Yorkshire STP. ➢ Active engagement on place based plans. ➢ Enhanced management of CIP programme. ➢ Updated integrated change management processes. ➢ 2019/20 contracts agreed and in place. Non-Executive Director led Finance, Investment & Performance Committee. 	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Focus on benchmarking and internal productivity. (DFR) (July 2020) ➢ Implementation of longer term financial sustainability plan. (DFR) ➢ Increased use of service line management information by directorates. (DFR) ➢ Increase in joint bids and projects to develop strategic partnerships which will facilitate the transition to new models of care and sustainable services. (DS) 	DFR	Annual review	EMT (monthly) Trust Board (quarterly)	4 Yellow / Moderate (4-6)	AC	Risk appetite: Financial risk target 1 – 6 Links to BAF, SO 3	Every three months prior to business and risk Trust Board – January 2020
1153	Risk of potential loss of knowledge, skills and experience of NHS staff due to ageing workforce able to retire in the next five years.	<ul style="list-style-type: none"> ➢ Monitoring turnover rates monthly. ➢ Exit interviews. ➢ Flexible working guidance. ➢ Flexible working arrangements promoted. ➢ Investment in health and well-being services. ➢ Retire and return options. ➢ Apprenticeship scheme balancing the age profile. 	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Refresh of workforce plans as part of operational planning process. (DHR) (March 2020) 	DHR	Ongoing	EMT and Trust Board reporting through IPR (monthly) RTSC exception	6 Yellow / moderate (4-6)	WRC	Risk appetite: Financial / commercial risk target 1 – 6 Links to BAF, SO2 & 3	Every three months prior to business and risk Trust Board – January

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		<ul style="list-style-type: none"> ➢ Recruitment and Retention action plan agreed. ➢ Workforce planning includes age profile. 								reports				2020
1158	Risk of over reliance on agency staff which could impact on quality and finances.	<ul style="list-style-type: none"> ➢ Board self-assessment. ➢ Reporting through IPR. ➢ Safer Staffing Reports. ➢ Agency induction policy. ➢ Authorisation levels for approval of agency staff now at a senior level. ➢ Restrictions on Administration and Clerical Staff. ➢ Extension of the Staff Bank. ➢ Development of Medical Bank. ➢ OMG to Overview. ➢ Retention plan developed. ➢ Recruitment to Consultant roles. ➢ Direct engagement with medical locum master vendor contracting. 	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ A dedicated recruitment resource has been sourced until May 2020 to target areas with the greatest recruitment issues / highest agency use. (DHR / DO) (May 2020) ➢ Direct Engagement vendor is in place and meetings are almost complete with individual agency locums to support move to DE, with a few remaining. (MD) (March 2020) ➢ Exit strategy for all agency locums has been requested from all clinical leads who refresh this on an ongoing basis. (MD) (March 2020) ➢ Business case for potential use of NHS Professionals underway. (DHR) ➢ Implementation of new roles across 2020 including Nursing Associates and Advanced Clinical Practitioners. ➢ Agency project group has joined with the R&R group to focus on actions to address staffing shortfalls that then lead to agency use. (DHR) 	DHR	Ongoing through agency project group and workforce planning – workshop March 2020	EMT (monthly) Board (monthly)	6 Yellow / moderate (4-6)	WRC	Risk appetite: Financial / commercial risk target 1 – 6 Links to BAF, SO2 & 3	Every three months prior to business and risk Trust Board – January 2020
1169	Risk that improvements in performance against the metrics covering open referrals, unvalidated progress notes and un-outcome appointments are not made leading to clinical risk and poor outcomes for service users. <i>This will be reviewed by the Operational Management Group (OMG) to consider whether changes in SystmOne and improvements in recording mean the risk can be managed at OMG level.</i>	<ul style="list-style-type: none"> ➢ Information is available daily at HCP, team, BDU and Trust level. ➢ A regular summary is reviewed at Operational Management Group (OMG) to track progress. 	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Track movement in performance. (DO) 	DO	Ongoing	ICIG OMG	3 Green / low (1-3)	CG&CS	Risk appetite: Financial risk target 1 - 6 Links to BAF, SO3	Every three months prior to business and risk Trust Board – January 2020
1214	Risk that local tendering of services will increase, impacting on Trust financial viability.	<ul style="list-style-type: none"> ➢ Clear service strategy to engage commissioners and service users on the value of services delivered. ➢ Participation in system transformation programmes. 	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate	<ul style="list-style-type: none"> ➢ 2020/21 contract negotiations. (DFR) (March 2020) ➢ The Trust leadership is developing productive partnerships with other organisations to develop joint bids and shared services in preparation for integration of services. (DFR / DS / DPD / DO) 	DFR	Ongoing Review annually	EMT (monthly) Trust Board	6 Yellow / moderate	AC	Risk appetite: Financial risk target 1 – 6 Links to BAF,	Every three months prior to business

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		<ul style="list-style-type: none"> ➢ Robust process of stakeholder engagement and management in place through EMT. <ul style="list-style-type: none"> - Progress on transformation reviewed by Trust Board and EMT. ➢ Robust CIP planning and implementation process. ➢ Trust is proactive in engaging leadership across the service footprint. ➢ Active role in ICSs. ➢ Skilled business development resource in place. ➢ Commercial strategy. ➢ Trust prospectus. 				ate (1 – 6)	<ul style="list-style-type: none"> ➢ The Trust is developing external engagement and communications to explain the benefits of mental health transformation for external stakeholders. (DS) (Ongoing – delivery dates specific to each priority programme) ➢ Annual planning process identifies financial needs and risks, enabling necessary actions to be identified. (DFR) ➢ Development of Alliances in Calderdale, Kirklees and Wakefield will ensure local priorities and impact are considered. (DS) 				ate (4-6)		SO1, 2 & 3	and risk Trust Board – January 2020
1319	Risk that there will be no bed available in the Trust for someone requiring admission to hospital for PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed. The distance from home will mean that their quality of care will be compromised.	<ul style="list-style-type: none"> ➢ Bed management process. ➢ Critical to Quality map to identify priority change areas. ➢ Joint action plan with commissioners. ➢ Internal programme board. ➢ Weekly oversight at OMG. ➢ Agreed governance structure, with meetings in place, with commissioners in relation to the monitoring and management out of area cessation plans. ➢ Workstreams in place to address specific areas as agreed following the SSG review. ➢ Routine reviews of care whilst out of area are in place. ➢ Pathway for people with trauma informed emotionally unstable personality disorder is in place with a programme of training ongoing. 	3 Moderate	3 Possible	9 Amber / high (8 – 12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Development and implementation of local plans of change activity to reduce admissions and plans to reduce length of stay. (DO) ➢ Development and implementation of local plans of change activity to reduce PICU bed usage. (DO) ➢ Implementation of actions identified through independent review of our bed management processes. Progress is monitored via the steering group and reported to the partnership group. (DO) 	DO	April 2020	OMG	4 Yellow / Moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6	Every three months prior to business and risk Trust Board – January 2020
1335	Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total.	<ul style="list-style-type: none"> ➢ Bed management process. ➢ Joint action plan with commissioners. ➢ Internal bed management programme board. ➢ Weekly oversight at EMT and OMG. ➢ In-depth financial reviews at OMG, EMT and Trust Board. ➢ 2019/20 contracts agreed and in place. 	3 Moderate	3 Possible	9 Amber / high (8 – 12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ 2020/21 contract negotiations. (DFR) (M arch 2020) ➢ Ongoing review with commissioners to prioritise areas of expenditure. (DFR) ➢ Implementation of actions identified through independent review of our bed management processes. (DO) 	DO / DFR	Ongoing	OMG monthly EMT monthly Trust Board monthly	4 Yellow / moderate (4-6)	Trust Board	Risk appetite: Financial risk 1 – 6	Every three months prior to business and risk Trust Board – January 2020
1368	Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be	<ul style="list-style-type: none"> ➢ Bed management processes are in place as part of the new care model for Tier 4. These include exhausting out of area provision. ➢ All community options are explored. ➢ Where no age appropriate bed or community option is available then a bed on an adult ward is considered as the least worst option to maintain safety. 	4 Major	2 Unlikely	8 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Development of new CAMHS inpatient facility in Leeds for West Yorkshire. (DO) (2020) ➢ Recruitment was not as successful as originally considered and therefore further recruitment has been underway. This has delayed the implementation of all age liaison in every area until March 2020. (DO) (March 2020) 	DO	Ongoing risk given external influence outside our control	EMT (monthly) CG&CS (regular) Trust Board (each meeting)	4 Yellow / Moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6 The Trust ensures children and young people are only	Every three months prior to business and risk Trust Board – January

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
	unable to access a CAMHS bed. This could result in serious harm.	<ul style="list-style-type: none"> ➢ Protocol in place for admission of children and younger people on to adult wards. ➢ The most appropriate beds identified for temporary use. ➢ CAMHS in-reach arrange to the ward to support care planning. ➢ Safeguarding policies and procedures. ➢ Safer staffing escalation processes. ➢ Regular report to board to ensure that position does not become accepted practice. ➢ Safeguarding team scrutiny of all under 18 admissions. ➢ Letter sent to NHS England from Director of Nursing & Quality and Medical Director expressing concerns. ➢ Meetings led by NHSE took place. The system is better informed of the challenges with agreement to working together to best meet the needs of children and young people. 								through integrated performance report)			admitted to an adult bed as least worst option and ensure full safeguarding is in place when the need arises. This is in line with our "safety first" approach.	2020
1151	Risk of being unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development.	<ul style="list-style-type: none"> ➢ Safer staffing levels for inpatient services agreed and monitored. ➢ Agreed turnover and stability rates part of IPR. ➢ Weekly risk scan by DNQ and MD to identify any emerging issues, reported weekly to EMT. ➢ Reporting to the Board through IPR. ➢ Datix reporting on staffing levels. ➢ Strong links with universities. ➢ New students supported whilst on placement. ➢ Regular advertising. ➢ Development of Associate Practitioner. ➢ Workforce plans incorporated into new business cases. ➢ Workforce strategy implementation of action plan. ➢ Retention plan developed. ➢ Workforce plans linked to annual business plans. ➢ Working in partnership across West Yorkshire on international recruitment. ➢ Inpatient ward workforce review with revised skill mix. Major recruitment drive to implement nursing associates via Trainee Nurse Associate recruitment. 	3 Moderate	4 Likely	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Proposal for On Boarding System to include recruitment Microsite. (DHR) ➢ Marketing of the Trust as an employer of choice. (DHR) ➢ Develop new roles e.g. Advanced Nurse Practitioner. (DNQ / DHR / MD) ➢ Safer staffing reviewing establishment levels. (DNQ) 	DHR	Ongoing given external influence outside our control	BDU (weekly) EMT (monthly) Trust Board (each meeting through integrated performance report)	6 Yellow / moderate (4-6)	CG&CS	<p>Risk appetite: Financial / commercial risk target 1 – 6</p> <p>Links to BAF, SO 2 & 3</p> <p>34 TNA posts recruited to (October – November 2019) both internal and external to a total establishment of 52 WTE.</p>	Every three months prior to business and risk Trust Board – January 2020

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1154	Risk of loss of staff due to sickness absence leading to reduced ability to meet clinical demand etc.	<ul style="list-style-type: none"> ➢ Absence management policy. ➢ Occupational Health service. ➢ Trust Board reporting. ➢ Health and well-being survey. ➢ Each BDU identified wellbeing groups and champions. ➢ Enhanced occupational health service. ➢ Well-being at Work Partnership Group. ➢ Health trainers. ➢ Well-being action plans. ➢ Core skills training on absence management. ➢ Extend use of e-rostering. ➢ Retention plan developed. ➢ HR and service managers ensuring consistent application of sickness policy. 	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)		DHR	Ongoing	BDU (weekly) EMT (monthly) Trust Board	6 Yellow / moderate (4-6)	WRC	Risk appetite: Financial / commercial risk target 1 – 6 Links to BAF, SO2 & 3	Every three months prior to business and risk Trust Board – January 2020
1157	Risk that the Trust does not have a diverse and representative workforce and fails to achieve EDS2, WRES and WDES.	<ul style="list-style-type: none"> ➢ Annual Equality Report. ➢ Equality and Inclusion Form. ➢ Equality Impact Assessment. ➢ Staff Partnership Forum. ➢ Development and delivery of joint WRES and EDS2 action plan. ➢ Targeted career promotion in Schools. ➢ Focus development programmes. ➢ Review of recruitment with staff networks complete. ➢ Actions identified in the equality and diversity annual report 2017/18. ➢ Establishment of staff disability network and LGBT network. ➢ Links with Universities on widening access. ➢ Framework for bullying and harassment between colleagues. 	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ Development of action plan to tackle harassment and bullying from services users and families. (DNQ) (Q3 2019/20) ➢ Delivery of WRES and EDS2 action plans. (DNQ) 	DHR	Ongoing	EMT (quarterly) E&I Committee (quarterly)	6 Yellow / moderate (4-6)	WRC E&IC	Risk appetite: Financial / commercial risk target 1 – 6 Links to BAF, SO2 & 3	Every three months prior to business and risk Trust Board – January 2020

Organisational level risks within the risk appetite

Risk ID	Description of risk	Risk level (current / pre-mitigation)	Risk appetite	Risk level (target)
695	Risk of adverse impact on clinical services if the Trust is unable to achieve the transitions identified in its strategy.	Yellow / Moderate (4-6)	Minimal / low – cautious Moderate (1-6)	Yellow / Moderate (4-6)
812	Risk the creation of local place based solutions which change clinical pathways and financial flows could impact adversely on the quality and sustainability of other services.	Amber / High risk (8 - 12)	Open / High (8 - 12)	Amber / High risk (8 - 12)
773	Risk that a lack of engagement with external stakeholders and alignment with commissioning intentions results in not achieving the Trust's strategic ambition.	Amber / High risk (8 - 12)	Open / High (8 - 12)	Yellow / Moderate (4-6)
1156	Risk that decommissioning of services at short notice makes redeployment difficult and increases risk of redundancy.	Yellow / Moderate (4-6)	Minimal / low – cautious Moderate (1-6)	Yellow / Moderate (4-6)
1212	Risk that the amount of tendering activity taking place has a negative impact on staff morale which leads to sub-optimal performance and increased staff turnover.	Amber / High risk (8 - 12)	Open / high (8 - 12)	Amber / High risk (8 - 12)
1217	Risk that the Trust has insufficient capacity for change to meet its own and system-wide objectives.	Amber / High risk (8 - 12)	Open / high (8 - 12)	Amber / High risk (8 - 12)
1432	Risk of problems with succession planning / talent management.	Amber / High risk (8 - 12)	Open / high (8 - 12)	Yellow / Moderate (4-6)

Risks recommended for closure

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1369	Risk that a "no-deal" Brexit has implications for the Trust including product availability, medicines availability and staffing. RECOMMENDED FOR CLOSURE.	<ul style="list-style-type: none"> Review regular updates from regulators. National guidance. Workforce plans. National work to ensure medicine supplies remain available. Formation of an internal group focussed on mitigating potential issues arising from Brexit. Local risk register in place. Engagement with local CCGs. Regular completion of sit rep to Brexit lead. As of 10 January 2020, the NHS I risk team has formally stood down all activity in this area. 	4 Major	3 Possible	12 Amber / high risk (8 - 12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> Receive national guidance and instruction and feedback. (MD) Drugs & Therapeutics Committee to identify unlicensed medicines not covered by the national centralised stockpile. (MD) Brexit group constituted and meets weekly. Continued engagement with national groups on Brexit planning. Desktop exercises on drugs availability have been undertaken. 	MD	Ongoing	EMT (monthly) CG&CS (regular)	4 Yellow / Moderate (1-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6	Every three months prior to business and risk Trust Board – January 2020
279	Risk that trust may not be competitive in its offer to secure Any Qualifies Provider status for services selected by Cluster Commissioners. RECOMMENDED FOR CLOSURE.	<ul style="list-style-type: none"> Regular contract review meetings with commissioners. National guidance and timetable on Any Qualified Provider timetable. Market assessment reviewed as part of Business and Risk Board process to highlight any pertinent issues. BDU directors' role in ensuring good stakeholder relationships with CCGs and other commissioners. 	3 Moderate	2 Unlikely	6 Yellow / moderate (4-6)	Minimal / low – Cautious / moderate (1 – 6)	Recommended for closure	DFR	TBC	EMT (monthly)	6 Yellow / moderate (4-6)	AC	Risk appetite: Clinical risk target 1 – 6	Every three months prior to business and risk Trust Board – January 2020
1216	Risk that the impact of General Data Protection	<ul style="list-style-type: none"> Implementation plan. Existing data protection policies reviewed and compliant by 25 May 2018. 	4 Major	2 Unlikely	8 Amber	Minimal / low – Cautious	Implementation plan monitored by ICIG group which includes the update of policies and staff awareness training. (DFR / DNQ)	DFR DNQ	November 2019	Regular reports to ICIG group	6 Yellow	AC	Risk appetite: Compliance risk 1 – 6	Every three months

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
	<p>Regulations (GDPR) results in additional requirements placed on the Trust that are not met or result in a financial penalty.</p> <p>RECOMMENDED FOR CLOSURE, MERGED WITH RISK ID 852.</p>	<ul style="list-style-type: none"> ➢ Attendance at Yorkshire & Humber IG meetings. ➢ Internal audit completed on readiness and all actions closed. ➢ Training provided by Deloitte to Board members. ➢ Regular updates to Board and audit committee. ➢ Actions identified in internal audit report implemented. ➢ Centralisation of Subject Access Request, staffing and consistent process. 			/ high (8-12)	ous / moderate (1 – 6)	<ul style="list-style-type: none"> ➢ React to national guidance when provided. (DFR / DNQ) ➢ Progress updates at EMT and Audit Committee. (DFR / DNQ) ➢ Internal audit of compliance factored in to the 2019/20 internal audit plans. 			Reports to Audit Committee	/ moderate (4-6)		Links to BAF, SO3 This has been delayed given the impact of the SystemOne implementation on capacity	prior to business and risk Trust Board – January 2020

Risk profile (risks outside the risk appetite) – Trust Board 28 January 2020

Consequence (impact / severity)	Likelihood (frequency)				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Catastrophic (5)			= Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data. (1080)		
Major (4)		<p>< Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its high capital programme committed to, leading to an inability to pay staff and suppliers without DH support. (1076)</p> <p>= Risk that young people will suffer serious harm as a result of waiting for treatment. (1078)</p> <p>< Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be unable to access a CAMHS bed. This could result in serious harm. (1368)</p> <p>= Risk of serious harm occurring from known patient safety risks. (1424)</p>	<p>= Risk of deterioration in quality of care and financial resources available to commission services due to reduction in LA funding. (275)</p> <p>= Risk of information governance breach and / or non-compliance with General Data Protection Regulations (GDPR) leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk. (852)</p> <p>= Risks to the confidence in services caused by long waiting lists delaying treatment and recovery. (1132)</p> <p>= Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity. (1159)</p>		
Moderate (3)		<p>< Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements. (522)</p>	<p>= Risk that wards are not adequately staffed leading to increased temporary staffing which may impact upon quality of care and have financial implications. (905)</p> <p>< Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective. (1077)</p> <p>= Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided. (1114)</p> <p>= Risk of potential loss of knowledge, skills and experience of NHS staff due to ageing workforce able to retire in the next five years. (1153)</p> <p>= Risk of loss of staff due to sickness absence leading to reduced ability to meet clinical demand etc. (1154)</p> <p>= Risk that the Trust does not have a diverse and representative workforce and fails to achieve EDS2, WRES and DES. (1157)</p> <p>= Risk of over reliance on agency staff which could impact on quality and finances. (1158)</p> <p>= Risk that improvements in performance against the metrics covering open referrals, invalidated progress notes and un-outcome appointments are not made leading to clinical risk and poor outcomes for service users. (1169)</p> <p>= Risk that local tendering of services will increase, impacting on Trust financial viability. (1214)</p> <p>< Risk that there will be no bed available in the Trust for someone requiring admission to hospital for PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed. The distance from home will mean that their quality of care will be compromised. (1319)</p> <p>< Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total. (1335)</p>	<p>= Risk of being unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development. (1151)</p>	
Minor (2)			RA (275), (522), (852), (905), (1076), (1077), (1078), (1080), (1114), (1132), (1151), (1153), (1154), (1157), (1158), (1159), (1169), (1214), (1319), (1335), (1368), (1424)		
Negligible (1)					

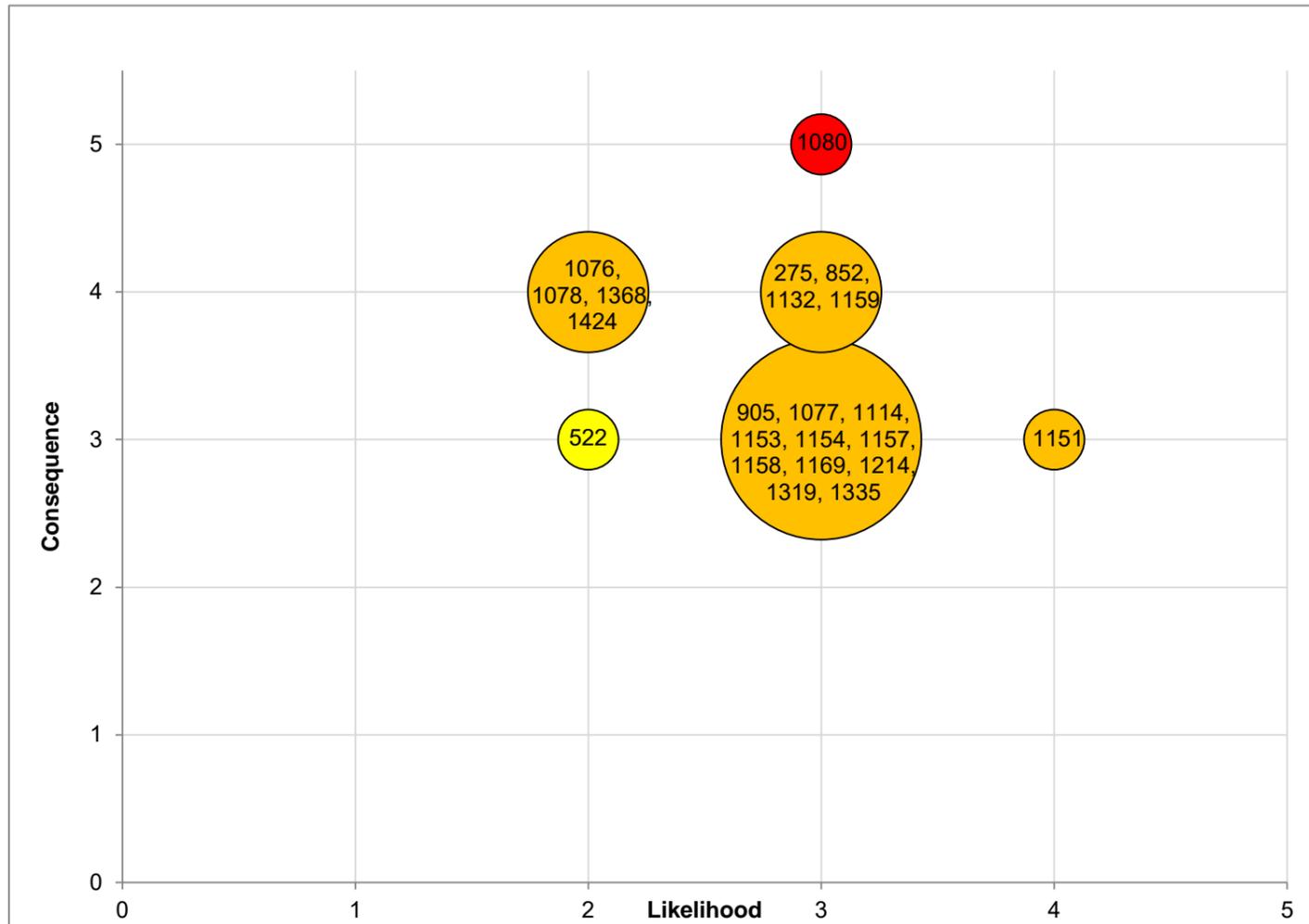
= same risk rating as last quarter
! new risk since last quarter

< decreased risk rating since last quarter
> increased risk rating since last quarter

RA risk appetite

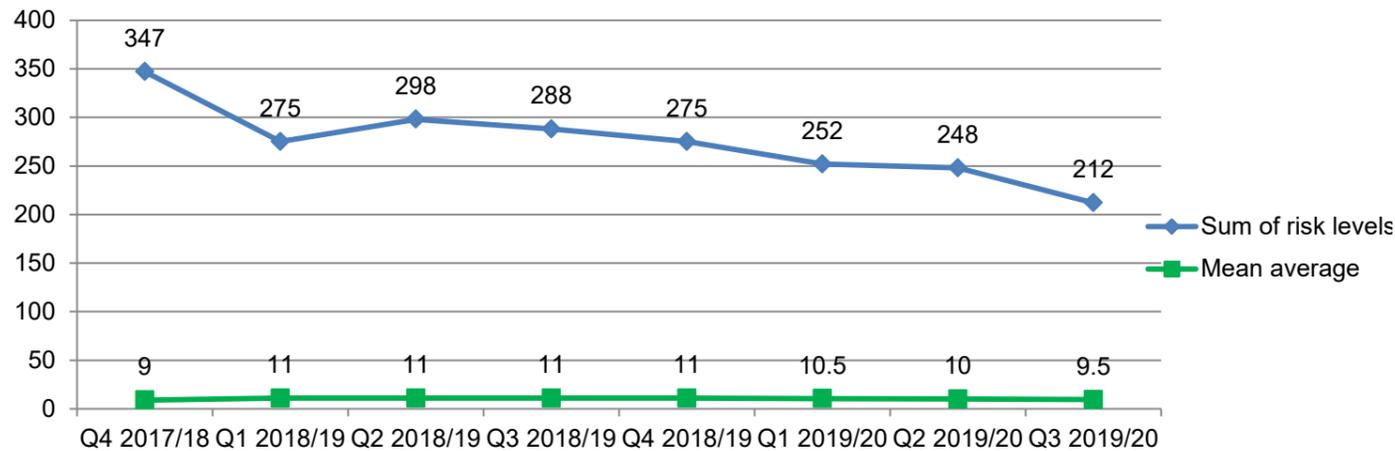


Risk profile (risks outside risk appetite) – Trust Board 28 January 2020



Score	ID	Description
12	275	Risk of deterioration in quality of care and financial resources available to commission services due to reduction in LA funding.
6	522	Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements.
12	852	Risk of information governance breach leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk.
9	905	Risk that wards are not adequately staffed leading to increased temporary staffing which may impact upon quality of care and have financial implications.
8	1076	Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its high capital programme committed to, leading to an inability to pay staff and suppliers without DH support.
9	1077	Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective.
8	1078	Risk that young people will suffer serious harm as a result of waiting for treatment.
15	1080	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.
9	1114	Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided.
12	1132	Risks to the Trust's reputation caused by long waiting lists delaying treatment and recovery.
12	1151	Risk that the Trust is unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development.
9	1153	Risk of potential loss of knowledge, skills and experience of NHS staff due to ageing workforce able to retire in the next five years.
9	1154	Risk of loss of staff due to sickness absence leading to reduced ability to meet clinical demand etc.
9	1157	Risk that the Trust does not have a diverse and representative workforce and fails to achieve EDS2 and WRES.
9	1158	Risk of over reliance on agency staff which could impact on quality and finances.
12	1159	Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity.
9	1169	Risk that improvements in performance against the metrics covering open referrals, invalidated progress notes and un-outcomed appointments are not made leading to clinical risk and poor outcomes for service users.
9	1214	Risk that local tendering of services will increase, impacting on Trust financial viability
9	1319	Quality of care will be compromised if people continue to be sent out of area.
9	1335	Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total.
8	1368	Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be unable to access a CAMHS bed. This could result in serious harm.
8	1424	Risk of serious harm occurring from known patient safety risks.

2017/18	2018/19				2019/20		
Q4 (35 risks)	Q1 (23 risks)	Q2 (27 risks)	Q3 (26 risks)	Q4 (25 risks)	Q1 (24 risks)	Q2 (24 risks)	Q3 (22 risks)
9	11	11	11	11	10.5	10	9.5



Recording Risks: guidance on using the risk grading matrix

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possible y frequently

Table 3 Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Consequence	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Instructions for use

- 1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- 2 Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- 3 Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes.
- 4 Calculate the risk score, multiplying the consequence by the likelihood: C (consequence) x L (likelihood) = R (risk score)

Trust Board 28 January 2020 Agenda item 7.1

Title:	Operating Plan 2020/21
Paper prepared by:	Director of Finance and Resources
Purpose:	To provide the Trust Board with an update of the progress being made in developing the Trust's operating plan for 2020/21, national guidance and likely deadlines.
Mission / values:	All Trust objectives.
Any background papers / previously considered by:	Regular finance reports to the Trust Board and Finance, Investment & Performance Committee.
Executive summary:	<ul style="list-style-type: none"> • At the time of writing this report the detailed planning guidance for the 2020/21 operating plan has not been published. The Trust is developing its annual plan based on the guidance issued in 2019 as part of the development of the five year plan development. Any adjustments required following publication of the detailed guidance will be incorporated. • It is expected the Trust will need to make an initial submission early to mid-February, likely to include financial and workforce schedules. • The Trust is working towards developing a financial plan to deliver a £0.5m surplus in line with the control total set in 2019. • Contract negotiations are well underway with an expected timescale for final agreement of the end of March. Contract negotiation parameters are being discussed and agreed at the Finance, Investment and Performance Committee. • Workforce planning meetings have been held with each BDU. • Each BDU and corporate service is in the process of meeting with the Director of Finance to review their initial financial plans, including the identification of cost pressures and cost improvement projects (CIPs). • Capital plans are being prioritised with the aim of meeting the target established in the five year plan submission of £8.6m. • The Trust Board needs to agree the governance and approval mechanisms for the expected draft submission of operating plan schedules by early-mid February. • In line with the Trust risk appetite statement which aims for financial risk of 1-6. Any implications on clinical risk must also be taken into account.
Recommendation:	Trust Board is asked to DISCUSS and COMMENT on this report. It is recommended the Trust Finance, Investment & Performance Committee members carry out a detailed review of the draft planning schedules to be submitted in February and that a

	meeting / call for all Board members is arranged for final approval of the draft plan ahead of the submission date.
Private session:	Not applicable.

Trust Board 28 January 2020

Agenda item 7.2

Title:	South Yorkshire update including the South Yorkshire and 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), including Barnsley Integrated Care Developments.
Executive summary:	<p>1. SYB ICS Update</p> <p>The attached paper provides an update from the Chief Executive of South Yorkshire and Bassetlaw Integrated Care System (ICS) and covers:</p> <ul style="list-style-type: none"> ➤ ICS Leaders Update ➤ Meeting of the Health Oversight Board and Health Executive Group ➤ NHS Long Term Plan Update ➤ Performance Scorecard <p>2. SYB ICS Mental Health, Learning Disabilities and Autism programme</p> <p>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:</p> <p>Individual Placement and Support (IPS) - Provision of IPS services is variable across the ICS and the bid submitted as part of the wave 2 funding to ensure that IPS services are available across the ICS has been successful. Following a successful procurement process, the Trust is a key partner in this programme and is</p>

recruiting to new posts to deliver this service in Barnsley. The SY&B IPS wave 2 roll out is progressing well with South Yorkshire Housing (SYHA) being the lead provider and coordinating the mobilisation process, all the posts have been advertised across SY&B. South West Yorkshire Partnership NHS Foundation Trust (SWYFT) staff are involved in the recruitment process and good links are already in place with the local teams. It is anticipated that the new workers will be in post for late December, early January. The partnership agreement between SYHA and the Trust has been agreed and signed.

Mental Health Liaison and Crisis Care - The Trust in partnership with Barnsley Clinical Commissioning 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 enhance alternatives to crisis support to be delivered through an extension to its current IHBT provision; in terms of resources and skill mix and in accordance with Fidelity to the Model. Recruitment and mobilisation is underway in relation to all the new investment; and in terms of the additional Core 24 resources, this includes new Consultant Psychiatry roles. New roles have also been agreed as an Advanced Nurse Practitioner and two Specialist Practitioners who will build on existing service improvements and develop further the work with high intensity service users across the local system. This will be underpinned by a multi-agency and proactive systems approach, and is expected to have a significant impact on reducing Accident and Emergency attendance and building resilience in individuals experiencing mental health crisis.

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.

The **Quit programme** is now being implemented in inpatient mental health services in Barnsley. New band 8A and band 6 posts are being recruited, and admin support arranged. An internal QUIT steering group is in place which is strongly linked in to the wider local and ICS wide systems. SWYFT staff are participating in ICS

	<p>steering groups and workshops and are actively engaged with colleagues in other trusts in mapping out mental health acute pathways for service users stopping smoking. There is a workforce and development programme in place and the Trust already has a number of acute staff trained in brief interventions and level 2 smoking cessation.</p> <p>3. Barnsley Integrated Care update</p> <p>The Barnsley Clinical Commissioning Group (CCG) continues to work with partners through the place based Integrated Care Partnership which includes the Trust to develop joined up integrated care. Partners across Barnsley continue to work together to develop integrated models of care, this includes an integrated model of care that delivers enhanced care in the community through Primary Care Networks (PCNs) and Community Services as part of the neighbourhood model. This is a significant change programme with phase one expected to be operational by April 2020. The Trust is also a key partner in developing an integrated model of care for stroke that will be fully operational by April 2020 with a new Early Supported Discharge service in place.</p> <p>Risk Appetite</p> <p>This update supports the risk appetite identified in the Trust's organisational risk register.</p>
<p>Recommendation:</p>	<p>Trust Board is asked to NOTE the update from the SYBICS and Barnsley integrated care developments.</p>
<p>Private session:</p>	<p>Not applicable.</p>



South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

HEALTH EXECUTIVE GROUP

14 January 2020

Author(s)	Andrew Cash, Chief Executive, South Yorkshire and Bassetlaw Integrated Care System		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input checked="" type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides a summary update on the work of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) for the month of December 2019.			
Recommendations			
The SYB Collaborative Partnership Board (CPB) and SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

14 January 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of December 2019.

2. Summary update for activity during December 2019

2.1 ICS Leaders Update

The North East and Yorkshire STP/ICS Leaders meeting took place on Wednesday December 4th. Discussions covered the soon to be published People Plan, workforce plans across the region, the publication of local responses to the NHS Long Term Plan, performance over winter and feedback from the National team.

2.2 Health Oversight Board and Health Executive Group

The meetings of the Health Oversight Board (HOB) and Health Executive Group (HEG) coincided on December 16th, allowing members of both groups to meet and have discussion informally. Feedback from the opportunity to share views and ideas in this way was very positive and we will look to bring the members together more frequently as a result.

2.3 NHS Long Term Plan

Following the outcome of the General Election, a new Conservative-led Government is now in place and will take forward its mandate for health and care. This includes enshrining in law the NHS Long Term Plan which is expected within the coming months. The September 2019 NHS England and Improvement document 'The NHS's recommendations to Government and Parliament for an NHS Bill' outlines in the detail the recommendations for a Bill and includes promoting collaboration, increasing flexibility of national payment systems, integrated service provision, managing resources effectively, getting better value for the NHS, every part of the NHS working together, shared responsibility and planning services together.

2.3 Performance Scorecard

The attached scorecards show our collective position at December 2019 (using predominantly October and November 2019 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

As in December's report, we continue to be green in six of the ten constitutional standards: six week diagnostics, two week cancer waits, two week cancer breast waits and 31 day cancer waits, Early Intervention in Psychosis (EIP) and IAPT recovery. Our overall performance as a System, while still below the constitutional standard in four areas, remains one of the best in the country. We outperform other ICS in the North and also those that are First Wave.

At month 8 the Year to Date position is £2 million ahead of plan. Three provider organisations continue to report positions that are adverse to plan. All other organisations are forecasting to achieve plan. Assurances on achieving forecast outturn are being sought alongside routine monitoring and managing of risks, with escalation procedures in place if needed.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 7 January 2020

How are we doing? An overview



Key performance report: December 2019 (using predominantly Oct/Nov data)



At month 8, the Year to Date position is £2m ahead of Plan. Three provider organisations continue to report positions that are adverse to plan. All other organisations are forecasting to achieve plan. Assurances on achieving forecast outturn are being sought alongside routine monitoring and managing of risks, with escalation procedures in place if needed.

How are we doing? An overview

Key performance report: December 2019 (using predominantly Oct/Nov data)



At month 8, the Year to Date position is £2m ahead of Plan. Three provider organisations continue to report positions that are adverse to plan. All other organisations are forecasting to achieve plan. Assurances on achieving forecast outturn are being sought alongside routine monitoring and managing of risks, with escalation procedures in place if needed..

Trust Board 28 January 2020 Agenda item 7.3

Title:	West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships update
Paper prepared by:	Director of Strategy Director 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 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: <ul style="list-style-type: none"> ➤ 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 is available to view in full. It is anticipated the plan will be launched more formally following the publication of the national 5 year plan. ➤ The ICS Memorandum of Understanding (MoU) has been reviewed and as arrangements are 'bedding in' a light review has been carried out. The full MoU is attached with papers for Trust Board members to review. ➤ The ICS five year strategy sets out an ambition to increase the diversity of leadership across all organisations, and improve the experiences of staff from British, Asian and Minority Ethnic (BAME)

	<p>communities. The ICS Leadership team engaged in a conversation about an inclusive workforce as part of its celebration of Black History Month last October. This was followed by an event that was held this month, with over 30 people in attendance from partner organisations including chairs of Black Minority Ethnic Staff Networks (BMESN) from across the partnership. The Trust CEO and chair of the BAME staff network played a key role in the event.</p> <ul style="list-style-type: none"> ➤ The future commissioning structure arrangements (termed ‘Steady State Commissioning’) and principles for all the WY&H Lead Provider Collaboratives are currently being reviewed with a view to identifying a preferred option. The Trust’s commissioning responsibilities as Lead Provider for the Forensics Lead Provider Collaborative (from April 2021) will be discharged through the Steady State Commissioning arrangements within WY&H, and we are therefore proactively engaged in the work on appraising the commissioning options. <p>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:</p> <ul style="list-style-type: none"> ➤ Kirklees ➤ Calderdale ➤ Wakefield <p>Risk Appetite</p> <p>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.</p>
<p>Recommendation:</p>	<p>Trust Board is asked to RECEIVE and NOTE the updates on the development of Integrated Care Partnerships and collaborations including:</p> <ul style="list-style-type: none"> ➤ West Yorkshire and Harrogate Health and Care Partnership <ul style="list-style-type: none"> ▪ Review and approve the revised draft MoU ➤ Wakefield ➤ Calderdale ➤ Kirklees ➤ Receive the minutes of relevant partnership boards
<p>Private session:</p>	<p>Not applicable.</p>



West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships – update

Trust Board 28 January 2020

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 strategy and plan. The Partnership in line with the ambitions of the NHS Long Term Plan is increasingly adopting a stronger role in oversight and coordination of planning and performance and transformation and delivery.

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 meeting include the following:

- **Winter Delivery Agreement** - The ICS has overseen the development of an agreement. The agreement sets out how organisations are expected to work together to maximise capacity, both in hospitals and in the community during winter. To complement actions being taken in each place, led by A&E Delivery Boards, it was agreed that the Urgent Emergency Care Programme should coordinate additional action across WY&H including an Integrated Winter Room for WY&H. **The Trust is a key partner in the agreement and is actively contributing to the delivery of place based winter plans.**

4. ICS Five Year Strategy and Plan

The Draft strategy and plan has been co-produced with significant input from stakeholders and partners. **(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. A suite of information products have also been produced to support the communication of the Plan. The draft plan and supporting materials will be available on the partnership website from the end of January 2020. The formal publication of the plan will follow the publication of the national plan. **The Trust as a key partner has contributed to the plan. The Trust's contribution to the plan and alignment of the plan to the Trust strategy was discussed at the last Trust Board meeting.**

5. Suicide prevention campaign

Reducing suicide by 10% across West Yorkshire and Harrogate by 2020/21 and achieving a 75% reduction in targeted areas by 2022 is one of the Partnership's ten big ambitions. It is highlighted in the Partnership's draft Five Year Strategy and the Mental Health, Learning Disability and Autism Five Year Plan. This ambition supports and complements the work taking place in the six local places that make up the Partnership.

In addition to the significant work already underway across the partnership, the System Leadership Executive Group supported the development of a campaign that will be co-produced with communities. Insight from the engagement will shape the campaign. The engagement and involvement of people from communities including those bereaved by suicide will provide opportunities for people to engage in conversations about mental health and suicide with a focus on empowering people. It aims to build an active network of valued influencer that inspire individual action; encouraging communities to look out for vulnerable people, providing resilience messages at a local level, reduce suicide in the identified target audience and highlighting support services for those affected by bereavement. **The Trust is leading the suicide prevention programme on behalf of the partnership and this campaign will support the overall ambitions of the programme.**

6. Mental Health Concordats

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. WY&H are considering becoming the first integrated care system to take forward this work. The Mental Health Prevention Concordat is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities – a priority for the Partnership and the Trust. To sign up to the concordat the Partnership will complete a Prevention Concordat Commitment plan which will be assessed by Public Health England. System leaders approved the development of the submission of the Mental Health Concordat for the Partnership. **The Trust is a working with partners in each place to ensure that wider determinants of health are addressed to tackle inequalities experienced by people with mental health and learning disabilities. The Trust is also working with partners in place to further develop and embed approaches that are supported by Creative Minds and Recovery Colleges including increasing physical activity, creativity and arts to support wellbeing.**

7. Diverse Workforce and BAME Leadership

The ICS five year strategy sets out an ambition to increase the diversity of leadership across all organisations, and improve the experiences of staff from British, Asian and Minority Ethnic

(BAME) communities. The ICS Leadership team engaged in a conversation about an inclusive workforce as part of its celebration of Black History Month last October. This was followed by an event that was held this month, with over 30 people in attendance from partner organisations including chairs of Black Minority Ethnic Staff Networks (BMESN from across the partnership. The event was led by Fatima Khan-Shah member of the core ICS team and programme lead for carers. The Trust CEO and Cherill Watterston, Chair of the Trust BMESN, were speakers at the event, with Cherill sharing her leadership journey. The CEO challenged the group to be ambitious in their vision and bold in defining the actions they felt were needed to turn the dial on a more equal and diverse workforce. Recommendations from the event will be shared with the ICS System Leadership Group in February. **The Trust is key partner in this emerging network and programme of work. The Trust has made some progress on this agenda with a more diverse Board, established networks and improvements in some of the Workforce Race Equality (WRES) standards. However we still have more to do, and will be able to work with others across the partnership to continue to develop a more equal health and care system for staff, service users, carers and communities.**

8. 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. Given that many of the arrangements outlined in the MoU are still maturing and 'bedding in' the MoU review at this stage has been '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:

- Updated the MoU to reflect the revised priorities and programmes set out in the 5 year draft plan
- A section in the MoU on arrangements for involving patients, service users and the public
- Representation of PCNs and independent sector in partnership arrangements
- Updated Partnership Board Terms of Reference to make provision for process of delegated decision making between meetings.

This Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities. **The MoU in full is attached for Trust Board members to review and approve.**

9. WYH approach to the future of commissioning arrangements

This 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.

10. West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative (WYMHSC) Committees in Common (CiC)

The WYMHSC CiC 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. At the time of writing this report, the next meeting of the CiC takes place on Tuesday, 21 January 2020.

10.1 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:** The Trust submitted a bid on behalf of the West Yorkshire Forensic Provider Collaborative for Wave 2 selection. This bid was successful and is being mobilised. Regular meetings are taking place with NHS England representatives to review the implementation plan and service delivery. The Trust is actively participating in a national learning set in respect of the national roll out of specialist community forensic teams, and applying learning to our own team's operation as appropriate.
- **West Yorkshire Adult Eating Disorders Provider Collaborative application and Lead Provider Collaboratives:** Leeds & York Partnership NHS Foundation Trust (LYPFT), as a Lead Provider Collaborative on the NHS England 'fast track', submitted a final business case to NHS England for approval on 29 November 2019. The Trust (along with LYPFT as lead provider, and the other two partners Bradford District Care Trust [BDCT] and Tees Esk and Wear Valleys NHS Foundation Trust [TEWV]) was a signature to a Partnership Agreement in fulfilment of the Lead Provider Collaborative functions. The business case successfully completed the NHS England Gateway process, and the Provider Collaborative will move to a full contract from 1 April 2020.

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 Specialised Mental Health, Learning Disabilities & Autism (MH, LD & A) Programme Board, and will provide assurance to LYPFT Trust Board that commissioning activities are being overseen. The future commissioning structure arrangements (termed 'Steady State Commissioning') and principles for all the WY&H Lead Provider Collaboratives are currently being reviewed with a view to identifying a preferred option. There are papers on the agendas for the meeting of the Committees in Common on 21 January 2020 and the meeting of the Specialised MH, LD & A Programme Board on 24 January 2020, which summarise the work undertaken to date on the options for Lead Provider Collaboratives in WY&H, and make recommendations for next steps. **The Trust's commissioning responsibilities as Lead Provider for the Forensics Lead Provider Collaborative (from April 2021) will be discharged through the Steady State Commissioning arrangements within WY&H, and we are therefore proactively engaged in the work on appraising the commissioning options.**

11. 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:

11.1 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 wellbeing 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 has been supported to develop additional capacity to accelerate system change across all Trust services in Calderdale. We continue to work with partners to accelerate the Calderdale approach to arts and wellbeing. Additional capacity has been supported to develop a work programme over the next 12 months.

11.2 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). A paper summarising the output of the November meeting was approved at the December ICP meeting, and largely focused on system structure, priorities for the next year, and the function of the ICP going forward.

The Mental Health Alliance is currently focused on the Alliance Plan for 2020/21, which includes developing and agreeing the investment priorities for 2020/21. The January Alliance meeting concentrated on the review and clarification of the first iteration of proposals for investment against the CCG available investment in 2020/21 of £1.3 million (recurrent). The governance 'sign off' for the Mental Health Alliance plan (which is not just about the additional financial investment) will be through the Wakefield ICP Board meeting on 25 February 2020, and the Wakefield CCG Governing Body meeting on 10 March 2020.

The Children and Young People's (C&YP) plan for 2019-22 was 'signed off' on 5 November 2019 at the Children & Young Peoples' Partnership Board meeting, and emotional health and wellbeing is one of the four key priorities in the C&YP Plan. The Trust has a key role in supporting this priority area through the provision of CAMHS services in Wakefield. The Director of Provider Development (along with the CCG Director of Commissioning) is Board joint SRO for this priority. Future in Mind and the Local Transformation Plan - this was completed in November 2019 and is posted on the CCG's website as required by NHSE/I.

11.3 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 wellbeing 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. An engagement workshop at the end of January with carers and service users has been planned. The first meeting of the Alliance will be held in early February 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 took part in an ICS peer review in November and members of the Executive team contributed 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**
 - **Review and approve the revised MoU**
 - **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?CIId=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>

West Yorkshire and Harrogate Memorandum of Understanding

Addendum to Version 2 20.12.19

In Version 3 of the Memorandum of Understanding, Paras 3.11 and 3.12 have been replaced with the following:

3.11 Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: <https://wyhpartnership.co.uk/meetings-and-publications/publications>). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in Next Steps for the West Yorkshire and Harrogate Health and Care Partnership, published in February 2018 and the Partnership 5 Year Plan, developed in 2019.

3.12 We have agreed the following big ambitions for our Partnership. We will:

- increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.
- achieve a 10% reduction in the gap in life expectancy between people with mental ill health, learning disabilities and autism and the rest of the population by 2024 (approx. 220,000 people). In doing this we will focus on early support for children and young people.
- address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty.
- by 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.
- reduce suicide by 10% across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.
- achieve at least a 10% reduction in anti-microbial resistance infections by 2024 by, for example, reducing antibiotic use by 15%.
- achieve a 50% reduction in stillbirths, neonatal deaths and brain injuries and a reduction in maternal morbidity and mortality by 2025.

- have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.
- aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.
- strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

14.01.20



Memorandum of Understanding

January 2020

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Foreword

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.7 million people living in our area.

Our commitment remains the same and our goal is simple: we want everyone in West Yorkshire and Harrogate to have a great start in life, and the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest fastest. Our commitment to an NHS free at the point of delivery remains steadfast, and our response to the challenges we face is to strengthen our partnerships.

The proposals set out in our plan are firming up into specific actions, backed by investments. This is being done with the help of our staff and communities, alongside their representatives, including voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level which puts people, not organisations, at the heart of everything we do.

We have agreed this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.

Our partnership is already making a difference. We have attracted additional funding for people with a learning disability, and for cancer diagnostics, diabetes and a new child and adolescent mental health unit.

However, we know there is a lot more to do. The health and care system is under significant pressure, and we also need to address some significant health challenges. For example we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. There are 3,600 stroke incidents across our area and we have developed a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. This Memorandum demonstrates our clear commitment to do this.

Rob Webster
West Yorkshire and Harrogate Health and Care Partnership Lead
CEO South West Yorkshire Partnership NHS FT

1. Parties to the Memorandum

1.1. The members of the West Yorkshire and Harrogate Health and Care Partnership (the **Partnership**), and parties to this Memorandum, are:

Local Authorities

- City of Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council¹
- The Council of the City of Wakefield

NHS Commissioners

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG
- NHS England

NHS Service Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- The Mid Yorkshire Hospitals NHS Trust

- South West Yorkshire Partnership NHS Foundation Trust¹
- Tees, Esk, and Wear Valleys NHS Foundation Trust¹
- Yorkshire Ambulance Service NHS Trust¹

Health Regulator and Oversight Bodies

- NHS England and NHS Improvement

Other National Bodies

- Health Education England
- Public Health England

Other Partners

- Locala Community Partnerships CIC
- Healthwatch Bradford and District (managed by Community Action Bradford and District)
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network¹.

1.2. As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

1.3. Certain aspects of the Memorandum are not relevant to particular types of organisation within the partnership. These are indicated in the table at **Annex 1**.

Definitions and Interpretation

1.4. This Memorandum is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

Term

1.5. This updated Memorandum replaces the previous version agreed by partners in December 2018 and shall commence on the date of signature of the partners. It will be subject to an annual review by the Partnership Board to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System.

¹ These organisations are also part of neighbouring STPs.

Local Government role within the partnership

- 1.6. The West Yorkshire and Harrogate Health and Care Partnership includes eight local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils, Harrogate Borough Council and Craven District Council lead on housing, licensing, planning, and environmental health which all influence the wider determinants of health. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.
- 1.7. Within the WY&H partnership the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.
- 1.8. Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

Partners in Local Places

- 1.9. The NHS and the Councils within the partnership have broadly similar definitions of place. (The rural Craven district is aligned with Bradford for NHS purposes, but is seen as a distinct local government entity in its own right within North Yorkshire.)
- 1.10. All of the Councils, CCGs, Healthcare Providers and Healthwatch organisations are part of their respective local place-based partnership arrangements. The extent and scope of these arrangements is a matter for local determination, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision- making. Other key members of these partnerships include:
 - GP Federations
 - Specialist community service providers
 - Voluntary and community sector organisations and groups
 - Housing associations.
 - other primary care providers such as community pharmacy, dentists, optometrists
 - independent health and care providers including care homes.

2. Introduction and context

- 2.1. This Memorandum of Understanding (Memorandum) is an understanding between the West Yorkshire and Harrogate health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.
- 2.2. West Yorkshire and Harrogate Health and Care Partnership began as one of 44 Sustainability and Transformation Partnerships (STPs) formed in 2016, in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven², Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 2.3. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 2.4. We published our high level proposals to close the health, care and finance gaps that we face in November 2016. During 2019 we developed our five year plan, setting out our ambitions for the next five years. We have already made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

Purpose

- 2.5. The purpose of this Memorandum is to formalise and build on these partnership arrangements. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.
- 2.6. The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.
- 2.7. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the

² Whilst Craven is organisationally aligned with the NHS in Bradford, it is a distinctive place in its own right, forming part of North Yorkshire.

Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

- 2.8.** The Memorandum should be read in conjunction with the Partnership five year Plan which we developed in 2019 and the six local Place plans across West Yorkshire and Harrogate.

Developing new collaborative relationships

- 2.9.** Our approach to collaboration begins in each of the 50-60 neighbourhoods which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services in Primary Care Networks, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.
- 2.10.** Neighbourhood services sit within each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.
- 2.11.** The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.
- 2.12.** These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:
- to achieve a critical mass beyond local population level to achieve the best outcomes;
 - to share best practice and reduce variation; and
 - to achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).
- 2.13.** The arrangements described in this Memorandum describe how we organise ourselves, at West Yorkshire & Harrogate level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

Promoting Integration and Collaboration

- 2.14.** The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements we will aim to collaborate, and to seek greater integration of services, including with the independent sector, whenever it can be demonstrated that it is in the interests of patients and service users to do so.
- 2.15.** The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard. Further, the Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor/NHS Improvement and will keep this position under review accordingly.
- 2.16.** The Partners understand that no decision shall be made to make changes to services in West Yorkshire and Harrogate or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

3. How we work together in West Yorkshire and Harrogate

Our vision

- 3.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All proposals, both as Partner organisations and at a Partnership level should be supportive of the delivery of this vision:
- Places will be healthy - you will have the best start in life, so you can live and age well.
 - If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
 - If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
 - If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
 - Local hospitals will be supported by centres of excellence for services such as cancer and stroke
 - All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
 - Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Overarching leadership principles for our partnership

- 3.2. We have agreed a set of guiding principles that shape everything we do through our partnership:
- We will be ambitious for the people we serve and the staff we employ
 - The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS so we will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.
 - We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
 - We will undertake shared analysis of problems and issues as the basis of taking action
 - We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

Our shared values and behaviours

3.3. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate;
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

Involving the public

3.4. We are committed to meaningful conversations with people and value highly the feedback that people share with us. Effective public involvement, particularly with those with lived experience and who are seldom heard, ensures that we make the right decisions together about our health and care services.

3.5. We use a wide range of ways to involve the public. These include public and patient reference groups, engagement events, independent co-opted members on our Partnership Board, lay members on our Programme Boards and community champions. We seek assurance about the effectiveness of public and patient involvement in our decisions through the co-opted members on our Partnership Board and other mechanisms, including the Joint Committee of CCG's Patient and Public Involvement Assurance Group.

3.6. We are committed to learning from and refining our approach to involving people; we want to understand the best ways to engage with people and we consistently challenge ourselves to improve. We aim to involve people and understand their perspectives at the earliest possible point when taking decisions, as people have the greatest scope to influence the change if their views are considered from the outset

3.7. We aim to learn from feedback from all our communications and engagement networks without duplicating effort and cost. We publish on our website information about all of the involvement and engagement activity that we have been involved in, and are planning.

3.8. Our communications and engagement plan, involvement framework and digital strategy are available on our website at:
<https://www.wyhpartnership.co.uk/engagement-and-consultation>.

The voluntary and community sector

- 3.9.** The voluntary and community sector (VCS) is an important part of our Partnership, working across all our places and programmes of work. The Harnessing the Power of Communities (HPOC) programme acts as the co-ordinating point and provides a strong voice into the Partnership.
- 3.10.** The HPOC Group includes infrastructure organisations from each of our 6 places. These organisations connect into the much wider and diverse voluntary and community sector.

Partnership objectives

- 3.11.** Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: <https://wyhpartnership.co.uk/meetings-and-publications/publications>). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in *Next Steps for the West Yorkshire and Harrogate Health and Care Partnership*, published in February 2018 and the Partnership 5 Year Plan, developed in 2019.
- 3.12.** We have agreed the following big ambitions for our Partnership. We will:
- increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and five months of life for women) between the people living in our most deprived communities compared with the least deprived communities by 2024.
 - achieve a 10% reduction in the gap in life expectancy between people with mental ill health, learning disabilities and autism and the rest of the population by 2024 (approx. 220,000 people). In doing this we will focus on early support for children and young people.
 - address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes by 2024. This will include halting the trend in childhood obesity, including those children living in poverty.
 - by 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1,000 more people will have the chance of curative treatment.
 - reduce suicide by 10% across West Yorkshire and Harrogate by 2020/21 and achieve a 75% reduction in targeted areas by 2022.
 - achieve at least a 10% reduction in anti-microbial resistance infections by 2024 by, for example, reducing antibiotic use by 15%.
 - achieve a 50% reduction in stillbirths, neonatal deaths and brain injuries and a reduction in maternal morbidity and mortality by 2025.

- have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic (BAME) staff will become a thing of the past.
 - aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.
 - strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.
- i. To enable these transformations, we will work together to:
- Secure the right workforce, in the right place, with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff,
 - Engage our communities meaningfully in co-producing services,
 - Use digital technology to drive change, ensure systems are inter-operable, and create a 21st Century NHS,
 - Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population,
 - Develop and shape the strategic capital and estates plans across West Yorkshire and Harrogate, maximising all possible funding sources and ensuring our plans support the delivery of our clinical strategy,
 - Strengthen leadership and organisational development, and;
 - Develop our commissioning arrangements.
- ii. Manage our financial resources within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;
- iii. Operate as an integrated health and care system, and progressively to build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for health and care services;
- iv. Act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

Delivery improvement

3.13. Delivery and transformation programmes have been established to enable us to achieve the key objectives set out above. Programme Mandates have been developed for each programme and enabling workstream. These confirm:

- The vision for a transformed service
- The specific ambitions for improvement and transformation
- The component projects and workstreams
- The leadership arrangements.

3.14. Each programme has undergone a peer review 'check and confirm' process to confirm that it has appropriate rigour and delivery focus.

3.15. As programme arrangements and deliverables evolve over time the mandates will be revised and updated as necessary.

4. Partnership Governance

- 4.1. The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.
- 4.2. The Partnership provides a mechanism for collaborative action and common decision-making for issues which are best tackled on a wider scale.
- 4.3. A schematic of our governance and accountability relationships is provided at **Annex 2**, a summary of the roles and responsibilities of the Partnership Board, System Leadership Executive, System Oversight and Assurance Group, Clinical Forum and Finance Forum is provided at **Annex 3** and their terms of reference at **Annex 4**.

Partnership Board

- 4.4. The Partnership Board provides the formal leadership for the Partnership. The Partnership Board is responsible for setting strategic direction. It provides oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters highlighted in section 7 of this Memorandum, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.
- 4.5. The Partnership Board is made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, one other elected member, and chief executives from Councils and senior representatives of other relevant Partner organisations, including the voluntary and community sector. It also has four independent co-opted members. The chair of the Partnership Board will be a chair of a Health and Wellbeing Board, and the vice-chair will be nominated from among the chairs of NHS bodies. It will meet at least four times each year in public.
- 4.6. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time our expectation is that regulatory functions of the national bodies will increasingly be enacted through collaboration with our leadership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

System Leadership Executive

- 4.7. The System Leadership Executive (SLE) Group includes each statutory organisation and representation from other Partner organisations. The group is responsible for overseeing delivery of the strategy of the Partnership, building leadership and collective responsibility for our shared objectives.
- 4.8. Each organisation is represented by its chief executive or accountable officer. Members of the SLE are responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members of the SLE are expected to recommend that their organisations support agreements and decisions made by SLE (always subject to each Partner's compliance with internal governance and approval procedures).

System Oversight and Assurance Group

4.9. The System Oversight and Assurance group (SOAG) provides a mechanism for Partner organisations to take ownership of system performance and delivery and hold one another to account. It:

- is chaired by the Partnership Lead;
- includes representation covering each sector / type of organisation;
- regularly reviews a dashboard of key performance and transformation metrics; and
- receives updates from WY&H programme boards.

4.10. The SOAG is supported by the Partnership core team.

West Yorkshire and Harrogate programme governance

4.11. Strong governance and programme management arrangements are built into each of our West Yorkshire and Harrogate priority and enabling programmes (the **Programmes**). Each programme has a Senior Responsible Owner, typically a Chief Executive, accountable officer or other senior leader, and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each relevant service sector.

4.12. Programmes provide regular updates to the System Leadership Executive and System Oversight and Assurance Group.

Other governance arrangements between Partners

4.13. The Partnership is also underpinned by a series of governance arrangements specific to particular sectors (e.g. commissioners, acute providers, mental health providers, Councils) that support the way it works. These are described in paragraphs 4.14 to 4.29 below.

The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

4.14. The nine CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six Places that make up our Partnership.

4.15. The CCGs have established a Joint Committee, which has delegated authority to take decisions collectively. The Joint Committee is made up of representatives from each CCG. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs, and meets in public every second month. The Joint Committee is underpinned by a memorandum of understanding and a workplan, which have been agreed by each CCG.

4.16. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Joint Committee's work plan reflects those partnership priorities for which the CCGs believe collective decision making is essential. It only has decision-making responsibilities for the West Yorkshire and Harrogate programmes of work that have been expressly delegated to it by the CCGs. To provide assurance about the effectiveness of public and patient involvement in its commissioning decisions, the Joint Committee has established a Patient and Public Involvement Assurance Group.

West Yorkshire Association of Acute Trusts Committee in Common

4.17. The six acute hospital trusts in West Yorkshire and Harrogate have come together as the [West Yorkshire Association of Acute Trusts](#) (WYAAT). WYAAT believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone; they require the hospitals to work together to achieve solutions for the whole of West Yorkshire and Harrogate that improve the quality of care, increase the health of people and deliver more efficient services.

4.18. WYAAT is governed by a memorandum of understanding which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The memorandum of understanding establishes the WYAAT Committee in Common, which is made up of the Chairs and Chief Executives of the six trusts, and provides the forum for working together and making decisions in a common forum. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually in accordance with their own internal procedures.

West Yorkshire Mental Health Services Collaborative

4.19. The four trusts providing mental health services in West Yorkshire (Bradford District Care Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust) have come together to form the West Yorkshire Mental Health Services Collaborative (WYMHSC). The trusts will work together to share best practice and develop standard operating models and pathways to achieve better outcomes for people in West Yorkshire and ensure sustainable services into the future.

4.20. The WYMHSC is underpinned by a memorandum of understanding and shared governance in the form of 'committees in common'.

4.21. Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health services to the Harrogate area.

Local council leadership

4.22. Relationships between local councils and NHS organisations are well established in each of the six places and continue to be strengthened. Complementary arrangements for the whole of West Yorkshire and Harrogate have also been established:

- Local authority chief executives meet and mandate one of them to lead on the health and care partnership;
- Health and Wellbeing Board chairs meet;
- A Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority
- North Yorkshire and York Leaders and Chief Executives

Clinical Forum

- 4.23.** Clinical leadership is central to all of the work we do. Clinical leadership reflecting both primary and secondary care, is built into each of our work programmes and governance groups, and our Clinical Forum provides formal clinical advice to all of our programmes.
- 4.24.** The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.
- 4.25.** The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.
- 4.26.** The Clinical Forum has agreed Terms of Reference which describe its scope, function and ways of working.

Quality Surveillance Group

- 4.27.** The WY&H Quality Surveillance Group (QSG) brings together a range of partners from across the health and care system, to share intelligence about risks to quality. Convened by NHS England, the QSG is a supportive forum for collaboration and intelligence sharing. By triangulating intelligence from different organisations, it provides the health economy with a shared view of risks to quality, and opportunities to coordinate actions to drive improvement. Members of the QSG include CCGs, Councils, Healthwatch, CQC, PHE, and HEE. It covers all NHS-commissioned services, and services jointly commissioned by the NHS and Councils.

Finance Forum

- 4.28.** The Finance Forum has been established to strengthen financial governance and leadership for the Partnership. Financial leadership is built into each of our work programmes and governance groups, and our Finance Forum provides financial advice to all of our programmes.

- 4.29.** The Finance Forum leads on enabling the Partnership to deliver the financial principles that are set out in paragraphs 7.1-7.3. It is the primary forum for financial leadership, advice and challenge and will support the Partnership Board and System Leadership Executive Group to lead and direct the Partnership. It will also support the System Oversight and Assurance Group to ensure robust mutual financial accountability across the Partnership.
- 4.30.** The Finance Forum is a forum for sharing knowledge and intelligence. It works by building agreement with financial leaders across Partner organisations to drive action around a shared direction of travel.
- 4.31.** The Finance Forum has agreed Terms of Reference which describe its scope, function and ways of working.

Local Place Based Partnerships

- 4.32.** Local partnership arrangements for the Places bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers working together in Primary Care Networks, to take responsibility for the cost and quality of care for the whole population. Each of the six Places in West Yorkshire and Harrogate has developed its own arrangements to deliver the ambitions set out in its own Place Plan.
- 4.33.** These new ways of working reflect local priorities and relationships, but all provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.
- 4.34.** There are seven local health and care partnerships (two in Bradford District and Craven and one in each other place) which will develop horizontally integrated networks to support seamless care for patients.

5. Mutual accountability framework

- 5.1. A single consistent approach for assurance and accountability between Partners on West Yorkshire and Harrogate system wide matters will be applied through the governance structures and processes outlined in Paragraphs 4.1 to 4.12 above.

Current statutory requirements

- 5.2. NHS England and NHS Improvement were brought together to act as one organisation in 2019, but each retains its statutory responsibilities. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 Act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.
- 5.3. NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA). NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

A new model of mutual accountability

- 5.4. Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health. The partners will:
- Agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
 - work through our formal collaborative groups for decision making, engaging people and communities across WY&H; and
 - identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.
- 5.5. The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

- 5.6.** Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.
- 5.7.** System oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:
- Monitoring performance against key standards and plans in each place;
 - Ongoing dialogue on delivery and progress;
 - Identifying the need for support through a clinically and publically-led process of peer review;
 - Agreeing the need for more formal action or intervention on behalf of the partnership; and
 - Application of regulatory powers or functions.
- 5.8.** The Programmes will, where appropriate, take on increasing responsibility for managing this process. The extent of this responsibility will be agreed between each Programme and the SLE.
- 5.9.** A number of Partners have their own improvement capacity and expertise. Subject to the agreement of the relevant Partners this resource will be managed by the Partner in a co-ordinated approach for the benefit of the overall Partnership, and used together with the improvement expertise provided by national bodies and programmes.

Taking action

- 5.10.** The SOAG will prioritise the deployment of improvement support across the Partnership, and agree recommendations for more formal action and interventions. Actions allocated to the SOAG are to make recommendations on:
- agreement of improvement or recovery plans;
 - more detailed peer-review of specific plans;
 - commissioning expert external review;
 - co-ordination of formal intervention and improvement support; and
 - agreement of restrictions on access to discretionary funding and financial incentives.
- 5.11.** For Places where financial performance is not consistent with plan, the Finance Forum will make recommendations to the SOAG on a range of interventions, including any requirement for:
- financial recovery plans;
 - more detailed peer-review of financial recovery plans;
 - external review of financial governance and financial management;
 - organisational improvement plans;
 - co-ordination of formal intervention and improvement support;

- enhanced controls around deployment of transformation funding held at place; and
- reduced priority for place-based capital bids.

The role of Places in accountability

5.12. This Memorandum has no direct impact on the roles and respective responsibilities of the Partners (including the Councils, Trust Boards and CCG governing bodies) which all retain their full statutory duties and powers.

5.13. Health and Wellbeing Boards (HWB) have a statutory role in each upper tier local authority area as the vehicle for joint local system leadership for health and care and this is not revised by the Partnership. HWB bring together key leaders from the local Place health and care system to improve the health and wellbeing of their population and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of their communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care;
- involving councillors and patient representatives in commissioning decisions.

5.14. In each Place the statutory bodies come together in local health and care partnerships to agree and implement plans across the Place to:

- Integrate mental health, physical health and care services around the individual
- Manage population health
- Develop increasingly integrated approaches to joint planning and budgeting

Implementation of agreed strategic actions

5.15. Mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places require support from the wider Partnership to ensure the effective management of financial and delivery risk.

National NHS Bodies oversight and escalation

5.16. As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in West Yorkshire and Harrogate in the form of enacting streamlined oversight arrangements under which:

- Partners will take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;
- NHS England and NHS Improvement will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- NHS England and NHS Improvement intend that they will intervene in the individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify the SLE and work through the Partnership to seek a resolution prior to making an intervention with the Partner.

6. Decision-Making and Resolving Disagreements

6.1. Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Values and Behaviours. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

Collective Decisions

6.2. There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- **Decisions delegated to collaborative forums** - some partners have delegated specific decisions to a collaborative forum, for example the CCGs have delegated certain commissioning decisions to the Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Joint Committee and not this Memorandum. There are also specific dispute resolution mechanisms for WYATT and the WYMHC.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out in Paragraphs 6.3-6.5 below.

6.3. Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for co-ordinating decisions relating to regulatory and oversight functions currently exercised from outside the WY&H system and will look to reach recommendations and any decisions on a Best for WY&H basis. The terms of reference for the Partnership Board will set out clearly the types of decision which it will have responsibility to discuss and how conflicts of interest will be managed. The Partnership Board will have responsibility for decisions relating to:

- The objectives of priority HCP work programmes and workstreams
- The apportionment of transformation monies from national bodies
- Priorities for capital investment across the Partnership.
- Operation of the single NHS financial control total (for NHS Bodies)
- Agreeing common actions when Places or Partners become distressed

6.4. SLE will make recommendations to the Partnership Board on these matters. Where appropriate, the Partnership Board will make decisions of the Partners by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may

be referred to the dispute resolution procedure under Paragraph 6.6 below by any of the affected Partners for resolution.

- 6.5.** In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached at the SLE meeting to agree this then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

Dispute resolution

- 6.6.** Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours set out in this Memorandum.
- 6.7.** Where necessary, Place or sector-based arrangements (the Joint Committee of CCGs, WYAAT, and WYMHSC as appropriate) will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.
- 6.8.** The Partnership will apply a dispute resolution process to resolve any issues which cannot otherwise be agreed through these arrangements.
- 6.9.** As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.
- 6.10.** The key stages of the dispute resolution process are
- i. The SOAG will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If SOAG cannot resolve the dispute within 30 days, the dispute should be referred to SLE.
 - ii. SLE will come to a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues set out in Annex 1) on how best to resolve the dispute based, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership. SLE will advise the Partners of its decision in writing.
 - iii. If the parties do not accept the SLE decision, or SLE cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by SLE. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.
 - iv. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred to the Partnership Board. The Partnership Board will come to a majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.

7. Financial Framework

- 7.1. All NHS body Partners, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.
- 7.2. A set of financial principles have been agreed, within the context of the broader guiding Principles for our Partnership. They confirm that we will:
- aim to live within our means, i.e. the resources that we have available to provide services;
 - develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
 - develop payment and risk share models that support a system response rather than work against it.
- 7.3. We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.

Living within our means and management of risk

- 7.4. Through this Memorandum the collective NHS Partner leaders in each Place commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised across the Place in the event of the emergence of financial risk outside plans. This might include establishing a Place risk reserve where this is appropriate and in line with the legal obligations of the respective NHS body Partners involved.
- 7.5. Subject to compliance with confidentiality and legal requirements around competition sensitive information and information security the Partners agree to adopt an open-book approach to financial plans and risks in each Place leading to the agreement of fully aligned operational plans. Aligned plans will be underpinned by common financial planning assumptions on income and expenditure between providers and commissioners, and on issues that have a material impact on the availability of system financial incentives

NHS Contracting principles

- 7.6. The NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting). The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs.

Allocation of Transformation Funds

- 7.7.** The Partners intend that any transformation funds made available to the Partnership will all be used within the Places. Funds will be allocated through collective decision-making by the Partnership in line with agreed priorities. The method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes and will be deployed in those areas where the Partners have agreed that they will deliver the maximum leverage for change and address financial risk.
- 7.8.** The funding provided to Places (based on weighted population, or other formula agreed by the Partners) will directly support Place-based transformation programmes. This will be managed by each Place with clear and transparent governance arrangements that provide assurance to all Partners that the resource has been deployed to deliver maximum transformational impact, to address financial risk, and to meet the efficiency requirements. Funding will be provided subject to agreement of clear deliverables and outcomes by the relevant Partners in the Place through the mutual accountability arrangements of the SLE and SOAG and be subject to on-going monitoring and assurance from the Partnership.
- 7.9.** Funding provided to the Programmes (all of which will also be deployed in Place) will be determined in agreement with Partners through the SLE, subject to documenting the agreed deliverables and outcomes with the relevant Partners.

Allocation of ICS capital

- 7.10.** The Partnership will play an increasingly important role in prioritising capital spending by the national bodies over and above that which is generated from organisations' internal resources. In doing this, the Partnership will ensure that:
- the capital prioritisation process is fair and transparent;
 - there is a sufficient balance across capital priorities specific to Place as well as those which cross Places;
 - there is sufficient focus on backlog maintenance and equipment replacement in the overall approach to capital;
 - the prioritisation of major capital schemes must have a clear and demonstrable link to affordability and improvement of the financial position;
 - access to discretionary capital is linked to the mutual accountability framework as described in this Memorandum.

Allocation of Provider and Commissioner Incentive Funding

- 7.11.** The approach to managing performance-related incentive funds set by NHS planning guidance and business rules is not part of this Memorandum. A common approach to this will be agreed by the Partnership as part of annual financial planning.

8. National and regional support

- 8.1.** To support Partnership development as an Integrated Care System there will be a process of aligning resources from ALBs to support delivery and establish an integrated single assurance and regulation approach.
- 8.2.** National capability and capacity will be available to support WY&H from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9. Variations

- 9.1.** This Memorandum, including the Schedules, may only be varied by written agreement of all the Partners.

10. Charges and liabilities

- 10.1.** Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.
- 10.2.** By separate agreement, the Parties may agree to share specific costs and expenses (or equivalent) arising in respect of the Partnership between them in accordance with a “Contributions Schedule” to be developed by the Partnership and approved by the Partnership Board.
- 10.3.** Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

11. Information Sharing

- 11.1.** The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions on a Best for WY&H basis.
- 11.2.** The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

12. Confidential Information

- 12.1.** Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised

disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

- 12.2.** To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.
- 12.3.** The Parties agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.
- 12.4.** Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

13. Additional Partners

- 13.1.** If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Partnership. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.
- 13.2.** The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

14. Signatures

- 14.1.** This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.
- 14.2.** The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.
- 14.3.** No counterpart shall be effective until each Partner has executed at least one counterpart.



Kersten England
Chief Executive



Robin Tuddenham
Chief Executive



Paul Shevlin
Chief Executive



Wallace Sampson
Chief Executive



Jacqui Gedman
Chief Executive



Tom Riordan
Chief Executive



Richard Flinton
Chief Executive



Merran McRae
Chief Executive





Helen Hirst
Accountable Officer



Matt Walsh
Accountable Officer




Carol McKenna
Accountable Officer



Amanda Bloor
Accountable Officer


Leeds
Clinical Commissioning Group

Tim Ryley
Accountable Officer


Wakefield
Clinical Commissioning Group

Jo Webster
Accountable Officer


Airedale
NHS Foundation Trust

Brendan Brown
Chief Executive


Bradford District Care
NHS Foundation Trust

Brent Kilmurray
Chief Executive


Bradford Teaching Hospitals
NHS Foundation Trust

Mel Pickup
Chief Executive


Calderdale and Huddersfield
NHS Foundation Trust

Owen Williams
Chief Executive


Harrogate and District
NHS Foundation Trust

Steve Russell
Chief Executive


Leeds and York Partnership
NHS Foundation Trust

Sara Munro
Chief Executive


Leeds Community
Healthcare
NHS Trust

Thea Stein
Chief Executive


The Leeds
Teaching Hospitals
NHS Trust

Julian Hartley
Chief Executive


The Mid Yorkshire Hospitals
NHS Trust

Martin Barkley
Chief Executive


South West
Yorkshire Partnership
NHS Foundation Trust

Rob Webster
Chief Executive


Tees, Esk and Wear Valleys
NHS Foundation Trust

Colin Martin
Chief Executive


Yorkshire
Ambulance Service
NHS Trust 

Rod Barnes
Chief Executive


Community Partnerships

Karen Jackson
Chief Executive

 Yorkshire
& Humber
AHSN

Richard Stubbs
Chief Executive



Anthony Kealy
**Locality Director, NHS England and
NHS Improvement**


Health Education England

Mike Curtis
Local Director, Yorkshire & the Humber


Public Health
England

Mike Gent
Deputy Director


Wakefield

Gary Jevon
Chief Officer, Wakefield


Bradford and District

Sarah Hutchinson
Manager


Calderdale 
Kirklees

Helen Hunter
Chief Executive


Leeds

Hannah Davies, **Chief Officer**
Dr John Beal, **Chair**


North Yorkshire

Nigel Ayre,
Operations Manager

Schedule 1 - Definitions and Interpretation

1. The headings in this Memorandum will not affect its interpretation.
2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.
3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.
4. References to Annexes and Schedules are to the Annexes and Schedules of this Memorandum, unless expressly stated otherwise.
5. References to any body, organisation or office include reference to its applicable successor from time to time.

Glossary of terms and acronyms

6. The following words and phrases have the following meanings in this Memorandum:

ALB	Arm's Length Body. A Non-Departmental Public Body or Executive Agency of the Department of Health and Social Care, e.g. NHSE, NHSI, HEE, PHE
Aligned Incentive Contract	A contracting and payment method which can be used as an alternative to the Payment by Results system in the NHS
Best for WY&H	A focus in each case on making a decision based on the best interests and outcomes for service users and the population of West Yorkshire and Harrogate
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
CQC	Care Quality Commission, the independent regulator of all health and social care services in England

GP	General Practice (or practitioner)
HCP	Health and Care Partnership
Healthcare Providers	The Partners identified as Healthcare Providers under Paragraph 1.1
HEE	Health Education England
Healthwatch	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local services better.
HWB	Health and Wellbeing Board
ICS	Integrated Care System
Law	any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and “Laws” shall be construed accordingly
LWAB	Local Workforce Action Board sub regional group within Health Education England
Memorandum	This Memorandum of Understanding
Neighbourhood	One of c.50 geographical areas which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people.
NHS	National Health Service
NHSE and NHSI	NHS England (formally the NHS Commissioning Board and NHS Improvement (the operational name for an organisation that brings together Monitor, the NHS Trust Development Authority and other functions) now working together as a single organisation.
NHS FT	NHS Foundation Trust - a semi-autonomous organisational unit within the NHS

Objectives	The Objectives set out in Paragraph 3.5
Partners	The members of the Partnership under this Memorandum as set out in Paragraph 1.1 who shall not be legally in partnership with each other in accordance with Paragraph 2.7.
Partnership	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum
Partnership Board	The senior governance group for the Partnership set up in accordance with Paragraphs 4.4 to 4.6
Partnership Core Team	The team of officers, led by the Partnership Director, which manages and co-ordinates the business and functions of the Partnership
PHE	Public Health England - An executive agency of the Department of Health and Social Care which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities
Places	One of the six geographical districts that make up West Yorkshire and Harrogate, being Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield, and "Place" shall be construed accordingly
Primary Care Network	A group of general practices working together with a range of local primary and community services, social care and the voluntary sector.
Principles	The principles for the Partnership as set out in Paragraph 3.2
Programmes	The WY&H programme of work established to achieve each of the objectives set out in paras 4.2,i and 4.2,ii of this memorandum
SOAG	System Oversight and Assurance Group
STP	Sustainability and Transformation Partnership (or Plan) The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
System Leadership Executive or SLE	The governance group for the Partnership set out in Paragraphs 4.7 and 4.8

Transformation Funds	Discretionary, non-recurrent funding made available by NHSE to support the achievement of service improvement and transformation priorities
Values and Behaviours	shall have the meaning set out in Paragraph 3.3 above
WY&H	West Yorkshire and Harrogate
WYAAT	West Yorkshire Association of Acute Trusts
WYMHC	West Yorkshire Mental Health Collaborative

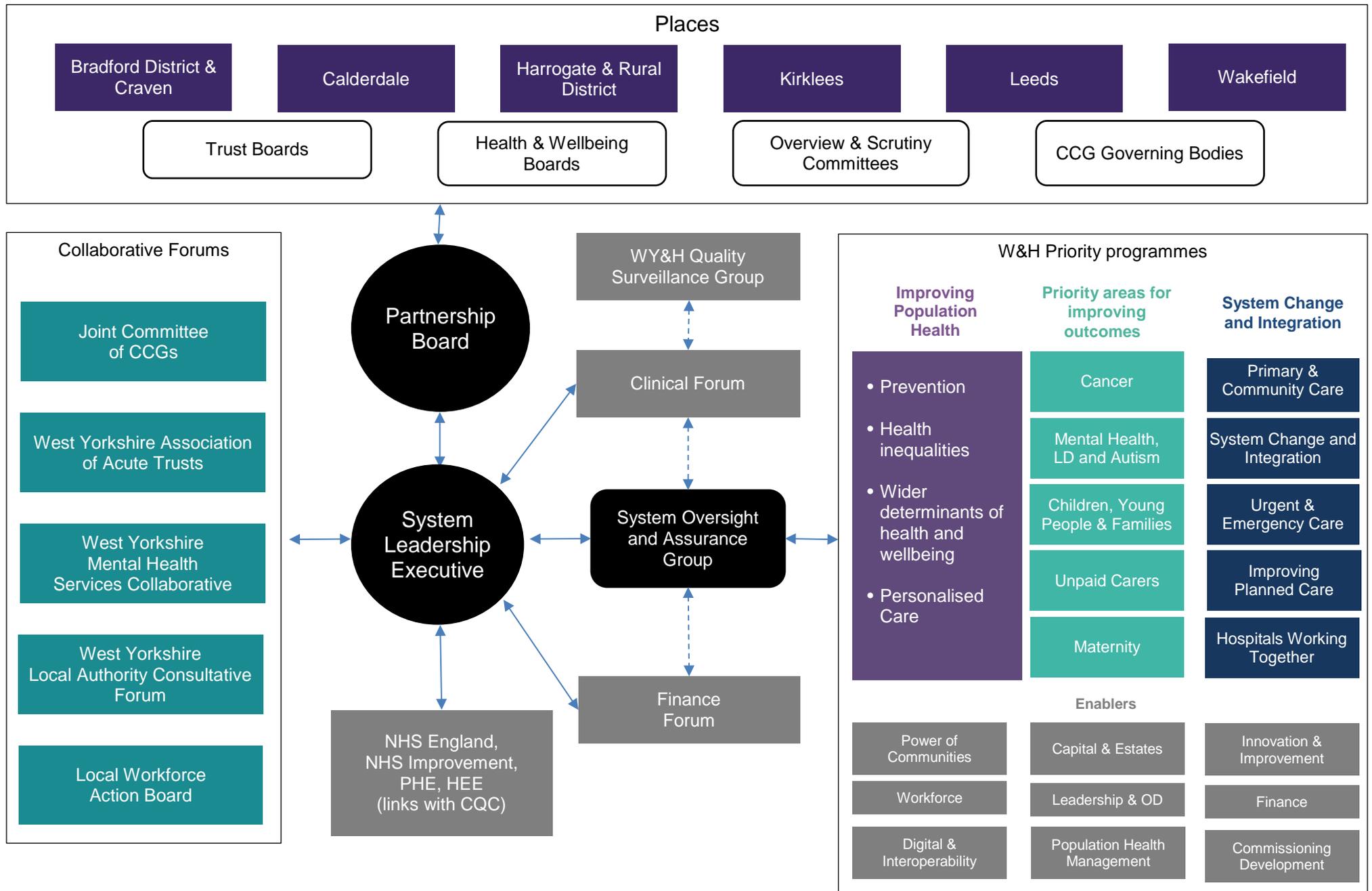
Annex 1 – Applicability of Memorandum Elements

	CCGs	NHS Providers ⁴	Councils	NHSE and NHSI	Healthwatch	Other partners
Vision, principles, values and behaviour	✓	✓	✓	✓	✓	✓
Partnership objectives	✓	✓	✓	✓	✓	✓
Governance	✓	✓	✓	✓	✓	✓
Decision-making and dispute resolution	✓	✓	✓	✓	✓	✓
Mutual accountability	✓	✓	✓	✓		
Financial framework – financial risk management	✓	✓		✓		
Financial framework – Allocation of capital and transformation funds	✓	✓	✓	✓		
National and regional support	✓	✓	✓	✓		

⁴ All elements of the financial framework for WY&H, e.g. the application of a single NHS control total, will not apply to all NHS provider organisations, particularly those which span a number of STPs.

Locala Community Partnerships CIC is a significant provider of NHS services. It is categorised as an 'Other Partner' because of its corporate status and the fact that it cannot be bound by elements of the financial and mutual accountability frameworks. This status will be reviewed as the partnership continues to evolve.

Annex 2 – Schematic of Governance and Accountability Arrangements



Annex 3 Partnership governance forums – roles and responsibilities

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Strategy and planning	Agree broad objectives for the Partnership.	✓				
Strategy and planning	Agree the objectives of priority Partnership work programmes and work streams.	✓	Recommend		Recommend	
Strategy and planning	Executive responsibility for delivery of the Partnership plan.		✓			
Mutual accountability	Oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners.	✓	✓	✓		Support development and implementation
Mutual accountability	Overview of system performance and transformation at whole system, place and organisation levels. Overview of programme delivery.			✓	Support through review	Oversee, scrutinise and monitor financial performance
Mutual accountability	Lead the development of a dashboard of key performance, quality and transformation metrics for the Partnership			✓		
Mutual accountability	Receive reports from WY&H programmes and workstreams on issues which require escalation. Develop and maintain connections with other key groups			✓		
Mutual accountability	Lead the development of a framework for peer review and support and oversee its application.			✓		
Mutual accountability	Reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action in relation to managing collective performance, resources and the totality of population health.	✓	✓ (or Recommend to Board, depending on circumstances)	Recommend	Recommend	Recommend
Mutual accountability	Agree common actions when systems become distressed.	✓	Recommend			Develop financial frameworks

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Health improvement	Build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for healthcare services.		✓			
Health improvement	Ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.	✓	✓	✓	✓	✓
Clinical Leadership	<p>Lead the development of a clinical strategy and narrative for WY&H.</p> <p>Ensure that all plans are clinically led, evidence based and improve patient outcomes</p> <p>Provide oversight and alignment of all clinical initiatives across WY&H</p> <p>Maintain and embed clinical co-production, support collaboration, exhibit clinical leadership, champion change and innovation, support transition to new models of care.</p> <p>Provide innovative solutions to system-wide challenges</p>				<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	
Patient and public involvement	Ensure that the voice of patients, service users and citizens is heard and reflected in all plans.	✓ NEW	✓ NEW		✓	
Quality and safety	Ensure a robust framework for quality impact assessment of change is established and implemented				✓	
Quality and safety	Review system performance on the quality of health and care services and provide a mechanism for partner organisations to hold each other to account.				✓	

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Finance	Oversee financial resources of NHS Partners within a shared financial control total for health across the constituent CCGs and NHS provider organisations; and maximise the system-wide efficiencies necessary to manage within this share of the NHS budget.	✓	Manage			Support
Finance	Agree the apportionment of transformation monies from national bodies.	✓	Recommend			Develop financial frameworks
Finance	Agree priorities for capital investment across the Partnership.	✓	Recommend			Develop financial frameworks
Finance	Agree the operation of the single NHS financial control total (for NHS bodies).	✓	Recommend			Develop financial frameworks
Finance	Action in relation to managing collective financial performance and resources					Develop financial frameworks
Finance	Ensure that Partnership plans are underpinned by robust financial evidence and support the financial sustainability of the health and care system					✓
Finance	Identify opportunities and risks relating to the financial sustainability of the health and care system					✓
Finance	Provide advice on the delivery of financial plans by Partnership programmes and contribute to the benefits realisation of each programme					✓

Issue	Roles and responsibilities	Partnership Board	System Leadership Executive Group	System Oversight and Assurance Group	Clinical Forum	Finance Forum
Finance	Provide advice on the deployment of financial management capacity, resources and expertise in support of Partnership programmes;					✓
Finance	Share best practice and provide advice on the delivery of efficiency gains and value for money improvements;					✓
Finance	Support the financial review of any proposals or business cases which have resource implications and require a decision by the Health and Care Partnership (either directly or through financial leadership at programme or place level)					✓
Partnership development	Act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.	✓	✓	✓	✓	✓
Partnership development	Support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place.	✓	✓	✓	✓	✓
Values and behaviours	Make joint decisions and resolve any disagreements by following the principle of subsidiarity, in line with the shared values and behaviours of the Partnership.	✓	✓	✓	✓	✓
Values and behaviours	Provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale.	✓	✓	✓	✓	✓

Annex 4 - Terms of Reference

The following sets of terms of reference for partnership governance groups are appended to this Memorandum:

Part 1: Partnership Board

Part 2: System Leadership Executive

Part 3: System Oversight and Assurance Group

Part 4: Clinical Forum

Part 5: Finance Forum - NEW

DRAFT

West Yorkshire and Harrogate
Health and Care Partnership



Partnership Board Terms of Reference

December
2019

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The Partnership Board is a key element of the leadership and governance arrangements for the West Yorkshire and Harrogate Health and Care Partnership.

Purpose

- 1.4. The Partnership Board will provide the formal leadership for the Partnership. It will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the matters highlighted in the Partnership Memorandum of Understanding, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.
- 1.5. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time the regulatory and oversight functions of the NHS national bodies will increasingly be enacted through collaboration with our leadership.
- 1.6. The Partnership Board will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.
- 1.7. These Terms of Reference describe the scope, function and ways of working for the Partnership Board. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The Partnership Board operates within an agreed set of guiding principles that shape everything we do through our Partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate Partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Partnership Board commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The Partnership Board will provide the formal leadership for the Partnership. It will be responsible for setting strategic direction and providing strategic oversight for all Partnership business. It will make joint decisions on a range of matters which do not impact on the statutory responsibilities of individual organisations and have not been delegated formally to a collaborative forum. Its responsibilities are to:

- i. agree the broad objectives for the Partnership;
- ii. consider recommendations from the System Leadership Executive Group and make decisions on:
 - The objectives of priority HCP work programmes and workstreams
 - The apportionment of transformation monies from national bodies
 - Priorities for capital investment across the Partnership
 - Operation of the single NHS financial control total (for NHS bodies)
 - Common actions when systems become distressed
- iii. ensure the voice of the patients, service users and citizens is heard and reflected in all plans
- iv. act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities;
- v. provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale;
- vi. oversee financial resources of NHS partners within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;
- vii. support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;

- viii. ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings;
- ix. oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- x. reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action in relation to managing collective performance, resources and the totality of population health;
- xi. adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership.

4. Membership

4.1. The membership will comprise:

- A Chair, who will be a Health and Wellbeing Board chair
- the Partnership lead CEO
- CCG Clinical Chairs
- CCG Accountable Officers
- Chairs of Health and Wellbeing Boards of each Place
- A second elected member for each Council
- Council chief executives
- Chairs of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- Chief executives of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- One representative of NHS England
- One representative of NHS Improvement
- One representative of Health Education England
- One representative of Public Health England
- One representative of Healthwatch organisations
- The chief executive of Yorkshire and Humber Academic Health Science Network
- The chair of the WY&H Clinical Forum
- Three representatives of the voluntary and community sector
- Four independent Co-opted members.

4.2. The Co-opted members will be a 'critical friend' to the Board and will provide independent, strategic challenge to the Partnership's work. In particular, they will champion the public, service user, patient and carer perspective, providing assurance that people's needs are at the centre of the Board's decisions. Co-opted members will be able to participate on all issues but will not have a vote.

4.3. A vice Chair will be agreed from among the chairs of NHS ~~boards~~

4.4. A list of members is set out at **Annex 1**.

Deputies

4.5. If a member, other than a co-opted member, is unable to attend a meeting of the Partnership Board, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered to represent their organisation, place or group effectively. Deputies will be eligible to vote.

Additional attendees

4.6. Additional attendees will routinely include:

- The WY&H Partnership Director
- The WY&H Partnership Finance director.

4.7. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for WY&H programmes
- Representatives of Partner organisations, who are not part of the core membership.
- Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

5.1. The Partnership Board will be quorate when 75% or more of Partner organisations are present, including at least one representative from each place. The Partnership Board will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. It will look to make any decisions on a Best for WY&H basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

5.2. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1 of the Partnership Memorandum of Understanding. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding set out at 5.3 below) it may be referred to the dispute resolution procedure under Paragraph 6.6 of the Partnership Memorandum of Understanding by any of the affected Partners for resolution.

5.3. In respect of priorities for capital investment or apportionment of transformation funding from the Partnership, then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members present at a quorate meeting. In such cases, each eligible Partner organisation shall have one vote

5.4. By exception, and with its prior approval, the Partnership Board shall authorise members of the Board to take decisions on its behalf. The nature and scope of the delegation shall be recorded in the minutes and any such decisions shall be reported to the Board as its next meeting.

6. Accountability and reporting

- 6.1. The Partnership Board has no formal powers delegated by Partner organisations. However, it will increasingly take on responsibility for decisions relating to regulatory and oversight functions currently exercised from outside the system.
- 6.2. The Partnership Board has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements). The minutes, and a summary of key messages will be submitted to all Partner organisations after each meeting.

7. Conduct and Operation

- 7.1. The Partnership Board will meet in public, at least four times each year. An annual schedule of meetings will be published by the secretariat.
- 7.2. Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days notice will be given when calling an extraordinary meeting.
- 7.3. The agenda and supporting papers will be sent to members and attendees and made available to the public no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4. Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5. Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6. Where any Partnership Board member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7. Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8. The secretariat function for the Partnership Board will be provided by the WY&H Partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Review

- 8.1.** These terms of reference and the membership of the Partnership Board will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members

Health and Wellbeing Board Chairs

Bradford , Airedale and Wharfedale	✓
Calderdale	✓
Kirklees	✓
Leeds	✓
North Yorkshire	✓
Wakefield Council	✓

Local Authorities

	Leader	Chief Executive
City of Bradford Metropolitan District Council	✓	✓
Calderdale Council	✓	✓
Craven District Council	✓	✓
Harrogate Borough Council	✓	✓
Kirklees Council	✓	✓
Leeds City Council	✓	✓
North Yorkshire County Council	✓	✓
Wakefield Council	✓	✓

CCGs

	Chair	Accountable Officer
NHS Airedale, Wharfedale and Craven CCG	✓	✓
NHS Bradford City CCG	✓	✓
NHS Bradford Districts CCG	✓	✓
NHS Calderdale CCG	✓	✓
NHS Greater Huddersfield CCG	✓	✓
NHS Harrogate and Rural District CCG	✓	✓
NHS Leeds CCG	✓	✓
NHS North Kirklees CCG	✓	✓
NHS Wakefield CCG	✓	✓

NHS Service Providers

	Chair	Chief Executive
Airedale NHS Foundation Trust	✓	✓
Bradford District Care NHS Foundation Trust	✓	✓
Bradford Teaching Hospitals NHS Foundation Trust	✓	✓
Calderdale and Huddersfield NHS Foundation Trust	✓	✓
Harrogate and District NHS Foundation Trust	✓	✓
Leeds and York Partnership NHS Foundation Trust	✓	✓
Leeds Community Healthcare NHS Trust	✓	✓
The Leeds Teaching Hospitals NHS Trust	✓	✓
Locala Community Partnerships CIC	✓	✓
The Mid Yorkshire Hospitals NHS Trust	✓	✓
South West Yorkshire Partnership NHS Foundation Trust	✓	✓
Tees, Esk, and Wear Valleys NHS Foundation Trust	✓	✓
Yorkshire Ambulance Service NHS Trust	✓	✓

Heath Regulator and Oversight Bodies

NHS England	✓
NHS Improvement	✓

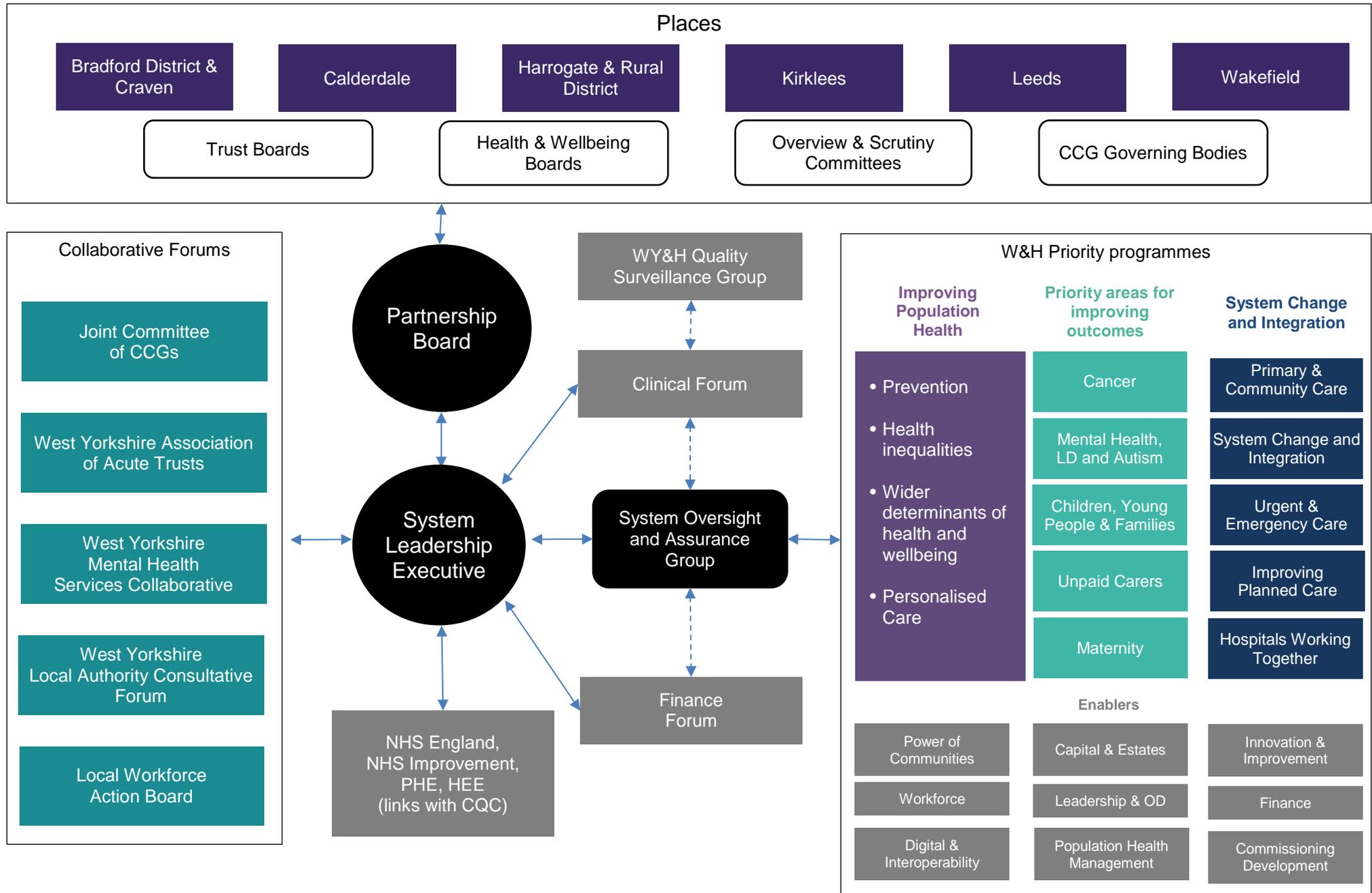
Other National Bodies

Health Education England	✓
Public Health England	✓

Other Partners

Healthwatch representative	✓
Yorkshire & Humber Academic Health Science Network	✓
Three representatives of the voluntary and community sector	✓
Four independent co-opted members	✓

Annex 2 – Schematic of Governance and Accountability Arrangements





System Leadership Executive Group

Terms of Reference

June 2018

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The System Leadership Executive Group ('the Executive Group') is a key element of the leadership and governance arrangements for the West Yorkshire and Harrogate Health and Care Partnership.

Purpose

- 1.4. The Executive Group will support the Partnership Board to lead and direct the Partnership and will have overall executive responsibility for delivery of the Partnership plan.
- 1.5. The Executive Group will make decisions and recommendations to the Partnership Board on the matters highlighted in the Partnership Memorandum of Understanding, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum. .
- 1.6. The Executive Group has no formal delegated powers from the organisations in the Partnership. However, over time the regulatory and oversight functions of the NHS national bodies will increasingly be enacted through collaboration with our leadership.
- 1.7. The Executive Group will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.
- 1.8. These Terms of Reference describe the scope, function and ways of working for the Executive Group. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The Executive Group operates within an agreed set of guiding principles that shape everything we do through our Partnership:

- We will be ambitious for the people we serve and the staff we employ
 - The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
 - We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
 - We will undertake shared analysis of problems and issues as the basis of taking action
 - We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Executive Group commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The Executive Group will take overall executive responsibility for delivery of the Partnership plan. It will make recommendations to the Partnership Board and make joint decisions on a range of matters which do not impact on the statutory responsibilities of individual organisations and have not been delegated formally to a collaborative forum. Its responsibilities are to:

- i. make recommendations to the Partnership Board on:
 - The objectives of priority HCP work programmes and workstreams
 - The apportionment of transformation monies from national bodies
 - Priorities for capital investment across the Partnership.
 - Operation of the single NHS financial control total (for NHS bodies)
 - Agreeing common action when systems become distressed
- ii. ensure the voice of the patients, service users and citizens is heard and reflected in all plans
- iii. progressively build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for healthcare services;
- iv. act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities;
- v. provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale;
- vi. manage financial resources of NHS partners within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;

- vii. support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;
- viii. ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings;
- ix. oversee the development and implementation of a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- x. reach agreement in relation to recommendations made by other governance groups within the partnership on the need to take action in relation to managing collective performance, resources and the totality of population health;
- xi. adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership;

4. Membership

4.1. The membership will comprise:

- A Chair – the partnership lead CEO
- CCG Accountable Officers
- Council chief executives
- Chief executives of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- One representative of NHS England
- One representative of NHS Improvement
- One representative of Health Education England
- One representative of Public Health England
- One representative of Healthwatch organisations
- The chief executive of Yorkshire and Humber Academic Health Science Network
- The chair of the WY&H Clinical Forum

4.2. A deputy Chair will be agreed from among nominated members. A list of members is set out at **Annex 1**.

Deputies

If a member is unable to attend a meeting of the Executive Group, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group effectively. Deputies will be

eligible to vote.

Additional attendees

4.3. Additional attendees will routinely include:

- The WY&H Partnership director
- The WY&H Partnership finance director.

4.4. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for WY&H programmes
- Representatives of Partner organisations, who are not part of the core membership.
- Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

5.1. The Executive Group will be quorate when 75% or more of Partner organisations are present, including at least one representative from each place. The Executive Group will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. It will look to make any decisions on a Best for WY&H basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

5.2. Members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1 of the Partnership Memorandum of Understanding. If a consensus cannot be reached, then decisions will be made by 75% majority of the Group present and voting at a quorate meeting. In such cases, each eligible Partner organisation shall have one vote.

6. Accountability and reporting

6.1. The Executive Group will be accountable to the Partnership Board, which provides the formal leadership of the WY&H Partnership. The Executive Group has no formal powers delegated by Partner organisations. However, it will increasingly take on responsibility for decisions relating to regulatory and oversight functions currently exercised from outside the system.

6.2. The Executive Group has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements). The minutes will be submitted to each meeting of the Partnership Board. The minutes, and a summary of key messages will also be submitted to all Partner organisations after each meeting.

7. Conduct and Operation

- 7.1.** The Executive Group will normally meet monthly. An annual schedule of meetings will be published by the secretariat.
- 7.2.** Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days notice will be given when calling an extraordinary meeting.
- 7.3.** The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4.** Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5.** Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6.** Where any Executive Group member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7.** Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8.** The secretariat function for the Executive Group will be provided by the WY&H Partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Review

- 8.1.** These terms of reference and the membership of the Group will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members

Local Authorities

City of Bradford Metropolitan District Council	
Calderdale Council	
Craven District Council	
Harrogate Borough Council	
Kirklees Council	
Leeds City Council	
North Yorkshire County Council	
Wakefield Council	

NHS Commissioners

NHS Airedale, Wharfedale and Craven CCG	
NHS Bradford City CCG	
NHS Bradford Districts CCG	
NHS Calderdale CCG	
NHS Greater Huddersfield CCG	
NHS Harrogate and Rural District CCG	
NHS Leeds CCG	
NHS North Kirklees CCG	
NHS Wakefield CCG	
NHS England	

Healthcare Providers

Airedale NHS Foundation Trust	
Bradford District Care NHS Foundation Trust	
Bradford Teaching Hospitals NHS Foundation Trust	
Calderdale and Huddersfield NHS Foundation Trust	
Harrogate and District NHS Foundation Trust	
Leeds and York Partnership NHS Foundation Trust	
Leeds Community Healthcare NHS Trust	
The Leeds Teaching Hospitals NHS Trust	
Locala Community Partnerships CIC	
The Mid Yorkshire Hospitals NHS Trust	

South West Yorkshire Partnership NHS Foundation Trust	
Tees, Esk, and Wear Valleys NHS Foundation Trust	
Yorkshire Ambulance Service NHS Trust	

Heath Regulator and Oversight Bodies

NHS England	
NHS Improvement	

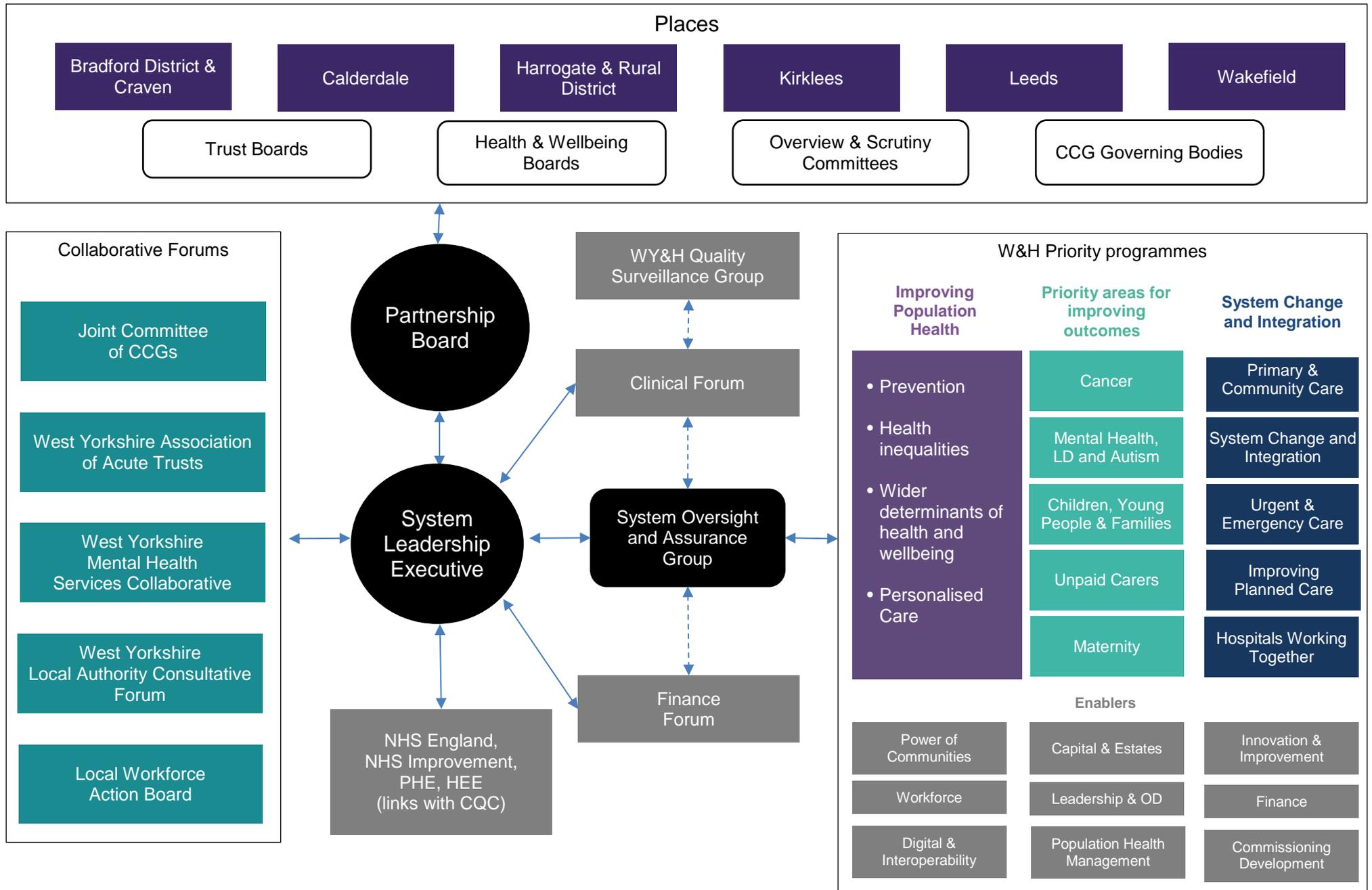
Other National Bodies

Health Education England	
Public Health England	
Care Quality Commission [TBC]	

Other Partners

Clinical Forum Chair	
Healthwatch representative	
Yorkshire and Humber Academic Health Science Network	

Annex 2 – Schematic of Governance and Accountability Arrangements





System Oversight and Assurance Group

Terms of Reference

October 2018

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The System Oversight and Assurance Group is a key element of the leadership and governance arrangements for the West Yorkshire and Harrogate Health and Care partnership.

Purpose

- 1.4. The Partnership has agreed to adopt a new integrated approach to leading performance development and culture change, encompassing operational performance, quality and outcomes, service transformation, and finance.
- 1.5. This new approach will feature:
 - a single framework, covering individual places, and West Yorkshire and Harrogate as a whole;
 - an increasing focus on making judgements about a whole place, while understanding the positions of individual organisations;
 - a strong element of peer review and mutual accountability;
 - a clear approach to improvement-focused intervention, support and capacity building.
- 1.6. The purpose of the System Oversight and Assurance Group is to be the primary governance forum to oversee the Partnership's mutual accountability arrangements. It will take an overview of system performance and progress with delivery of the partnership's plan
- 1.7. These Terms of Reference describe the scope, function and ways of working for the System Oversight and Assurance Group. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The System Oversight and Assurance Group operates within an agreed set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the System Oversight and Assurance Group commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The System Oversight and Assurance Group will provide oversight, and challenge to the delivery of the aims and priorities of the Partnership. In support of this, its responsibilities are to:

- i. lead the development of a dashboard of key performance, quality and transformation metrics for the partnership;
- ii. take an overview of performance and transformation at whole system, place and organisation levels in relation to partnership objectives and wider national requirements;
- iii. take an overview of programme delivery;
- iv. receive reports from WY&H programmes and enabling workstreams on issues which require escalation;
- v. develop and maintain connections with other key groups and organisations which have a role in performance development and improvement, including:
 - Care Quality Commission
 - Quality Surveillance Groups
 - Place-based transformation boards
 - A&E Delivery Boards
 - WY&H Directors of Finance Group
 - WY&H Clinical Forum;

- vi. lead the development of a framework for peer review and support for the partnership and oversee its application;
- vii. make recommendations to the System Leadership Executive, in consultation with WY&H programme boards, and national NHS bodies, on the deployment of improvement support across the partnership, and on the need for more formal action and interventions. Actions will include the requirement for:
 - agreement of improvement or recovery plans;
 - more detailed peer-review of specific plans;
 - commissioning expert external review;
 - co-ordination of formal intervention and improvement support;
 - agreement of restrictions on access to discretionary funding and financial incentives.

4. Membership

4.1. The membership of the System Oversight and Assurance Group will include representation from each sector of the partnership, i.e. providers, commissioners, Councils, national bodies, Healthwatch. Members will be nominated so as to reflect appropriate representation from each place.

4.2. The membership will comprise:

- A Chair – the partnership lead CEO
- Acute sector – chair of WYAAT (and nominated WYAAT deputy)
- Mental health sector – chair of Mental Health Services Collaborative (and nominated MHSC deputy)
- CCGs – nominated lead accountable officer (and nominated deputy)
- A representative of community / primary care providers
- Local authorities – lead CEO for health (and nominated CEO deputy)
- The chair of the WY&H Clinical Forum (and nominated deputy)
- One representative of NHS England / NHS Improvement
- One representative of Healthwatch

4.3. A deputy Chair will be agreed from among nominated members. A list of members and nominated deputies is set out at **Annex 1**.

Deputies

4.4. If a member is unable to attend a meeting of the System Oversight and Assurance Group, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group

effectively. Nominated sector deputies will be invited to attend SOAG meetings, either in place of, or in addition to the nominated sector lead).

Additional attendees

4.5. Additional attendees will routinely include:

- The WY&H Partnership director
- The WY&H Partnership finance director.

4.6. At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for WY&H programmes
- Representatives of Partner organisations, who are not part of the core membership.
- Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

5.1. The System Oversight and Assurance Group will not be a formal decision making body. The Group will operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. The Group will not take votes and will not require a quorum of members to be present to consider any business.

5.2. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

5.3. Under exceptional circumstances any substantive difference of views among members will be reported to the System Leadership Executive Group.

6. Accountability and reporting

6.1. The Group does not have any powers or functions formally delegated by the Boards or governing bodies of its constituent organisations. However, NHS England and NHS Improvement will, where appropriate, enact certain regulatory and system oversight functions through the group.

6.2. The Group has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements).

6.3. The System Oversight and Assurance Group will formally report, through the Chair, to the System Leadership Executive Group. It will make recommendations, where appropriate to the System Leadership Executive Group.

7. Conduct and Operation

- 7.1.** The Group will normally meet monthly. An annual schedule of meetings will be published by the secretariat.
- 7.2.** Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days notice will be given when calling an extraordinary meeting.
- 7.3.** The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4.** Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5.** Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6.** Where any Group member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7.** Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8.** The secretariat function for the System Oversight and Assurance Group will be provided by the NHS England operations and delivery team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

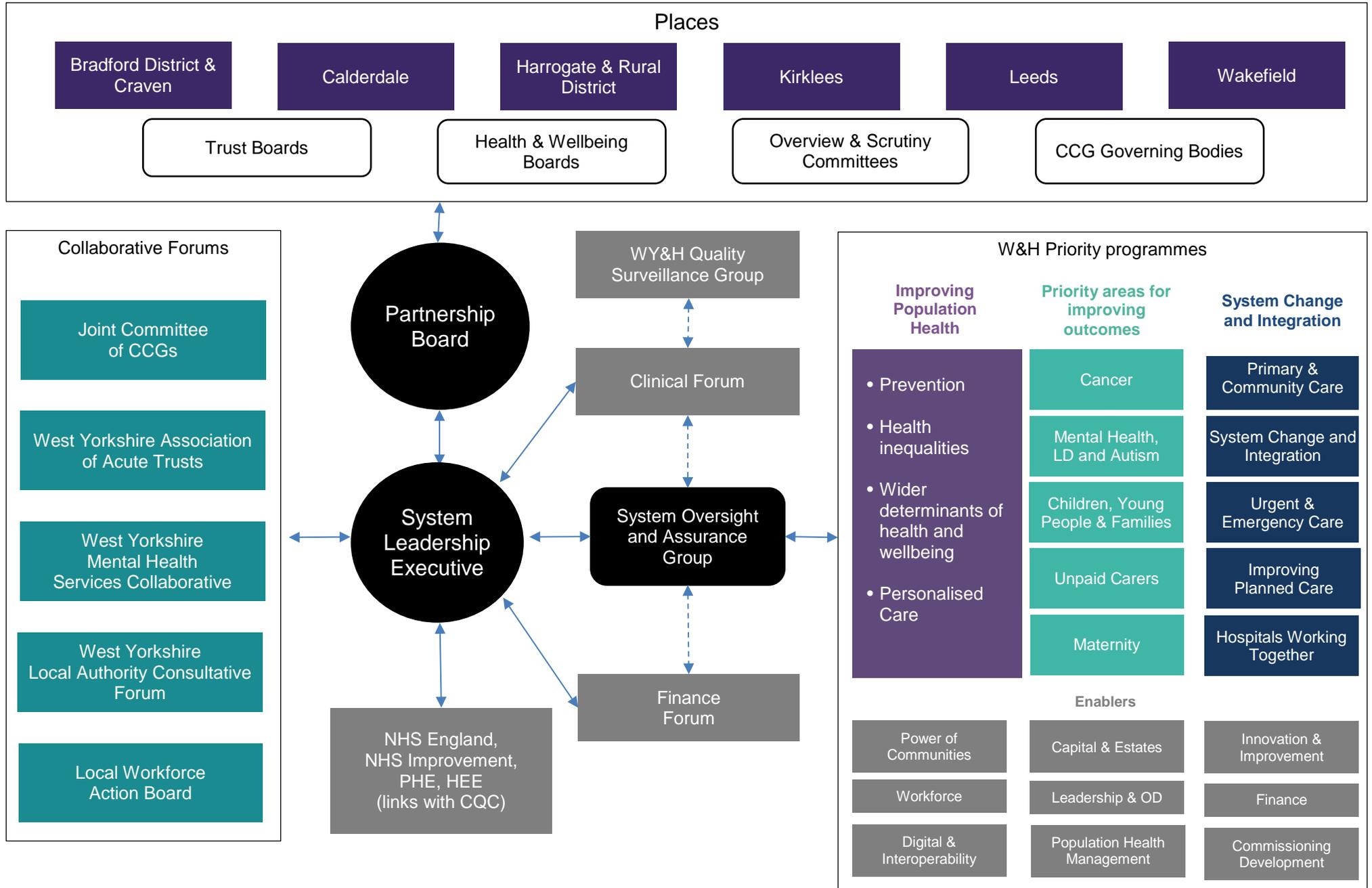
8. Review

- 8.1.** These terms of reference and the membership of the Group will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members

Sector	First representative	Second representative
Chair		
Acute Provider		
Mental health provider		
CCG		
Local Government		
Primary and Community provision		
Clinical leadership		
NHS England / NHS Improvement		
Healthwatch		

Annex 2 – Schematic of Governance and Accountability Arrangements





Clinical Forum

Terms of Reference

April 2018

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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3. The Clinical Forum is a key element of leadership and governance arrangements for the West Yorkshire and Harrogate health and care partnership.

Purpose

- 1.4. The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.
- 1.5. The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.
- 1.6. These Terms of Reference describe the scope, function and ways of working for the Clinical Forum. They should be read in conjunction with the Memorandum of Understanding for the West Yorkshire and Harrogate Health and Care Partnership **[forthcoming]**, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

- 2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:
 - Places will be healthy - you will have the best start in life, so you can live and age well.
 - If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.

- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

2.2. The Clinical Forum operates within an agreed a set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Clinical Forum commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to

- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Role and Responsibilities

3.1. The Clinical Forum will provide clinical leadership, oversight, and challenge to the development and delivery of the aims and priorities of the partnership. In support of this, its responsibilities are to:

- i. lead the development of a clinical strategy and narrative for West Yorkshire and Harrogate
- ii. ensure that all plans within the West Yorkshire and Harrogate health and care partnership are clinically led, evidence based, and configured to improve patient outcomes;
- iii. ensure the voice of the patients, service users and citizens is heard and reflected in all plans;
- iv. maintain and embed clinical co-production as a core principle of the partnership;
- v. support collaboration and strengthen partnerships between clinical colleagues;
- vi. exhibit clinical leadership and galvanise professional colleagues and partner organisation to agree models of care which support delivery to close the three gaps (health, care and finance) in West Yorkshire and Harrogate
- vii. champion change and evidence-based innovation within their own organisations and Place, with peers, professional colleagues and networks;
- viii. support transition to new models of care, where appropriate.
- ix. make recommendations to the System Leadership Executive Group on proposals developed by priority workstreams and local place-based partnerships;
- x. provide oversight and alignment of all clinical initiatives across West Yorkshire and Harrogate;
- xi. support regular communication and engagement with all stakeholders;
- xii. support through review the evaluation and impact of all workstreams and plans
- xiii. provide innovative solutions to system-wide challenges, particularly where there are dependencies between workstreams (including enablers) and local plans;

- xiv. provide input and assurance to the clinical representation on each of the workstreams;
 - xv. ensure a robust framework for quality impact assessment of change is established and implemented;
 - xvi. review system performance on the quality of health and care services and provide a mechanism for partner organisations to hold each other to account on quality, making appropriate links with the Quality Surveillance Forum.
- 3.2. Members of the group should ensure that all groups of clinicians within their organisations are engaged with the work of the Clinical Forum as appropriate.

4. Membership

- 4.1. The membership of the Clinical Forum will reflect the engagement of all Places and partner organisations.
- 4.2. Members will be senior clinicians (normally clinical commissioners, provider GPs, medical directors, directors of nursing, senior allied health professionals) nominated by the relevant organisation or partnership group.
- 4.3. The membership will comprise:
- A Chair
 - One clinical commissioner representative from each of the six places
 - One representative from each mental health and community trust
 - One representative from each acute Trust
 - One representative from Yorkshire Ambulance Service
 - One medical representative from NHS England and NHS Improvement
 - One Nursing and Quality Lead
 - One Allied Health Professional representative
 - One Community Pharmacist representative
 - Two representatives of primary care federations
 - One Director of Adult Social Services
 - One Director of Public Health
 - The Clinical Director for the West Yorkshire Association of Acute Trusts
 - One representative from Yorkshire Academic Health Science Network
- 4.4. A deputy Chair will be agreed from among nominated members.
- 4.5. A list of current members is set out at **Annex 1**. (Arrangements for future changes to the role of Chair and nominated members will be confirmed with the Forum).
- 4.6. Additional representatives may be requested to attend meetings of the Clinical Forum from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- clinical leads for each of the West Yorkshire and Harrogate priority programmes and enabling workstreams
- Local Medical Committee representatives.

Additional attendees

- 4.7. A representative of Healthwatch, members of the WY&H partnership core team, external advisers, and other individuals may be invited to attend for all or part of any meeting as and when appropriate, at the discretion of the Chair.

Deputies

- 4.8. If a member is unable to attend a meeting of the Clinical Forum, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered, to represent their organisation, place or group effectively.

5. Accountability and reporting

- 5.1. The Clinical Forum will not be a formal decision making body. It does not have any powers or functions formally delegated by the Boards or governing bodies of its constituent organisations.
- 5.2. The Clinical Forum has a key role within the wider governance and accountability arrangements for the WY&H partnership (see **Annex 2** for a description of these arrangements).
- 5.3. The Clinical Forum will formally report, through the Chair, to the System Leadership Executive Group. The Chair will be a core member of this group.
- 5.4. The Forum will make recommendations, where appropriate to the System Leadership Executive Group.

6. Conduct and Operation of the Clinical Forum

- 6.1. The Forum will operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members.
- 6.2. The Forum will not take votes and will not require a quorum of members to be present to consider any business.
- 6.3. The Chair will seek to ensure that any lack of consensus is resolved amongst members.
- 6.4. Under exceptional circumstances any substantive difference of views among members will be reported by the Chair to the System Leadership Executive Group.

Secretariat

- 6.5. The secretariat function for the Clinical Forum will be provided by the WY&H partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.
- 6.6. The secretariat will collate papers and circulate them to members and attendees no less than five days before the meeting. Late papers will be permitted in exceptional circumstances at the discretion of the Chair.

7. Frequency of meetings

- 7.1. The Clinical Forum will usually meet each month. An annual schedule of meetings will be confirmed by the secretariat.
- 7.2. Additional or extraordinary meetings may be called for a specific purpose at the discretion of the Chair.
- 7.3. Members will normally be given a minimum of six weeks' notice of any meeting of the Forum.

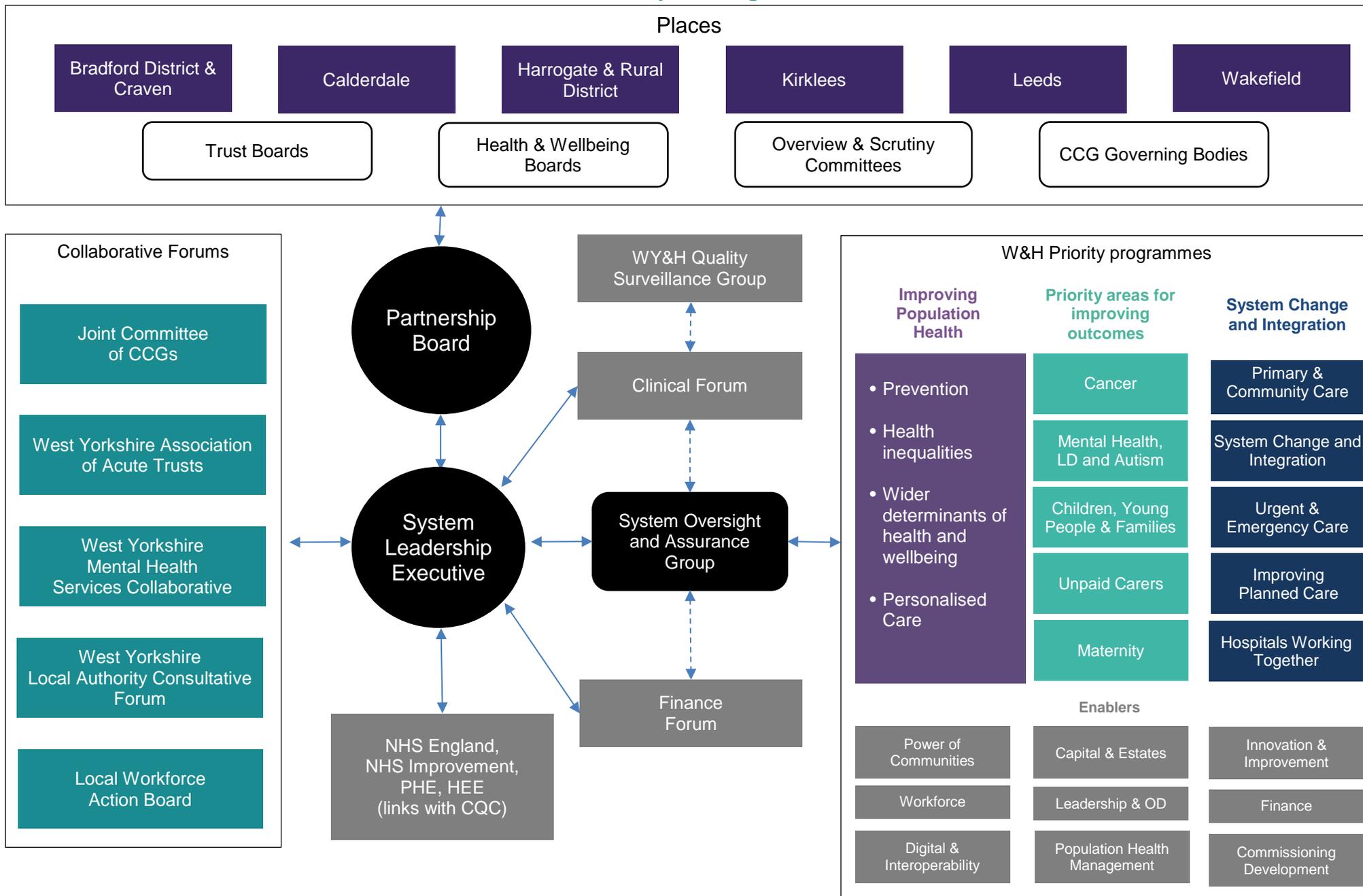
8. Review

- 8.1. These terms of reference and the membership of the Forum will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Annex 1 – Members of the Clinical Forum

	Nominee
Chair	
CCGs / Places	
Bradford District and Craven	
Calderdale	
Harrogate and Rural District	
Leeds	
North Kirklees and Greater Huddersfield	
Wakefield	
Acute Trusts	
Airedale NHS Foundation Trust	
Bradford Teaching Hospitals NHS Foundation Trust	
Calderdale and Huddersfield NHS Foundation Trust	
Harrogate and District NHS Foundation Trust	
The Leeds Teaching Hospitals NHS Foundation Trust	
The Mid Yorkshire Hospitals NHS Foundation Trust	
Mental Health and Community Providers	
Bradford District Care NHS Foundation Trust	
Leeds and York Partnership NHS Foundation Trust	
South West Yorkshire Partnership NHS Foundation Trust	
Leeds Community Healthcare NHS Trust	
Others	
NHS England / NHS Improvement	
Allied Health Professional	
Community Pharmacist	
GP Providers x 2	
Social Care	
Public Health representative	
WYAAT Clinical Lead	
Yorkshire Ambulance Service	
Nursing & Quality Lead (and QSG link)	
AHSN	

Annex 2 – Schematic of Governance and Accountability Arrangements



DRAFT

West Yorkshire and Harrogate
Health and Care Partnership



Finance Forum

Terms of Reference

July 2019

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Secretariat	7
8. Review	7

Annex 1 - Members

Annex 2 – Schematic of Governance and Accountability Arrangements **Error!**
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1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 1.2. The Partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services. To enable this, Partners are committed to working collaboratively to achieve financial sustainability and live within our resources.

Purpose

- 1.3. The Finance Forum is a key element of the governance arrangements for the Partnership. It will be the primary forum for financial leadership, advice and challenge and will support the Partnership Board and System Leadership Executive Group ('the Executive Group') to lead and direct the Partnership. It will also support the System Oversight and Assurance Group to ensure robust mutual accountability across the Partnership.
- 1.4. The Finance Forum will lead on enabling the Partnership to deliver the financial principles that are set out in its Memorandum of Understanding (MoU). These confirm that we will :
 - aim to live within our means, i.e. the resources that we have available to provide services;
 - develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
 - develop payment and risk share models that support a system response rather than work against it.
- 1.5. The Finance Forum will be a forum for sharing knowledge and intelligence. It will work by building agreement with financial leaders across Partner organisations to drive action around a shared direction of travel.
- 1.6. These Terms of Reference describe the scope, function and ways of working for the Finance Forum. They should be read in conjunction with the MoU for the West Yorkshire and Harrogate Health and Care Partnership, which describes the wider governance and accountability arrangements.

2. How we work together in West Yorkshire and Harrogate

Our vision

- 2.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our plans support the realisation of this vision:
- Places will be healthy - you will have the best start in life, so you can live and age well.
 - If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
 - If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
 - If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
 - Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health.
 - All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
 - Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

Principles for our partnership

- 2.2. The Finance Forum operates within an agreed set of guiding principles that shape everything we do through our Partnership:
- We will be ambitious for the people we serve and the staff we employ
 - The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS
 - We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
 - We will undertake shared analysis of problems and issues as the basis of taking action
 - We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
 - We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

Our shared values and behaviour

2.3. Members of the Finance Forum commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

2.4. The Forum will act as a financial leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

3. Role and Responsibilities

3.1. The Finance Forum will provide financial leadership, oversight, challenge and advice to the Partnership. It will support the Partnership to manage the financial resources of NHS partners within a shared financial control total for health across the constituent CCGs and NHS provider organisations, and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget. It will:

- i. develop financial frameworks (as part of wider decision-making) in the areas of:
 - the allocation of transformation monies from national bodies;
 - priorities for capital investment across the Partnership;
 - operation of the single NHS financial control total (for NHS bodies) and the development of incentive schemes;
 - action in relation to managing collective financial performance and resources; and
 - agreeing common action when systems become financially distressed.
- ii. ensure that Partnership plans are underpinned by robust financial evidence and support the financial sustainability of the health and care system;
- iii. oversee, scrutinise and monitor the financial performance of the health and care system;
- iv. identify opportunities and risks relating to the financial sustainability of the health and care system;

- v. provide advice on the delivery of financial plans by Partnership programmes and contribute to the benefits realisation of each programme;
- vi. provide advice on the deployment of financial management capacity, resources and expertise in support of Partnership programmes;
- vii. share best practice and provide advice on the delivery of efficiency gains and value for money improvements;
- viii. support the development and implementation of a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- ix. adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership;
- x. support the financial review of any proposals or business cases which have resource implications and require a decision by the Health and Care Partnership (either directly or through financial leadership at programme of place level);
- xi. support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;
- xii. ensure that, through partnership working in each place and across WY&H, there is a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings; and
- xiii. provide a focus for financial issue which impact on the WY&H Health and Care Partnership, which require lobbying of regional or national bodies, and co-ordinate any actions related to this.

4. Membership

4.1. The membership will comprise:

- The Chair – the Director of Finance Lead for the Health and Care Partnership
- CCG Chief Financial Officers
- Directors of Finance of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- One representative of each sector network/collaborative forum
- All Local authority Chief Financial Officers
- One representative of NHS England/NHS Improvement (specialised commissioning)
- One representative of NHS England/NHS Improvement (regulatory functions)
- One WY&H Partnership Board Co-opted Member

4.2. A Vice Chair will be agreed from among the members listed at **Annex 1**.

Deputies

- 4.3. Members will be responsible for identifying a designated deputy to attend on their behalf if they are unable to attend a meeting. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered to represent their organisation or place effectively.

Additional attendees

- 4.4. At the discretion of the Chair, representatives may be requested to attend meetings from time to time to discuss or report on particular issues. Such additional representatives may include:
- The WY&H Partnership Director
 - Senior Responsible Officers and programme leads for WY&H programmes
 - Representatives of Partner organisations, who are not part of the core membership.
 - Members of the WY&H Partnership core team and external advisers.

5. Quoracy and voting

- 5.1. Members of the Finance Forum commit to make every effort to attend meetings or to send their designated deputy. Meetings will not be quorate unless at least one representative from each place is present.
- 5.2. The Forum will operate on the basis of forming a consensus on issues on a 'best for WY&H' basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members.
- 5.3. In exceptional circumstances, if a consensus cannot be reached, any substantive differences of view among members will be reported by the Chair to the Executive Group or System Oversight and Assurance Group, as required.

6. Accountability and reporting

- 6.1. The Finance Forum has a key role within the wider governance and accountability arrangements of the Partnership (see **Annex 2** for a description of these arrangements). It does not have any powers or functions delegated by the Boards or Governing Bodies of its constituent organisations. The Finance Forum will be accountable to the Executive Group and will formally report, through the Chair, to the Executive Group. The Chair will be a core member of the Executive Group. The Forum will also make recommendations and provide advice to the System Oversight and Assurance Group.
- 6.2. The Forum has established a Finance Steering Group to advise on particular aspects of its roles and responsibilities

7. Conduct and Operation

- 7.1. The Finance Forum will normally meet monthly. An annual schedule of meetings will be published by the secretariat.
- 7.2. Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.
- 7.3. The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4. Draft minutes will be issued within 10 working days of each meeting.

Managing Conflicts of Interest

- 7.5. Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6. Where any member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7. Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Secretariat

- 7.8. The secretariat will be provided by the Partnership core team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8. Review

- 8.1. These terms of reference and the membership will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the Partnership.
- 8.2. Furthermore, an annual review of effectiveness of the Finance Forum will be undertaken.

Annex 1 – Members

NHS Commissioners

NHS Airedale, Wharfedale and Craven CCG
NHS Bradford City CCG
NHS Bradford Districts CCG
NHS Calderdale CCG
NHS Greater Huddersfield CCG
NHS Harrogate and Rural District CCG
NHS Leeds CCG
NHS North Kirklees CCG
NHS Wakefield CCG
NHS England/Improvement (specialised commissioning)

Healthcare Providers

Airedale NHS Foundation Trust
Bradford District Care NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Calderdale and Huddersfield NHS Foundation Trust
Harrogate and District NHS Foundation Trust
Leeds and York Partnership NHS Foundation Trust
Leeds Community Healthcare NHS Trust
The Leeds Teaching Hospitals NHS Trust
Locala Community Partnerships CIC
The Mid Yorkshire Hospitals NHS Trust
South West Yorkshire Partnership NHS Foundation Trust
Tees, Esk, and Wear Valleys NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust

Sector networks/collaborative forums

West Yorkshire Association of Acute Trusts
Mental Health Provider Collaborative

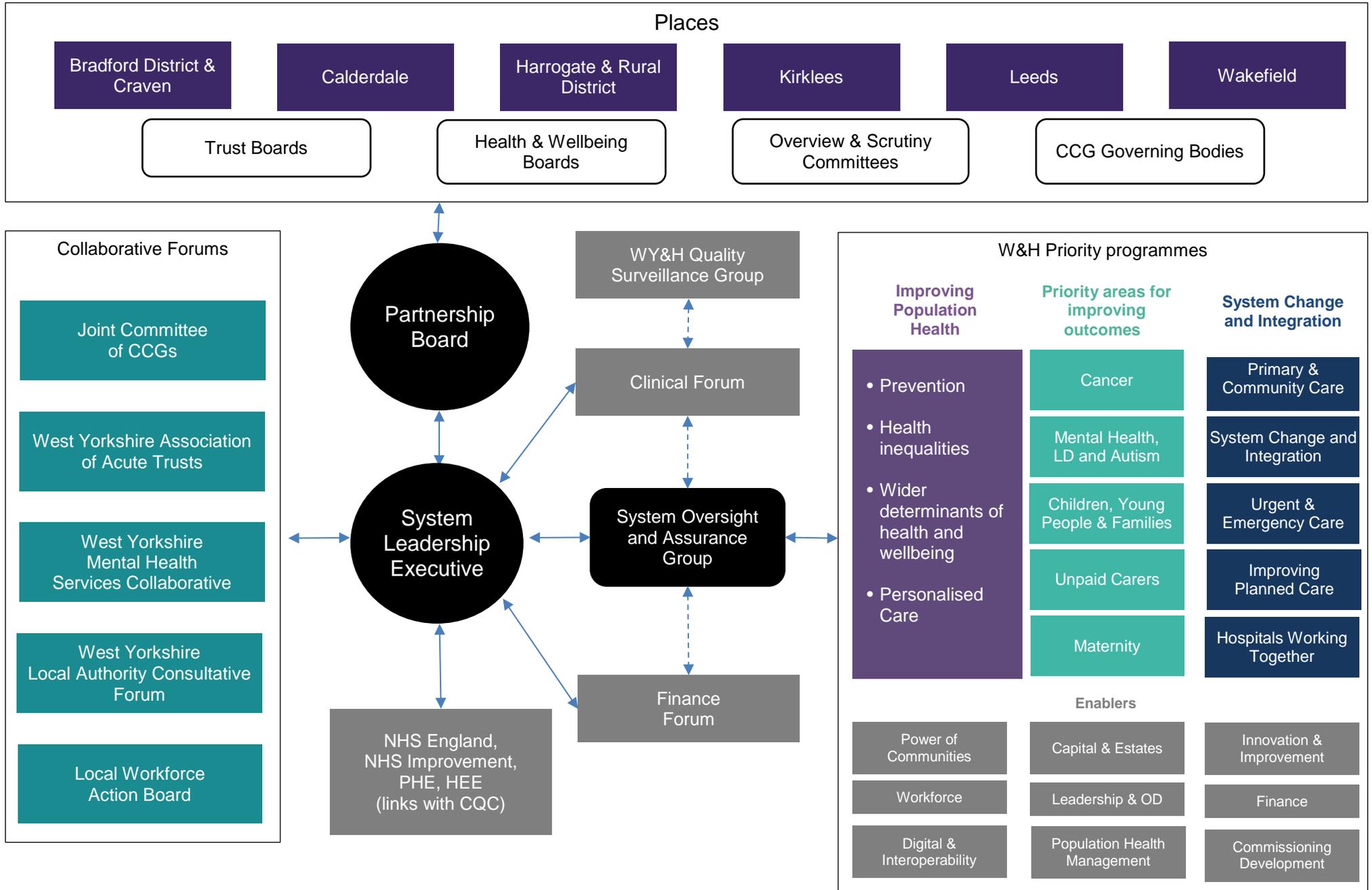
Health Regulator and Oversight Bodies

NHS England/ Improvement

Local Authorities:

City of Bradford Metropolitan District Council
Calderdale Council
Craven District Council
Harrogate Borough Council
Kirklees Council
Leeds City Council
North Yorkshire County Council
Wakefield Council

Annex 2 – Schematic of Governance and Accountability Arrangements



Trust Board 28 January 2020

Agenda item 7.4 – Receipt of public minutes of partnership boards

Barnsley Health and Wellbeing Board

Date	8 October 2019 (Meetings scheduled for 26 November 2019 and 23 January 2020 cancelled – further meeting scheduled for 23 April 2020)
Member	Chief Executive / Director of Strategy
Items discussed	<ul style="list-style-type: none"> ➤ 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	19 December 2019 (next meeting scheduled for 20 February 2020)
Non-Voting Member	Medical Director / Director of Nursing & Quality
Items discussed	<ul style="list-style-type: none"> ➤ Director of Public Health Report 2018/19 ➤ Health and Wellbeing Strategy ➤ Calderdale Cares ➤ Forward plan 2019/20
Minutes	Papers and draft minutes (when available): https://www.calderdale.gov.uk/council/councillors/councilmeeting/s/agendas-detail.jsp?meeting=27436

Kirklees Health and Wellbeing Board

Date	21 November 2019 (next meeting tbc)
Invited Observer	Chief Executive / Director of Nursing & Quality
Items discussed	<ul style="list-style-type: none"> ➤ Joint Strategic Assessment Summary ➤ Current Living in Kirklees (CLiK) Survey 2020 ➤ Kirklees Children and Young People's Partnership & Plan – new arrangements ➤ Future in Mind Transformation Plan Refresh ➤ Kirklees Draft SEND Improvement Plan (For consultation) ➤ Kirklees Frailty Strategy

Minutes	Papers and draft minutes (when available): https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0
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Wakefield Health and Wellbeing Board

Date	16 January 2020 (next meeting scheduled for 19 March 2020)
Member	Chief Executive / Director of Provider Development
Items discussed	<ul style="list-style-type: none"> ➤ Health & Wellbeing Board Action Log ➤ West Yorkshire and Harrogate Memorandum of Understanding ➤ Focused Discussion – Health Inequalities with a Focus on Place <ul style="list-style-type: none"> ○ Health Inequalities ○ Joint Strategic Needs Assessment Overview – What does the data tell us? ○ Expert witness from Career’s Cabin, Castleford ○ Citizens Advice Bureau – reducing health inequality through support and advocacy ○ Reducing Inequality – Knottingley case study ○ Next Steps for the Health and Wellbeing Board
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	10 January 2020 (next meeting scheduled for 13 March 2020)
Member	Chief Executive
Items discussed	<ul style="list-style-type: none"> ➤ Public Health Update ➤ Priorities for joint working for local authorities: Complex Lives ➤ Developing the ICS focus on the Voluntary and Community Sector ➤ New arrangements for CPB ➤ Developing the South Yorkshire and Bassetlaw 5 Year Strategy 2019 – 2024 ➤ ICS Finance Update ➤ ICS Highlight Report ➤ Sheffield City Region team on the Health Led Employment Trial
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 December 2019 (next meeting scheduled for 3 March 2020)
Member	Chief Executive
Items discussed	<ul style="list-style-type: none"> ➤ Health and Growth – draft Local Industrial Strategy ➤ Our Approach to Communications and Engagement ➤ Developing our Five Year Strategy

	➤ First Annual Review of the PARTNERSHIP0 Memorandum of Understanding
Further information:	Further information about the work of the Partnership Board is available at: https://www.wyhpartnership.co.uk/meetings/partnershipboard

Trust Board 28 January 2020 Agenda item 8.1

Title:	Integrated Performance Report
Paper prepared by:	Director of Finance & Resources and Director of Quality & Nursing
Purpose:	To provide the Board with the Integrated Performance Report (IPR) for December 2019.
Mission / values / objectives:	All Trust objectives
Any background papers / previously considered by:	<ul style="list-style-type: none"> ➤ IPR is reviewed at Trust Board each month ➤ IPR is reviewed at Executive Management Team (EMT) meeting on a monthly basis
Executive summary:	<p>Quality</p> <ul style="list-style-type: none"> ➤ Positive progress on prone restraint / restraint continues. ➤ Medicine omissions fluctuations under review. ➤ Complaints closure time improvement is positive. ➤ One under 18 admission to an adult ward and safeguards put in place. ➤ Supervision recording a focus for operational management. ➤ Safer staffing figures calculated using revised establishment. <p>NHSI Indicators</p> <ul style="list-style-type: none"> ➤ There was one young person admitted to an adult ward in December for a period of 21 days. ➤ All nationally reported targets are currently being achieved. ➤ Upon final confirmation of figures all IAPT targets are currently being achieved. There are varying levels of performance by locality. <p>Locality</p> <ul style="list-style-type: none"> ➤ Partnership mobilisation and task & finish groups in place for Barnsley neighbourhood integration. It has been agreed to consolidate single points of access at the Kendray site from April 2020. ➤ Psychology waiting list reduction in Barnsley continues to make progress. ➤ Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life. ➤ A new procurement process is taking place in relation to CAMHS provision in Barnsley. ➤ Out of area bed usage for Wakefield service users has been maintained at nil. ➤ Wakefield electroconvulsive therapy is an area of current concern given high demand and staff sickness.

- Wakefield community teams are developing staff wellbeing plans.

Priority Programmes

- In Wakefield the children and young people's plan for 2019-22 has been approved at the children and young people's partnership board.
- Work continues on integrated neighbourhood team integration in Barnsley. Priority areas of focus have been identified in three areas of the primary care network.
- The Trust was successful with a number of bids for winter pressure monies.
- Further work required on the care closer to home programme in order to embed changes to date and increase the pace on a number of other activities.
- An action plan has been agreed for the new FIRM risk assessments on SystemOne with a target go-live during Q1 2020/21.

Finance

- Pre Provider Sustainability Funding (PSF) surplus in month 9 of £384k. Cumulative deficit is £0.2m which is £0.8m favourable to plan.
- Cumulative income is £1.4m lower than plan due to the agreement to return £0.5m funding for forensic outreach liaison services to commissioners and the recognition of a number of risks relating to CQUIN coupled with requirements for spending on waiting list initiatives and areas of new investment.
- Out of area bed costs were £158k in month, which whilst lower than historical averages represents the highest monthly costs since May 2019. Cumulatively these costs now total £1,144k which is 63% lower than the spend incurred over the same period last year.
- Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend of £5.7m is already above the full year cap of £5.3m, 42% above the year-to-date cap and 21% higher than the same period last year. Approximately £0.5m of the costs incurred relate to waiting list and other non-recurrent initiatives.
- Net underlying savings on pay amounted to £1m in-month and £4.9m year-to-date. More detailed analysis is currently being generated to fully explain the breakdown of this variance with mobilisation to mental health investment a key factor as well as ongoing vacancies.
- CIP delivery of £6.8m is £0.7m lower than plan. Currently £1.2m of CIPs remain unidentified for the full year. Total non-recurrent CIP for the year is projected to be £3.8m (36%).
- Cash balance of £35.5m at the end of December.

	<ul style="list-style-type: none"> ➤ Capital expenditure of £2.3m is £1.7m lower than plan, partly as a result of delays whilst the final capital plan was agreed. It is still envisaged the full year planned spend can be achieved, but a comprehensive review is currently taking place and if necessary any changes to forecast will be highlighted at the Trust Board meeting. ➤ The financial risk rating remains at 2. <p>Workforce</p> <ul style="list-style-type: none"> ➤ Information Governance training is currently below the 95% target at 94.1%, but expected to be in line with target by the year-end. ➤ The Trust is meeting all its other mandatory training targets. ➤ Staff turnover increased to 12.3% month on month which is similar to the 12.0% recorded at the same stage last year. ➤ Year to date sickness absence remains at 5.0% which is the same as last year. The monthly rate of 5.3% is lower than the 5.7% recorded in December last year. ➤ Appraisal completion for band 6 and above is 93.2% compared to a target of 95% whilst the appraisal rate for other staff has increased to 91.7%.
	<p>Trust Board is asked to NOTE the Integrated Performance Report and COMMENT accordingly.</p>
<p>Private session:</p>	<p>Not applicable</p>

Integrated Performance Report Strategic Overview



December 2019

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for December 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. It is 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.

Summary Quality National Metrics Locality Priority Programmes Finance/Contracts Workforce

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 over the course of the year.

KPI	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Forecast
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	3	2
CQC Quality Regulations (compliance breach)	Green	Green	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	Nov-19	Dec-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%	99.1%	95.7%	97.9%	1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks 1	90%	89.0%			88.0%			93.0%			1
Out of area beds 2	19/20 - Q1 576, Q2 494, Q3 411, Q4 329	207	303	195	178	146	21	4	55	49	2
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%	88.4%			1
	92.6%	91.5%	92.1%	93.3%	92.0%	92.5%	93.0%	97.8%			1
IAPT - proportion of people completing treatment who move to recovery 5	50%	54.4%	55.5%	51.9%	52.2%	54.6%	54.6%	52.4%	53.4%	55.9%	1
Number of suicides (per 100,000) population 6	tbc	0.67		0.93		0.77					N/A
Delayed Transfers of Care	3.50%	1.4%	0.4%	0.6%	1.2%	1.6%	2.7%	1.6%	1.0%	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	Nov-19	Dec-19	Year End Forecast
Friends and Family Test - Mental Health	85%	95%	86%	86%	91%	86%	86%	83%	88%	88%	85%
Friends and Family Test - Community	98%	98%	99%	97%	97%	96%	98%	99%	93%	98%	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	22	35	31	31	27	30	25	24	23	
IG confidentiality breaches	<=8 Green, 9-10 Amber, 11+ Red	3	11	12	5	11	10	8	6	16	
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	1	1	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 3	trend monitor	27.9%	30.0%	31.0%	32.9%	35.8%	36.9%	38.7%	36.5%	37.3%	
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 - Jan 20									
Improve the use of resources	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Position
Surplus/(Deficit)	In line with Plan	(£728k)	(£457k)	(£145k)	(£149k)	£188k	£207k	£201k	£260k	£384k	(£240k)
Agency spend	In line with Plan	£613k	£641k	£691k	£722k	£629k	£628k	£674k	£572k	£594k	£7.6m
CIP delivery	£1074k	£670k	£1.4m	£2m	£2.8m	£3.5m	£4.2m	£5.2m	£6m	£6.8m	£10.6m
Staffing costs compared to plan 10	tbc	(£367k)	(£124k)	(£268k)	(£448k)	(£450k)	(£624k)	(£566)	(£518k)	(£992k)	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	£0.8m	-	-
Making SWYPFT a great place to work	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Position
Sickness absence	4.5%	4.7%	4.6%	4.8%	5.0%	5.0%	5.0%	5.0%	4.8%	5.0%	5.0%
Staff Turnover	10%	11.9%	10.4%	12.0%	12.6%	11.1%	11.8%	11.1%	11.8%	12.3%	11.4%
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	N/A	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	N/A	
Actual level of vacancies	tbc	10.4%	10.3%	10.7%	11.9%	13.2%	12.8%	11.8%	11.5%	11.5%	
% leavers providing feedback	tbc	25.0%		18.4%		20.0%					

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: 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/restraint continues.
- Medicine omissions fluctuations under review
- Complaints closure time improvement is positive
- One under 18 admission to an adult ward and safeguards put in place
- Supervision recording a focus for operational management
- Safer staffing figures calculated using revised establishment

NHSI Indicators

- There was 1 young person admitted to an adult ward in December for a period of twenty one days
- All nationally reported targets are currently being achieved
- Upon final confirmation of figures all IAPT targets are currently being achieved. There are varying levels of performance by locality

Locality

- Partnership mobilisation and task & finish groups in place for Barnsley neighbourhood integration. It has been agreed to consolidate single points of access at the Kendray site from April 2020
- Psychology waiting list reduction in Barnsley continues to make progress
- Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life
- A new procurement process is taking place in relation to CAMHS provision in Barnsley
- Out of area bed usage for Wakefield service users has been maintained at nil
- Wakefield electroconvulsive therapy is an area of current concern given high demand and staff sickness
- Wakefield community teams are developing staff wellbeing plans
- Extensive organisational development work underway in forensics.

Priority Programmes

- In Wakefield the children and young people's plan for 2019-22 has been approved at the children and young people's partnership board
- Work continues on integrated neighbourhood team integration in Barnsley. Priority areas of focus have been identified in three areas of the primary care network
- The Trust was successful with a number of bids for winter pressure monies
- Further work required on the care closer to home programme in order to embed changes to date and increase the pace on a number of other activities
- An action plan has been agreed for the new FIRM risk assessments on SystemOne with a target go-live during Q1 20/21.

Finance

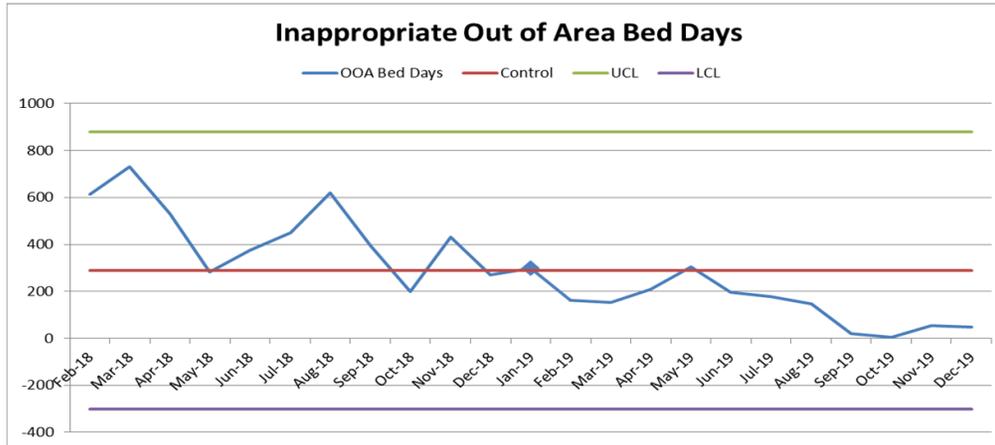
- Pre Provider Sustainability Funding (PSF) surplus in month 9 of £384k. Cumulative deficit is £0.2m which is £0.8m favourable to plan.
- Cumulative income is £1.4m lower than plan due to the agreement to return £0.5m funding for forensic outreach liaison services to commissioners and the recognition of a number of risks relating to CQUIN coupled with requirements for spending on waiting list initiatives and areas of new investment
- Out of area bed costs were £158k in month, which whilst lower than historical averages represents the highest monthly costs since May 2019. Cumulatively these costs now total £1,144k which is 63% lower than the spend incurred over the same period last year.
- Agency staffing costs continue to be higher than plan and the cap at £0.6m in month. Cumulative agency spend of £5.7m is already above the full year cap of £5.3m, 42% above the year-to-date cap and 21% higher than the same period last year. Approximately £0.5m of the costs incurred relate to waiting list and other non-recurrent initiatives
- Net underlying savings on pay amounted to £1m in-month and £4.9m year-to-date. More detailed analysis is currently being generated to fully explain the breakdown of this variance with mobilisation to mental health investment a key factor as well as ongoing vacancies
- CIP delivery of £6.8m is £0.7m lower than plan. Currently £1.2m of CIPs remain unidentified for the full year. Total non-recurrent CIP for the year is projected to be £3.8m (36%).
- Cash balance of £35.5m at the end of December
- Capital expenditure of £2.3m is £1.7m lower than plan, partly as a result of delays whilst the final capital plan was agreed. It is still envisaged the full year planned spend can be achieved, but a comprehensive review is currently taking place and if necessary any changes to forecast will be highlighted at the Trust Board meeting.
- The financial risk rating remains at 2

Workforce

- Information Governance training is currently below the 95% target at 94.1%, but expected to be in line with target by the year-end
- The Trust is meeting all its other mandatory training targets
- Staff turnover increased to 12.3% month on month which is similar to the 12.0% recorded at the same stage last year
- Year to date sickness absence remains at 5.0% which is the same as last year. The monthly rate of 5.3% is lower than the 5.7% recorded in December last year
- Appraisal completion for band 6 and above is 93.2% compared to a target of 95% whilst the appraisal rate for other staff has increased to 91.7%

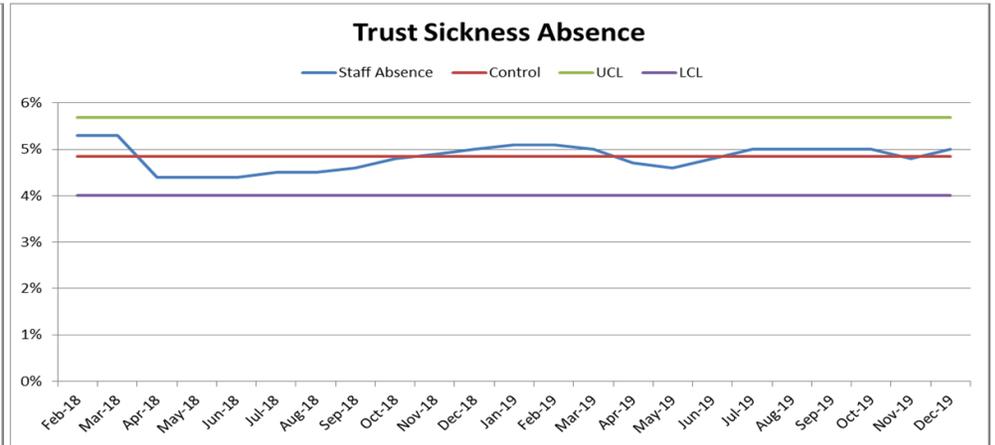
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

Inappropriate Out of Area Bed Days



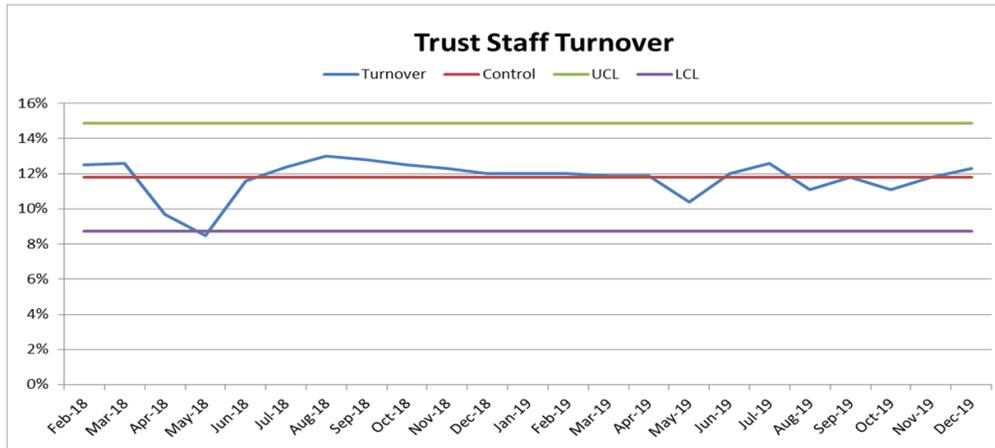
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2018 has been highlighted for this reason.

Staff Sickness Absence



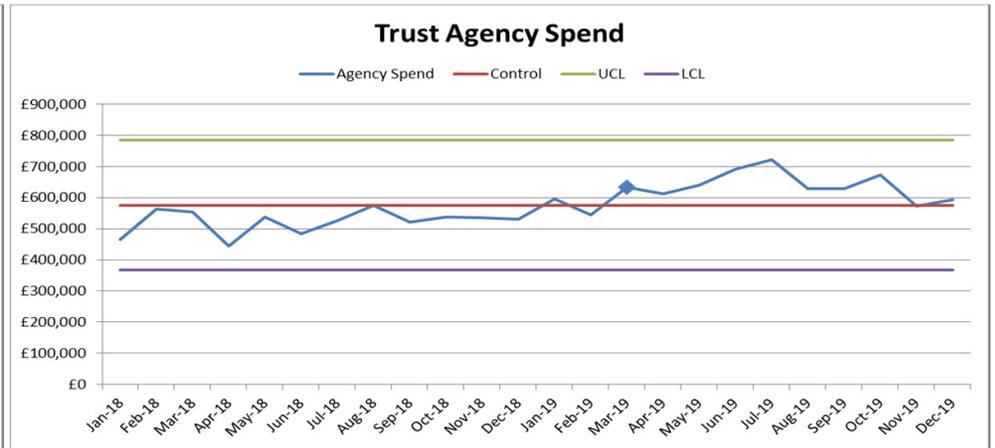
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



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

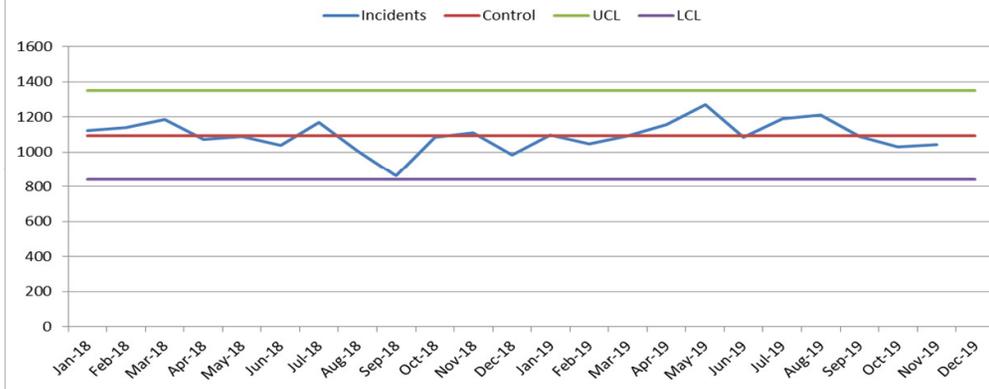
Agency Spend



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.

Incidents

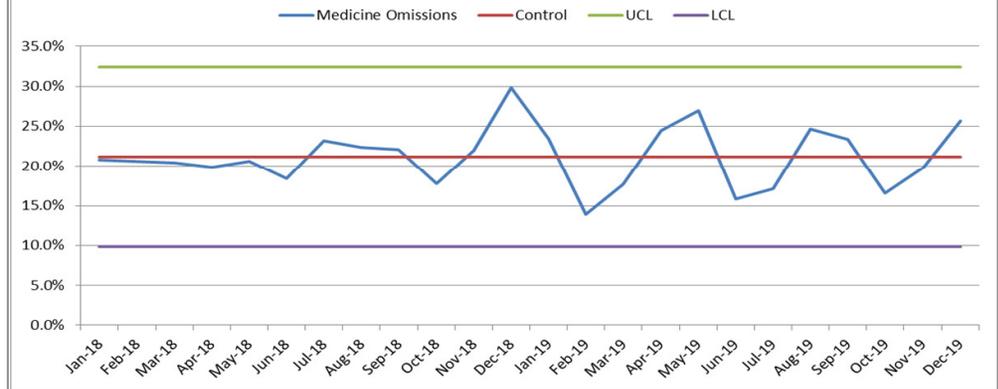
Total Number of Reported Incidents



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

Medicine Omissions

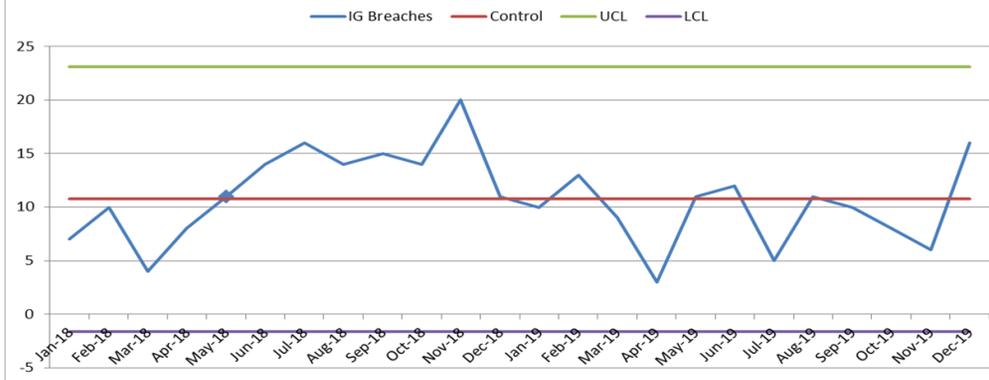
Total Number of Medicine Omissions



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

IG Breaches

Total Number of IG Breaches



All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported IG breaches are within the expected range. The data point in May 2018 has been highlighted to indicate the introduction of GDPR.

Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ⁵	Improving Health	Responsive	CH	TBC	27.9%	30.0%	31.0%	32.9%	35.8%	36.9%	38.7%	36.5%	37.3%	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%	54.0%	80.0%	3
	% 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	0%	11% 2/11	1
	Written complaints – rate ¹⁴				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%	88%	88%	1
	Friends and Family Test - Community	Improving Health	Caring	TB	98%	98%	99%	97%	97%	96%	98%	99%	93%	98%	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	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	N/A	N/A
	Number of compliments received	Improving Health	Caring	TB	N/A	15	64	14	10	34	32	38	24		N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	trend monitor	21	39	30	34	32	26	21	19		
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	trend monitor	17						Due Feb 19			N/A
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	0	0	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	6	16	2
	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%	1.0%	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%	93.3%	88.5%		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%	70.5%	60.7%		N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1158	1270	1087	1190	1215	1092	1041	1049	924	
	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	23	20	18	19	13	
	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	5	0	0	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	2	4	5	9	1	5	7	5	9	
	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%	19.8%	25.7%	2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	118%	117%	116%	116%	116%	116%	119.0%	119.0%	111.2%	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%	95.9%	91.8%	1
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	trend monitor	41	46	34	41	42	44	50	42	46	
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	0	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	0	0	1
	% of prone restraint with duration of 3 minutes or less ³	Improving Care	Safety Domain	CH	80%	75.8%	87.5%	90.6%	94.4%	92.5%	85.2%	90.5%	97.5%	97.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	52	37	41	56	54	33	30	38	47	
Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	287	303	193	190	262	168	186	227	174		
No of staff receiving supervision within policy guidance ⁷	Improving Care	Well Led	CH	80%	75.5%			74.2%			72.5%			2	
% 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%	84.4%	87.5%	90.6%	1	
Smoking Cessation - 4 week quit rate ¹²	Improving Care	Effective	CH	tbc	65.0%			63%			Due April 20			N/A	
Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	0	1	0	
C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	1	

* 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.

Quality Headlines

- 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%.
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

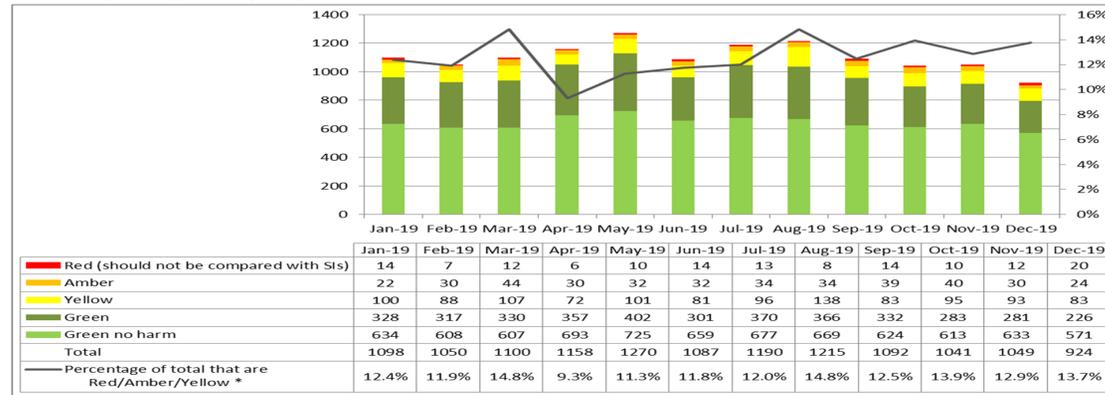
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.

- Number of restraint incidents - the number of restraint incidents during December has decreased slightly from 227 to 174. Further detail can be seen in the managing violence and aggression section of this report.
 - NHS Safety Thermometer - medicines omissions – performance has further deteriorated this month compared to last month. On review of the data for December, there were 177 records and 46 charts where an omission was recorded in the previous 24 hours. Over half the omissions were medicines refused. Improvement work is on-going as previously described. There was an increase in omissions due to "patient absent from the ward" accounting for nearly a quarter of the omissions. We had a similar increase last December due to number of patients on leave over the data collection period (Christmas week). Leaves should not be included in figures as patients are not missing medicines as we give them a supply to take home. A sense check of data before entry is to be requested. Four wards had zero omissions. Two wards had figure of 45 and 50% respectively which increased the overall percentage. This will be feedback to the relevant quality and governance leads.
 - Number of falls (inpatients) - December 19 has seen a further increase in the number of reported falls during the month compared to the last 3 months. The level of incidents continues to mostly relate to Kirklees and Wakefield BDU and predominantly due to an increase in service users with high acuity high and challenging behaviours 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. Even though there has been an in month increase in the number of reported fall incidents, the total number of reported falls for the quarter (115) compared to the last 2 quarters has reduced (Q1 was 130, Q2 was 143).
 - 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 have been finalised and this data is now flowing.
 - Risk Assessments - The slight decline in risk assessments 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.
- % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks - performance for quarter 3 has improved and is now above threshold at 90.5%. The improvement is attributed to work been undertaken to review individual breaches from 1st April 2019 which has helped the service gain an understanding of the data quality/recording issues that have been contributing to previous reported performance. As a result of this, work has taken place to revise the reporting parameters to use the 'care spell' rather than each individual referral (which included a number of data quality issues). The care spell process has ensured that we are extracting data on individual cases rather than multiple referrals which more accurately reflects waiting times performance.

Safety First

Summary of Incidents since January 2019

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



* 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 19/20	Q2 19/20	Q3 19/20	Q4 18/19	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Total
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	0	1	1	0	1	0	1	2	0	0	0	0	1	0	0	5
Death - confirmed from physical/natural causes	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Self harm (actual harm) with suicidal intent	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2
Suicide (incl apparent) - community team care - current episode	4	10	4	11	5	3	3	1	1	2	5	2	3	1	2	1	29
Suicide (incl apparent) - community team care - discharged	1	1	1	2	2	0	0	0	0	1	1	0	0	0	0	1	5
Suicide (incl apparent) - inpatient care - current episode	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1
Homicide by patient	2	2	0	0	0	0	0	1	0	1	1	0	1	0	0	0	4
Physical violence (contact made) against staff by patient	1	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	2
Pressure Ulcer - Category 3	1	1	1	2	0	0	2	0	1	0	0	0	1	0	0	1	5
Total	14	14	9	17	7	4	6	3	5	6	7	2	5	2	3	4	54

- 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://www.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.
- No never events reported in Dec 2019
- Patient safety alerts not completed by deadline of Dec 2019 - None

Mortality

Learning: The Clinical Mortality review group was held on 18/11/19 which focussed on learning and action from outcomes from learning from deaths reviews, including serious incidents, structured judgement reviews and other investigations. Work continues to develop thematic learning summaries for sharing across the Trust.

Regional work: The last Northern Alliance meeting was cancelled. The Yorkshire and Humber meeting is being held 9/1/2020. Further updates in the new year.

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/>

Process: A review of the supporting processes has recently taken place. An action plan is in place to address changes.

Policy: the Learning from Healthcare Deaths policy has been revised to reflect reporting deaths on Datix where we have had contact from the coroner/legal process. This will go to the Clinical Policies group on 15/1/2020.

Support for bereaved families - a task and finish group is in place to develop our plans for implementing the National Quality Board guidance on 'Learning from deaths: Guidance for NHS trusts on working with bereaved families and carers' <https://www.england.nhs.uk/publication/learning-from-deaths-guidance-for-nhs-trusts-on-working-with-bereaved-families-and-carers/>

The Patient Safety Strategy action plans are being developed to support our work locally including harm reduction plan. This is closely linked with existing workstreams.

Internal Audit: 360 Assurance will be conducting an audit of Incident reporting and associated processes in January 2020. This will include (but not limited to) reporting of incidents and relevant timeframes (including investigations), accuracy of reporting (categorisation/severity etc), action plans (evidence of completion/ monitoring processes), sharing learning. The audit will include discussions and evidence from BDUs. Data has been provided by Patient Safety Support Team.

Summary

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

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: 111.2%

Registered fill rate: (day + night) 91.8%

Non Registered fill rate: (day + night) 127.6%

The figures (%) for December 2019:

The figures from this month have been altered to reflect the new staffing establishment templates within Working Aged Adult wards although the vacancies are not all filled at the moment. This will explain some of the fluctuation that is greater than it has been.

The figures (%) for December 2019:

Registered Staff: Days 85.7% (a decrease of 4.0% on the previous month); Nights 97.8% (a decrease of 4.3% on the previous month)

Registered average fill rate:

Days and nights 91.8% (a decrease of 4.1% on the previous month);

Non Registered Staff: Days 127.3% (a decrease of 9.2% on the previous month); Nights 127.8% (a decrease of 17.6% on the previous month)

Non Registered average fill rate:

Days and nights 127.6% (a decrease of 13.3% on the previous month) ; Overall average fill rate all staff: 111.2% (a decrease of 7.9% on the previous month)

No ward, consistent with the previous month, fell below the overall fill rates of 90% or above.

Information Governance

During December 19, there has been an increase in the number of confidentiality information governance breaches reported and this is the highest number of incidents reported for an individual month for the year to date. 10 incidents relate to information disclosed in error, 5 incidents related to patient healthcare record issues and 1 incident where information was uploaded to website in error. These occurred across the Trust and further investigations are taking place. General managers are written to in order to ask them to highlight the actions being taken as a result of the incidents. Work continues within the Trust to raise awareness of information governance and confidentiality issues.

No incidents were deemed appropriate for reporting to the information commissioners office.

Commissioning for Quality and Innovation (CQUIN)

The Trust continues to work on the 19/20 CQUIN requirements, some of which come into effect mid year. The Q3 submissions are currently being compiled. 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. This risk has reduced in the month.

- Staff flu vaccines - risk previously identified against this indicator has been removed. The flu vaccination programme is nearing its final month having already hit its target of 80% uptake amongst frontline staff members. Currently the uptake rate sits at 81.1% (2215 staff members), with plans to continue to deliver the programme on an ad-hoc basis within all BDU's as required. Data cleansing continues to ensure that staff returning from long term sick leave are offered their vaccine, along with ensuring a response from every staff member is noted in the Flu Recording system to inform whether the vaccine is required/declined or whether staff are excluded from receiving the vaccine 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. July to October data has been submitted and equates to an average of 97.4% which if continues will achieve full funding for part a of the indicator. Risk remains related to part b - recording of interventions with reporting commencing from Q3. October data has been submitted and the NHS Digital published position for SWYPFT is at 60.7%, this differs to the position we forecast (68.6%) and we have raised some queries with NHS digital to try and understand the difference, some risk has therefore been identified in achievement of this element of the indicator and the current published data shows us to be partially achieving.
- 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.

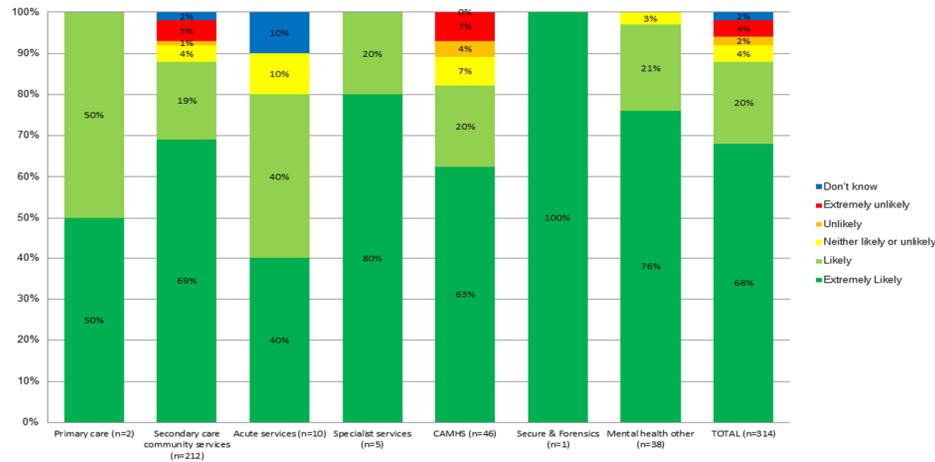
Title	Descriptor	Area applicable	Available funding	Year end forecast loss (at month 7)
Staff Flu Vaccinations (National)	Achieving an 80% uptake of flu vaccinations by frontline clinical staff.	All	£361,586	-£180,793
Alcohol and Tobacco part a (National)	Achieving 80% of inpatients admitted to an inpatient 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	-£21,926
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 Diversion	£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	-£268,462

Patient Experience

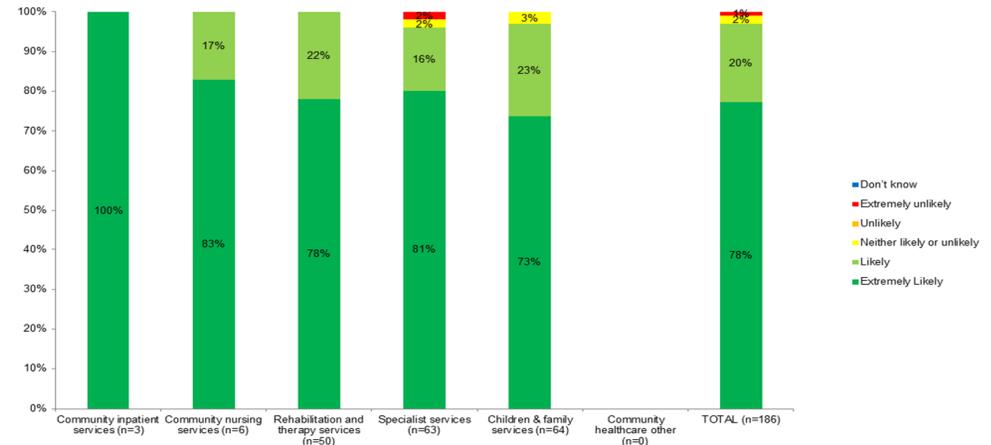
Friends and family test shows

- 92% of respondents would recommend Trust services.
- 98% of respondents would recommend community services.
- 89% of respondents would recommend mental health services.
- The number of responses declined by 33% (506) from the previous month (September 675). Not all text messages for December were uploaded due to the timeframe required for the uploading to be completed prior to reporting being completed. The outstanding text messages will be included in Januarys uploads.
- Text messages provided 37% of the responses in November.
- Devices are being tested within inpatient units across the Trust and Barnsley community services over the next 6 weeks, the outcome of which will determine our position with the providers of our patient experience system in April. We continue to look at alternative options for the collection of patient experience data.
- Preparation continues and is on track for the new Friends and Family Test launch in April 2020. Updates will be provided through comms and business delivery units governance meetings.

Mental Health Services



Community Services



Care Quality Commission (CQC)

CQC improvement plan

A number of quality improvement initiatives have been developed to address some of the wider 'must' and 'should' do actions that were linked to a number of core services e.g. improving on risk assessments, care plans, medicines management and record keeping. Quality improvement and assurance team are also receiving monthly updates from business delivery units and individuals in relation to actions within our CQC improvement plan. 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.

Closed cultures

CQC have issued some supporting information guidance for their staff on identifying and responding to closed cultures. This is following the BBC Panorama documentary in May 2019 which exposed a culture of abuse and human rights breaches of people with a learning disability at Whorlton Hall, a privately run NHS funded unit. Following the programme CQC commissioned two independent reviews into their regulation of Whorlton Hall. The guidance has been issued in advance of the investigation findings to help CQC inspectors have a consistent and shared understanding of abusive cultures and to be able to act on this to take appropriate actions where necessary. The guidance focuses on:

- Risk factors that are more likely to lead to a closed culture
- Warning signs of a closed culture
- CQC actions where they identify the above

The quality improvement and assurance team developed a power point presentation providing an overview of the guidance. This has been shared with our learning disability services.

Safeguarding

Safeguarding Adults

- Safeguarding adults activity – December 2019
- Completed and submitted a chronology for a Wakefield domestic homicide review (DHR).
- Provided Trust feedback as requested for an ongoing Barnsley safeguarding adult review (SAR).
- Safeguarding adults advisor attended safeguarding concerns workshop in Leeds hosted by ADASS and subsequently updated the mandatory training material.
- Specialist safeguarding adults advisor and the named nurse for safeguarding children attended NHS England learning event for designated & named safeguarding professionals and subsequently updated the mandatory training material.
- Delivered West Yorkshire duality mark domestic abuse training to Trust staff.
- Produced a safeguarding adults toolkit.
- Provided ongoing support & advice for a safeguarding concern involving a forensic service user and a service user who is also a volunteer/person in position of trust.

Safeguarding Children

- Safeguarding team attended Wakefield safeguarding children partnership conference and subsequently updated the mandatory training material.
- Initial learning from domestic homicide provided to clinical team.
- Involvement in national child safeguarding practice review for sudden unexpected deaths in infants (SUDI)
- Seen and heard training delivered
- Safeguarding team involvement in harmful sexual behaviour strategy

Infection Prevention Control (IPC)

- Surveillance: there has been no cases of MRSA Bacteraemia, MSSA bacteraemia during the month of December 19.
- There has been one case of Clostridium difficile toxin positive in November (SRU) and there has been 1 ecoli bacteraemia case (SRU- date of case May 2019) upto date for 2019-2020. Both cases have been presented at post incident review panel and are deemed as unavoidable.
- Mandatory training figures are healthy - hand hygiene-trust wide total – 95%; infection prevention and control - trust wide total – 90%
- Policies and procedures are up to date.

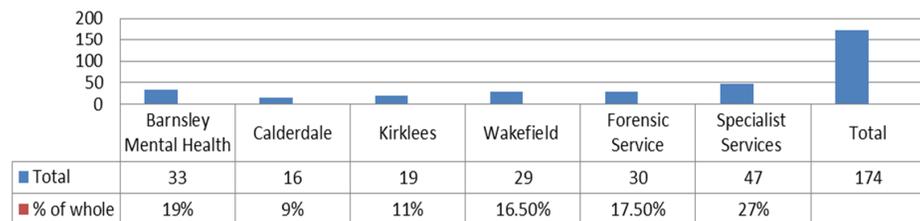
Complaints

Complaints information not available at time of writing this report.

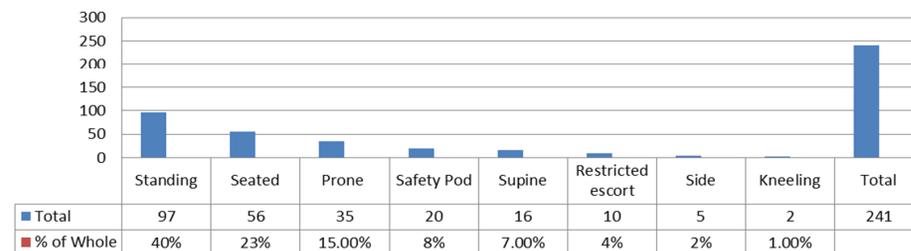
Reducing Restrictive Physical Intervention

There were 174 reported incidents of restrictive physical interventions use in December this being a 24% reduction on the November figure that stood at 227. Out of 241 restraint positions used in the 174 incidents the highest proportion of all restraint positions used was again in the standing position 97 which equates to 40% of all positions used (617) a percentage increase from November that stood at 34.4%. Seated restraints stood at 56 that equates to 23% of all positions used. In relation to incidents of that would be deemed prone restraint 35, this is a 9% reduction in the use of prone restraint from November (38). Forensic services business delivery unit (BDU) had the highest number of prone restraints with 11. Wakefield BDU had eight, Kirklees BDU had six incidents. Calderdale, and Barnsley had five incidents in each BDU.

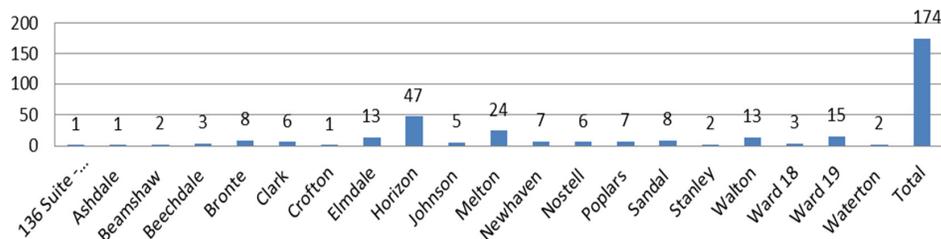
All Incidents Requiring Restrictive Physical Interventions December 2019 by BDU and Percentage of the Whole



All Incidents Requiring Restrictive Physical Interventions December 2019 by Restraint Position and Percentage of Whole



All Incidents Requiring Restrictive Physical Interventions December 2019 by Team



All Incidents Requiring Restrictive Physical Interventions Month on Month 01/12/2018 - 31/12/2019



Mental Health Act

From September 2019, we are able to include some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these have been taking place over the last few months. Monthly reporting of performance against Section 17 leave is now available. Future developments will include reporting relating to Section 132 patients rights. Progress to date on this is as follows:

- The Trust section 132 policy and additional document amendments have been completed and agreed with the practice governance coach and the matrons.
- The Mental Health Act administrators have started attending the wards and meeting with registered staff to show them the new process, where to record on SystmOne and where to access The SystmOne white board (dashboard) so that the registered staff can at a glance and in real-time see what the activity is and what needs addressing / where the hotspots are.
- The MHA administrators will be developing a process to keep this under review and send reminders where needed to registered staff alerting that a patients' rights are due. Further update regarding this can be seen below.

Section 17 leave

The Care Quality Commission have regularly raised an issue with the non completion of page 2 of the Section 17 leave form. The recording of who has been informed of the leave and the involvement of the service users is a requirement of the mental health act (MHA) code of practice. Previous initiatives have not proven successful, therefore each form that is completed and submitted to the local MHA office is reviewed to ensure that it has been fully completed. If the form is not completed, it is sent back to the matrons/practice governance coach for action. The new process has been in place since September 2019 and has proven effective in most areas. There is a noted decline in the returns from Forensic and specialist services over the 3 month period. Work has been undertaken during November by the associate practice governance coach which we will monitor throughout December to see if this improves compliance.

The revised leave form was implemented on the 9th December 2019, feedback from the associate practice governance coach and MHA manager in Forensics has indicated that further work needs to be undertaken on the guidance note. This work is currently underway.

The numbers above are separated into :numbers of forms received in total, of those forms the number of forms that need to be returned for completion . The target for completion is 100% following action by MHA administration staff process of reviewing and returning where not completed. The 100% compliance target is what is expected by the MHA code of practice.

	Sep-19			Oct-19			Nov-19			Dec-19		
	Section 17 form			Section 17 form			Section 17 form			Section 17 form		
Service	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete
Older people services Trustwide	67	62	92.5%	89	76	85.4%	67	61	91.0%	91	85	93.4%
Working age adult - Trustwide	275	245	89.1%	217	177	81.6%	235	202	86.0%	257	230	89.5%
Specialist Forensic services	219	160	73.1%	58	39	67.2%	74	30	40.5%	47	5	10.6%
Rehabilitation services - trustwide	21	21	100.0%	11	10	90.9%	16	15	93.8%	33	27	81.8%

Please note, data will be refreshed each month as completed forms are received.

Patients rights

Work is progressing on reporting for the adherence to reading of patients' rights. This data is now being recorded on SystmOne. We are now in the process of writing a report to flow this data. It is likely that this will be available to flow into the report from the May20 IPR (April 20 data).

There is currently a manual process in place monitoring the reading of patients' rights which is being undertaken by the mental health act administrators in conjunction with the wards.

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.
- 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 - Oversight Framework Metrics - Operational Performance																			
KPI	Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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%	98.2%	99.2%	98.7%	98.7%	98.9%	98.7%	98.8%	97.2%	98.9%	98.2%	1		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	96.3%	95.4%	100.0%	100.0%	100.0%	100.0%	1		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	99.7%	99.2%	100.0%	100.0%	99.2%	100%	100%	100%	99%	100%	1		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	97.4%	97.2%	97.6%	96.2%	97.2%	100%	97.7%	95.7%	98.0%	99.1%	95.7%	97.9%	1		
Data Quality Maturity Index ⁴	Improving Health	Responsive	CH	95%	97.9%	97.1%	98.3%	96.8%	96.9%	100.0%	96.1%	97.1%	98.1%	98.2%	98.3%	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	108	207	303	193	151	146	21	4	55	49	2		
IAPT - proportion of people completing treatment who move to recovery ¹	Improving Health	Responsive	CH	50%	53.9%	53.4%	53.6%	54.4%	55.5%	51.9%	52.2%	54.6%	54.6%	52.4%	53.4%	55.9%	2		
IAPT - Treatment within 6 Weeks of referral ¹	Improving Health	Responsive	CH	75%	83.8%	77.5%	79.1%	83.2%	86.3%	81.4%	78.0%	76.1%	78.0%	78.1%	82.7%	76.6%	1		
IAPT - Treatment within 18 weeks of referral ¹	Improving Health	Responsive	CH	95%	97.4%	98.3%	97.6%	98.6%	99.1%	98.4%	98.3%	98.6%	97.9%	97.5%	97.6%	97.7%	1		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	83.1%	84.0%	82.6%	92.0%	72.7%	88.0%	92.0%	85.7%	76.5%	75.9%	85.4%	77.3%	1		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	87.8%	89.4%	90.5%	87.3%	88.0%	88.3%	88.8%	89.4%	90.0%	90.2%	90.5%	90.8%	1		
% clients in employment ⁶	Improving Health	Responsive	CH	10%	11.4%	11.6%	11.8%	11.3%	11.4%	11.5%	11.7%	11.6%	11.6%	11.7%	11.8%	11.9%	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														
Mental Health Five Year Forward View																			
Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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	27	5	29	56	7	21	0	4	2	21	2		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	9	2	3	1	5	3	1	1	0	1	1	1	2		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	214	183	206		214			183			206		N/A		
Proportion of people detained under the MHA who are BAME ²	Improving Care	Safe	CH	Trend Monitor	14.5%	13.1%	11.2%		14.5%			13.1%			11.2%		N/A		
NHS Standard Contract																			
Objective	CQC Domain	Owner	Target	Q1 19/20	Q2 19/20	Q3 19/20	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-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%	98.8%	98.7%	99.4%	99.0%	98.8%	99.7%	100.0%	99.0%	98.3%	99.0%	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%	99.9%	99.7%	99.8%	99.8%	99.9%	99.9%	98.7%	99.9%	99.9%	99.9%	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%	98.7%	84.1%	90.7%	89.5%	98.5%	98.6%	98.7%	99.9%	98.8%	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 identifies any issues and detailed response provided below in the data quality rating section.

Areas of concern/to note:

- The Trust continues to perform well against the majority of NHS Improvement metrics
- Inappropriate out of area bed placements amounted to 49 days in December which is a slight decrease compared to the 55 days reported days in November. It should be noted though that total out of area bed days increased from 129 to 166 in the month.
- During December 2019, the number of service users aged under 18 years placed in an adult inpatient ward was one for a period of 21 days. The admissions continue to relate to factors outside control of the Trust. When this does occur the Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- % 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 changed in July 2019 as part of a national CQUIN, though the target has remained the same. The Trust has been achieving this target since July.
- IAPT treatment within 6 weeks of referral has achieved the 75% target although there are continuing challenges in meeting this particularly in regard to staffing numbers.

Data quality:

An additional column has been added to the above table to identify where there are any known data quality 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 December the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for December shows 21% of records have an unknown or missing employment and/or accommodation status, this is a slight improvement on last month which was reported at 22%. 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

- Integrated neighbourhood team – major transformation work continues to progress. Partnership mobilisation meeting and task and finish groups in place. Starting to mobilise core teams. Available finances and financial mechanisms to be confirmed.
- Yorkshire smoke free (YSF) managers continue to work with partners on proposed QUIT programme across South Yorkshire; currently consuming a significant amount of operational resource and time.
- YSF Calderdale commissioner would like to extend contract for a further year from April but this is with a reduced budget. We are currently working with contracts and finance team on remodelling.
- First contact physiotherapy (FCP) posts through primary care network (PCN) – decision awaited from PCN (Barnsley Healthcare Federation may choose to employ their own FCPs).

Strengths

- 85.7% of patients died in their preferred place of care
- Mandatory training for cardio-pulmonary rehabilitation, equality and diversity, infection prevention and control, mental capacity act and safeguarding adults are all over 90%
- Constantly positive friends and family feedback for all services.
- New consultant for neuro rehabilitation unit is due to commence beginning of February 2020 to work alongside Dr Ruth Kent

Challenges

- Management of staffing vacancies/maternity leave in children's speech and language therapy remains challenging. In process of developing quality impact assessment.
- National lack of speech and language therapy, occupational therapy and physiotherapy staff for recruitment remains challenging.
- Ability to provide sufficient student places for allied health professionals due to reduced staffing levels has been noted.

Areas of Focus

- Working with the clinical commissioning group on wound care formulary compliance to maximise cost effectiveness
- Location of single point of access now confirmed as The Lodge, Kendray – mobilisation plan to be developed
- De-commissioning move more Doncaster and consultation with staff member at risk
- Integrated community stroke rehabilitation team - consultation with staff on the proposed service model and early supported discharge (ESD) now closed. Recruitment underway and fortnightly mobilisation meetings have commenced. Work is ongoing to achieve a start date of 1/4/2020.

Barnsley BDU:

Barnsley community mental health

Key Issues

- Action plans and data improvement plans are in place to address reported care programme approach review performance.
- The psychology waiting list reduction plan in core – as agreed with commissioners - continues to make good progress against trajectory.
- Recruitment challenges remain with regard to consultant psychiatry in the enhanced pathway. It is also proving difficult to obtain suitable locum cover.
- We are working with the clinical commissioning group and primary care partners to scope and plan integrated services at neighbourhood and primary care network level
- Improving access to psychological therapies access targets (most notably regarding long term conditions) remain challenging. A review of marketing strategy is being progressed.

Areas for focus

- The mobilisation plans for recruitment into all age liaison psychiatry posts, and the newly funded posts in intensive home based treatment (IHBT) and core 24 mental health liaison, are proceeding on track. The all-age liaison service is scheduled for implementation in March.
- Ongoing management of patient flow is proceeding as well as possible despite growing pressures, and gatekeeping in IHBT and psychiatric liaison team remains effective.

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

Calderdale & Kirklees BDU:

Key Issues

- Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life.
- Acute medical and accident and emergency systems remain under intense admission and delayed transfers of care pressures leading to associated pressures in our pathways and services.
- The psychology waiting list in Calderdale core has been reviewed and evaluated. Discussions are taking place with commissioners regarding new investment to meet a plan to address the back-waiters, in addition to consideration of a business case for new investment.
- Good progress has been made with recruitment in community services, although recruitment remains a steep challenge generally and some demand and capacity difficulties remain in particular with consultant psychiatry in enhanced pathways and intensive home based treatment.
- Mental health liaison team is beginning development towards provision of an all-age liaison service in conjunction with child and adolescent mental health services.

Strengths

- Action plans and data improvement plans are in place to address areas identified for performance improvement including care programme approach reviews which still need improvement.
- In older people's services the number of delayed transfers of care has decreased due to a number of care providers becoming available to support moves into 24hr care.
- Mandatory training concordance remains high. Good progress made with supervision and information governance (IG) training with bespoke training sessions taking place in the business delivery unit for IG.
- Significant health investment is planned into Kirklees in 2020.
- The development of a personality disorder pathway has been enhanced by provision of winter pressure monies and further clinical commissioning group investment. Full training framework currently being rolled out.

Challenges

- Challenges exist in single point of access in terms of coping with a high rate of referrals. The team has been working with primary care to understand the increase and review pathways. Has also secured additional investment for new roles, and continues to be part of the care closer to home trust-wide improvement plan around single point of access.
- Calderdale psychological therapies remain under pressure with support from the clinical commissioning group to commission additional therapists. The commissioner has been provided with a business plan for investment 2020/21 but is yet to confirm support and investment through contracting process.
- The Calderdale local authority adult mental health social worker workforce is very low, currently 1.4 WTE out of 8 WTE established workforce. Urgent discussions underway with local authority senior leaders. This is leaving core and enhanced teams with significant workforce gaps and pressure.
- Care programme approach reviews performance has been subject to action planning lead by the general managers and quality and governance leads - this has made significant progress but there are still areas for improvement.
- Demand and capacity continues to challenge in community services.
- Work continues on reviewing caseloads including medical caseloads in core in line with care closer to home programme.

Areas of focus

- Recruitment and retention.
- Continue to improve performance and concordance in service area hotspots lead by general managers and quality and governance leads.
- Support for staff wellbeing across the business delivery unit
- Develop and strengthen the creative community offer lead by recovery colleges and our wider partners.
- Continue development and partnership with integrated care system and clinical commissioning groups around rehabilitation and recovery modelling.
- Continue focus on improvement in single point of access and intensive home based treatment models
- Continue our contribution to the primary care networks in local areas and the partnership working in developing the provider alliances.

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

Forensics and Learning Disabilities BDU:

Key Issues

- Recruitment of staff particularly in medical and nursing.
- Development of plans for a West Yorkshire ATU continue, working across West Yorkshire with our partners.
- Embedding new management arrangements across learning disability services.
- Serious incident on Hepworth involving an agency member of staff being hospitalised. Investigation underway and security measures reviewed.
- Extensive programme of organisational development in place across the BDU looking at culture, well-being, reducing sickness, improving engagement and communication.
- Occupancy levels have been higher than recent years and constant review to ensure staffing numbers are appropriate.
- Work with the West Yorkshire Provider Collaborative continues. Women's service pathway being reviewed.
- Mobilisation for community forensics pilot has commenced with the current focus centring on recruitment. Interest in posts out to advert looks promising.
- Forensic outreach service for learning disabilities is now offering a full clinical service from Monday to Friday 9/5. Recruitment continues and we have successfully appointed to several key posts.
- Improving our volunteer opportunities to be a focus

Strengths

- Strong performance on mandatory training.
- Good track record delivering CQUINs.
- Exploring innovative ways to attract staff i.e. rotational posts
- Progress being made on CQC and serious incident action plans
- Improved engagement with staff.
- Excellent service user engagement at service and regional level

Challenges

- Some pockets of high levels of sickness.
- Recruitment of registered staff in all disciplines. A significant resource is being utilised to optimise recruitment activity. Exploration of alternative roles being undertaken.
- Service has had a number of serious incidents recently which are under review.
- High turnover – this is being looked at in some detail and supported by HR
- Reducing sickness.

Areas of Focus

- The BDU is undertaking a significant 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

Specialist BDU:

CAMHS

Key issues

- Barnsley CCG is undertaking a new procurement exercise for CAMHS.
- The management of Forensic CAMHS (Wetherby young offenders institute and Adel Beck) has transferred to specialist services BDU as part of the CAMHS service line. Significant progress made in clarifying leadership and clinical model in accordance with improvement notice requirements.

Areas for focus

- Risks remain in relation to recruitment/retention in Wetherby/Adel Beck and Wakefield CAMHS.
- Waiting times from referral to treatment in Wakefield and Barnsley CAMHS are reducing with robust improvement plans developed to accelerate progress.

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

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.
- 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 led discharge
- The action plan and training around care programme reviews (CPA) reviews, data quality and activity and improvement in how we use SystemOne is leading to some positive impact but requires more work, and is being closely monitored and supported at trio level.

Strengths.

- Management of patient flow and for Wakefield nil out of area acute bed usage
- Nostell ward received gold in their recent quality monitoring visit. This means 100% of Wakefield wards inspected have received gold.
- Unity centre wards have begun the first 8 week of interventions as part of the next phase of the editions national study around reducing restrictive practice.
- Wakefield single point of access are working closely with information management and technology to improve recording and data quality on SystemOne.
- Successful recruitment to the clinical psychologist posts in older people services and the service will be back to full strength when new starters start work.
- Community teams are co-producing team wellbeing plans to continue prioritising staff wellbeing- wellbeing champions are leading this work.
- Performance remains good for 72 hour follow up CQUIN.
- Fire training stats have shown improvement for inpatients with specific action plans in place for those wards still under achievement, supervised and tracked by the matrons.

Challenges

- Adult acute occupancy and acuity levels remain high.
- Increase in demand being seen for gender specific beds.
- Staffing challenges in medical posts in older people service wards.
- Compliance with mandatory training including IG remains generally good although there are issues with cardiopulmonary resuscitation and local induction which are both amber.
- Wakefield electroconvulsive therapy (ECT) continues to be an area of significant concern, with increasing demand and staffing pressures affected by sickness. • Recruitment has been successful, and additional resource has been secured through integrated care systems winter pressures to stabilise the team in the short term and the BDU are initiating an integrated care systems wide piece of work to address issues across all three West Yorkshire ECT suites.
- Expenditure on bank and agency staffing in acute services and agency spending on medical staff in community remains a challenge.
- Care programme approach reviews and single point of access activity performance has been subject to action planning lead by the general manager and quality and governance lead - this has made significant progress but there are still areas for improvement.
- Access to gardens on Walton remain supervised due to risk of absconding leading to limitations on patient usage. Currently exploring alternative options for solutions and no suitable anti-climb product has been able to be sourced that could be retro-fitted to the external walls.

Areas of Focus

- Staffing challenges in ECT and older people service medical teams.
- 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 inpatient wards.
- Continue to improve performance in service area hotspots through focussed action planning tracked team by team by general managers.
- Recruitment and retention and successful mobilisation of new investment.

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

- EyUp! merchandising has been produced, including Christmas cards, a card replacement campaign and the eco-friendly mugs. EyUp! website updated to support external awareness raising. Branded thank you cards being produced for NHS Digital.
- Supporting the West Yorkshire and Harrogate Health and Care Partnership's "Looking out for our neighbours" winter campaign – including scoping "happy to chat" area to be piloted in Stanley Ward at Unity Centre
- Working with South Yorkshire and Bassetlaw integrated care system on QUIT programme.
- Mental health museum exhibition launch at Wakefield One – production of exhibition design materials and public relations for launch including news article and social media
- Support provided to child and adolescent mental health service (CAMHS) crisis team – including co-production of communications plan for enhancement of the crisis service (which begins in January 2020). Support has also included hosting insight sessions with children and young people to collect messages of hope to be used in CAMHS crisis materials and to collect ideas for renaming of the service. Promotional materials to be produced once new name is chosen and a public relation to be developed for this
- Initial scoping and production of a "choose well for mental health and wellbeing" infographic based on the national NHS England choose well guide – this has been scoped with some clinical colleagues and once developed will be shared through wider channels for feedback and approval.
- Pharmacy waste communications plan drafted with Chief Pharmacist – this is focusing on cost effective prescribing graphics have been co-produced with prescribers and the "treat well for less" campaign will launch early 2020 and will feature reminder cards in prescription pads
- SystemOne for mental health – comms support for phase 2 – optimisation.
- Excellence 2019 delivered. Support provided to staff achievements day (learners and long service) both on the day and post event publicity.
- Support for nursing associate recruitment campaign. Also supporting a West Yorkshire wide campaign through the Centre of Excellence to recruit nurses and psychiatrists to the region from the London area.
- Supported flu 'have a jab, give a jab' campaign, including developing materials and communication plan.
- Internal bullying and harassment campaign in development.

Engagement

- Work is taking place to involve people in the development of the Trust strategy which will pull together marketing, communications, engagement, equality, membership and inclusion. We are using a peer to peer approach and a range of tools such as focus groups, online survey, artwork and conversations to reach a wide audience. The views will inform strategy development.
- Dates are in the diary for February and March in to run 3 EDS2 workshops in Calderdale, Kirklees and Barnsley. The focus of this work will be patient experience and complaints.
- Continue to support to Barnsley BDU on engagement for integrated care proposals. An engagement and equality plan has been developed which will support the work going forward. Current work includes mapping the existing intelligence and EQIA documents to identify any gaps in intelligence
- Support to Older People Services (OPS) and advice and guidance to support an approach for formal consultation
- Single Point of Access (SPA) report now complete, this will be published on the website post April when the get involved section will be refreshed.
- Working with Health Care Partnership to support consultation activity relating to learning disability ATU and mental health services. Supporting work on carers passport.
- Involvement in the RACE Forward Network looking at all 'Datix' related to hate incidents and offering support to colleagues who may have been affected.
- Ongoing support to the staff BAME network and Trust Bereavement and Liaison project on the involvement of service users and carers.
- Advice and guidance to services to support greater involvement of people with ADHD or Autism. Support in the development of the NHSE suicide prevention action plan for faith and non-faith based approaches. Work in complaints on service users and carer involvement to ensure delivery of the CQC action plan
- Supporting people who have experience of services to share stories at Trust Board.
- Supporting a partnership approach to delivering the Equality Delivery System (EDS) for 2020 and interviewing BAME candidates for the Trust 'moving forward programme'.
- Continued support and advice to all business delivery units on the completion of Equality Impact Assessments (EIA) and supporting the development of a streamlined approach to EIAs in relation to policies and strategies. Support to the patient experience team to ensure all protected groups have a voice to improve services.
- Continued work with 'Creative Minds' in the development of creative interventions, Hyrstlands Park Asset transfer with local stakeholders and the good mood football league.
- Promotion of mental health services for Muslim ladies in partnership with the local mosque.
- Continued review of 'Peer Support Worker' role, including interviews with peer support staff which has resulted in a report and key recommendations for the Trust.
- Delivering a knowledge café for lived experience in Wakefield and Kirklees.
- Support and promotion of the Sahaara group.
- Advice and support given to FCAMHS on the delivery of a partnership event and future involvement of people who use services.
- The renewal of volunteering accreditation is complete and an assessment is due early February.
- Supporting a national programme looking at volunteers in mental health through the interview of Trust Staff and volunteers
- HR support to build a culture of involving service users in the delivery of Recruitment and Selection. Workshops coming up for Wakefield and Barnsley to identify service users, carers and families who have an interest in supporting the recruitment and selection process.

This is the January 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for December 2019. The priority programme areas of work providing an update in this report are:

- Wakefield Projects
- Barnsley Projects
- Camhs Improvement Projects
- West Yorkshire Projects
- South Yorkshire Projects
- SystemOne Optimisation
- Make better use of digital technology
- Provide all care as close to home as possible (Out of Area)

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	<p>1. To develop and deliver partnership structures and relationships that underpins integrated working</p> <p>2. To deliver integrated networks in the neighbourhoods of Wakefield which meet the requirements of primary care home objectives whilst fully engaging the communities</p> <p>3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us</p> <p>4. To deliver improvement programmes in key areas determined as priorities by the Wakefield ICP. These include (but not limited to):</p> <ul style="list-style-type: none"> • Elderly and Frailty • Mental Health (via the MH Alliance) • Dementia (via the MH Alliance) <p>5. SWYPFT to take a lead partnership role in the development and delivery of a MH Alliance for Wakefield that oversees:</p> <ul style="list-style-type: none"> • the delivery of priority work streams: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Peri-natal mental health investment - Psychiatric Liaison Core 24 - CYP Eating Disorders - IAPT-LTC (in partnership with Turning Point). • the development and delivery of the Wakefield response to the NHS Long Term Plan for Mental Health. <p>6. Working with partners, develop and implement the operational requirements of the District's response to the agreed strategy for the Children and Young Peoples' Plan priority of emotional wellbeing and mental health.</p>	Sean Rayner	Sharon Carter	Change and Partnership Group	<p>By 31/03/20- All primary care home neighbourhoods will have:</p> <ul style="list-style-type: none"> - 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	<p>In Wakefield we continue to work with partners and lead the Mental Health Provider Alliance working on the mobilisation of investment priorities in 2019/20. All priorities are on track with recruitment activities and mobilisation.</p> <p>The transformation lead commenced in post on 9th December providing the much needed capacity to lead the development and delivery of change programmes in support of the delivery of Alliance priorities. Recruitment for a fixed term supporting project manager has commenced. Both posts will be hosted at SWYPFT.</p> <p>Children and Young People's (C&YP) plan for 2019-22 was signed off in November at the Children & Young Peoples' Partnership Board meeting, and emotional health and wellbeing is one of the four key priorities in the C&YP Plan. Future in Mind and the local transformation plan – This was completed in November 2019 and is posted on the CCG's website as required by NHSE/I.</p> <p>A process has been discussed and agreed in the Alliance for preparing a 2020/21 plan, with associated investment priorities. This will culminate with a governance 'sign off' by the CCG Governing Body in March 2020. The January Alliance meeting concentrated on the review and clarification of the first iteration of proposals for investment against the CCG available investment in 2020/21 of £1.3 million.</p>	Progress Against Plan	Green
							<p>Risks are managed by each programme of work, led by transformation lead, reporting to MH Alliance Development Group 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.</p>	Management of Risk	
							<p>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.</p>		
Work with our partners to join up care in Barnsley	<p>1. To develop and deliver partnership structures and relationships that underpin integrated working</p> <p>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</p> <p>3. To develop population health management so that decisions are underpinned by a sound understanding of what the information tells us</p> <p>4. To deliver improvement programmes in key areas as identified by the partnership groups. These include:</p> <ol style="list-style-type: none"> Frailty CVD Stroke <p>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.</p> <p>To underpin this work with a clear plan for SWYPFT in via the Barnsley and SY internal integration group.</p>	Salma Yasmeeen	Sue Barton	Change and Partnership Group	<p>By 31/03/20 All six neighbourhoods will have</p> <ul style="list-style-type: none"> • 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	<p>In Barnsley, partnership structures in place. Recent review of achievements of the Integrated Care Delivery Group (ICDG) identified significant progress. One primary care network established underpinned by six neighbourhood networks. Integrated wellbeing teams in place in all six areas and population health data packs have been shared. 3 of the areas have identified their priority areas of focus and progress is being tracked across all of them. The integrated care specification is on track for mobilisation of phase one by April 2020. Final model details still being worked through with the CCG, and the shared leadership model is in progress.</p>	Progress Against Plan	Green
							<p>Risks are capacity to deliver change. In particular, inadequate resources to deliver core hours beyond current service offers and resource envelope. Work has been done on this as part of the integrated community teams modelling.</p>	Management of Risk	
							<p>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</p>		

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce			
Work with our partners to join up care in South Yorkshire	Work with our South Yorkshire(SY) partners to deliver shared objectives as described through the integrated care systems plans. As the programmes of work develop, we aim to underpin this work with a clear plan for SWYPFT via the Barnsley and SY internal integration group.	Alan Davis & Salma Yasmeen	Sue Barton	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.	Bi-monthly on IPR	<p>The SYB ICS 5 year response to the NHS Long Term Plan was submitted to NHSE/1 in November in line with the national timeframe. The plan focuses on the needs of the SYB population to improve population health, reduce health inequalities and improve outcomes, quality and experience for people through more integrated care approaches and transforming care. An update on current programmes of work that SWYPFT are involved in has recently been provided to the SY&B ICS MH/LD Steering Board. There is positive system wide/neighbourhood working. A summary of which follows:</p> <p>Individual Placement Support(IPS). SWYPFT will provide two IPS posts in Barnsley as part of working with South Yorkshire Housing Association and recruitment is underway. 24/7 all-age liaison Implementation scheduled for March 2020, combined with 7 day working in CAMHS crisis team. Detailed operational guidance being agreed at CAMHS/liaison team interface and this is backed by 24/7 on-call CAMHS psychiatrist and manager. A training programme is being developed. A Crisis Assessment Unit and a Safe Space/Crisis Café are in development. EIP is surpassing national standards and is working towards achieving Level 3 status; utilising 'Open Dialogue' model. JAFT Following the NHSE IST Review, a new service specification developed and improved outcomes are being delivered. LTC pathways LTC pathways are being developed in Diabetes / Cancer which has seen services provided in Barnsley College and Barnsley Hospital ICU. Psychological therapies The pathway has been redesigned and the service is now achieving 18 week RTT (previous waits of 2 years experienced) Perinatal Mental Health Specialist Perinatal Mental Health team has been established (Hub and spoke model) - 98% of women seen in their own home. There is also a Specialist Mental Health midwife in post providing outreaches into community. Children and Young People CAMHS - NHSE IST Review undertaken and a new service specification co-produced with Barnsley's partners, particularly Barnsley's young commissioners, OASIS (Opening awareness of services and influencing services). The service specification moves away from traditional medical 3-tiered model towards a whole system, social, thrive model - waiting list initiatives funded with partners SWYPFT / MiniSpace and Chippy - trajectory is for no more than 40 young people waiting to access CAMHS by June 2020 (there were 309 young people waiting as at 31 August 2019). Eating Disorder service is collaboratively commissioned with Calderdale, Kirklees, Wakefield and Barnsley.</p>	Progress Against Plan	
							<p>Risks include 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.</p>	Management of Risk	
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 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	Change and Partnership Group	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	<p>West Yorkshire and Harrogate Health and Care Partnership published its Mental Health, Learning Disabilities & Autism strategy in December. We have been a part of the development of the strategy and will be integral in its delivery. Work progressed on the various workstreams: • Staff have been briefed on recommendations being made • Recruited regional care navigator role - will commence Feb/Mar 2020 • Draft framework for regional DTOC and inappropriate admissions has been developed • Draft further engagement plan has been developed • Over the next few months it is intended to start mobilising move to "one ATU system" across existing sites, to drive standardisation of practice and improve resilience.</p> <p>The business case for the Leeds CAMHS Tier 4 In-Patient Unit was submitted in December 2019.</p> <p>The business case for the adult eating disorder Lead Provider Collaborative (for 'go live' in April 2020) was submitted by LYFFT on 29 November 2019, to which the Trust is a partner signatory. This was approved by NHSE to be progressed in accordance with the 'fast track' timetable.</p> <p>A bid was submitted via the ICS for winter monies as well as other initiatives such as CYP crisis/IHBT/all age liaison extension, operating hours out of hours and weekends 7 days a week; Extension of current patient flow work to cover out of hours and weekends; discharge coordinators; ECT skills mix; and Personality Disorder Pathway - Structured Management Training and DBT; were submitted by the Trust. Confirmation was received on 12 December 2019 that all our bid proposals had been supported and confirmed to proceed.</p>	Progress Against Plan	
							<p>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 will need to be undertaken over the following months.</p>	Management of Risk	

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce	
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	SSG Feedback: o Some elements of the programme are potential exemplars, such as change to the referral process that could reduce pressures into the services o Good evidence that teams are learning from each other across the Trust o COA reduction through 2019 described as fantastic but that the bed base is still too hot and that there is still much to do o Pace on some activity remains a concern, plans are not all on track, and a substantial challenge was put forward around performance visibility & governance at team level to be in place to assure delivery of a care closer to home zero OOA operating model. Work-strand activity: • PICU – a meeting was held to focus on the recent increase in gender specific PICU placements. Feedback from group that all of the Gender Specific placements were appropriate but that some might have been avoidable if there were internal short term options available such as extra care areas. A follow up around February time to align with any emerging findings from ICS work unless PICU / gender specific issues continue in the short term. • Appropriate Inpatient Stays: Work to refresh criteria led discharge has been ongoing. If the Criteria Led Discharge process and tool appears to have been embedded successfully, then the final check point review meetings will take place for Ward 18, Ashdale Ward and Elmdale Ward in January. Initial meetings with Barnsley wards will take place in January. An issue with the technology used was flagged in the previous highlight report and a report will be provided for the OMG in January raising the issue in relation to SharePoint becoming end of life in October 2020. • Patient flow pressures remain high. There is an aspiration is to extend the hours of the patient flow service and a bid has been put in and approved for winter pressures to enable this in the short term. • Community activity is now focussing on medics caseloads and activity is being planned pilot changes in North Kirklees. Priority work remains to get the community caseloads to more manageable levels and sustain at these levels to enable recovery focussed work. • The work in community should help enable new ways of working in intensive home based treatment (IHBT) but resourcing issues in the IHBT continue to limit opportunities to develop this, though plans are in place to resolve recruitment issues and some progress is being made. Kirklees IHBT team manager recently visited Barnsley and learning from this will help inform the improvement plan. • Single point of access (SPA) demand & capacity work has now been completed and fed back to commissioners to support the business case for staffing increase; this has now been agreed in Kirklees. Draft write up of engagement events has been done and next steps are to factor findings into the plan and feed back to attendees. Options for e-referral are being considered by Trust group – process mapping session was held early in December and it is now going to be January at the earliest before small scale testing is done. • 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. A training programme has been established and is being rolled out, with further structured clinical and Dialectical Behaviour Therapy (DBT) training being planned for early 2020. Initial EIA and CIA for Kirklees has been drafted. Next steps include more focussed case load management work within Kirklees & Calderdale community teams being carried out in order to embed new TIPD Pathway Recent increase in demand has continued to end of December, particularly for PICU gender specific beds but also a number of acute out of area placements. Feedback from services suggests it is likely that we going to continue to see some people still being placed out of area until a more sustainable system is established.	Progress Against Plan
					<p>Failure to deliver timely improvement due to lack of resource, other work priorities and skills- There has been some slippage on parts of the programme and this has been highlighted to the steering group but overall the programme has moved forward at a good pace. Plans have been released where there has been slippage. Activity across the programme likely to run well into 2020. CLD refresh to run until approx March 2020. SPA set to refresh in early 2020 – now likely to be in early 20/21 FY.</p> <p>Lack of relevant information and poor data quality could lead to poor decision making and/or poor assessment of changes - 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 and plans are being developed for longer term sustainability of performance management systems.</p> <p>Activity required to reduce admissions to beds may not be sustainable in the long term, either due to resources or external pressures - The project needs to ensure that systems are in place to embed changes over time. Ongoing horizon scanning to prepare for unexpected consequences of external forces so that the Trust is able to respond quicker. Partnership plan to develop services in primary care and reduce referral rates. Refresh of sustainability model via self assessment has taken place – gap analysis of this is next step.</p> <p>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 to include thanks and appreciation. To bring even more people into the engagement, including staff, service users/carers.</p>	Management of Risk	
Make care quickly and easily available in Camhs services	Greater positive impact on the lives of young people and their families (Wakefield) Deliver internal quality improvement and be able to demonstrate this to others (Both) Make CAMHS a greater place to work (Both) Work in partnership across the system (Both) Meet the requirements of external bodies (Barnsley)	Carol Harris Carmin Gibson-Holmes (Wakefield) Kate Jones (Barnsley) Supported by Nicole Ezro (Wakefield) and Maeve Boyle (Barnsley)	CAMHS Improvement Group with monthly report to OMG	To deliver the programme of work described in the driver diagram, improvement plans and associated action plans. The programme of work is a mixture of significant change & important improvement projects.	Monthly on IPR	<p>Wakefield CAMHS Improvement Plan and associated action plans presented to CAMHS Improvement Group on 15.01.20 and have been agreed as baseline position. Both Wakefield and Barnsley have commenced work to bring the waiting list numbers down and to understand the true 'waiting list position'. Barnsley commencing process mapping events for 4 pathways to establish 'current state' and identify what should be the 'future state'. Final version of Barnsley CAMHS Improvement Plan and associated action plans will be presented for sign-off for the next meeting in February 2020.</p> <p>Risks to be identified as part of work programme</p> <p>Implementation plan/Key milestones include: By 12/2/20 Final Improvement Plan for Barnsley agreed By 31/01/20 Wakefield Demand and Capacity Plan completed (Barnsley already completed) By 31/01/20 Wakefield Waiting List Initiative plans and trajectories completed and trajectories for Barnsley to be completed by 28/02/20. By 31/01/20 - First round of training for Barnsley All Age Liaison Team completed along with recruitment to this team.</p>	Progress Against Plan
						Management of Risk	

Summary	Quality	NHS Improvement	Locality	Priority Programmes	Finance/Contracts	Workforce		
IMPROVE RESOURCES	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	Sharon Carter	Change and Partnership Group	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	The new care plans went live across the Trust on 23rd November 2019, this has been well received with only normal issues reported. The weekly reporting on old care plans not closed in Inpatient Units has been available since 6th December 2019 with weekly highlights published in The Headline and emailed to Practice Governance Coaches. A report on old care plans created since 23rd November has now been created. Staff updates on optimisation, rollout of the new mental health care plans, changes to SystmOne functionality and current Data Quality issues continue to go out through The Headlines and in The Brief and via SystmOne Improvement Groups and improvement champions. The Programme Steering Group have agreed an action plan for rollout of the new FIRM risk assessments, with a business ready date end of April 2020. A process for supporting rollout and training of the new risk assessment involving FIRM Champions has been agreed with an initial engagement event held on 18th December 2019, and two subsequent events (28th January and 26th February 2020) have been scheduled. The Project lead and e-RS (electronic referral system) Project Group have been meeting with counterparts from primary care to consider future options for e-referral. Following co-design of a draft e-referral form, an e-referral letter template was created in SystmOne Demo and based on the feedback a number of changes have been made. This has now been circulated for final feedback. The e-RS Project Group met on 5th December 2019 to process map the referral process to SPA to ensure the e-RS process and letter template align. Working with SPA and IHT services, event templates have been implemented and there has been a significant improvement in quality of activity recording in these teams since implementation. Draft event template for Forensic Service are in co-design phase and MH community services are to commence co-design in January 2020. Engagement on the current 120+ Activity Codes on SystmOne to SNOMED codes and proposed rationalisation of the configured list is almost complete in preparation for changes to the Clinical System to be implemented.	Progress Against Plan
		Make the most of our clinical information	CHANGE MANAGEMENT/CLINICAL: The lack of commitment to the changes from internal and external stakeholders this will impact on the success of major optimisation activities such as tasks CHANGE MANAGEMENT: The lack of opportunities for clinical engagement in co- design and co creation activities there is a risk of not maximising optimisation opportunities. CONFIG, REPORTING, TRAINING: COMMS: Conflicting priorities in the Trust leading to insufficient workstream resources to support optimisation implementation CLINICAL RISK: 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-arounds' PROGRAMME: 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 CLINICAL RISK: The lack of knowledge clinicians/medics on engagement and being involved in the change process there is a risk of work around being created and this will result in further variations. CLINICAL RISK: Policies and procedures not being updated in the timely fashion in readiness of the system change.	Management of Risk				
IMPROVE RESOURCES	Make better use of digital technology across the Trust to improve our use of resources.	Salma Yasmeen	Vicki Whyte	Transformation Board	The use of a Digital Health App Library and associated prescribing is embedded across 5 Trust services. Digital Dictation business case developed and pilot study completed and evaluated to support a decision for adoption and implementation across the Trust. Virtual Clinic business case developed and pilot study completed and evaluated to support a decision for adoption and implementation across the Trust.	Bi-monthly on IPR	Orcha Rolled out to all CAMHS services, all stop smoking services and IAPT with 150 professionals registered to date to prescribe apps to the people in their care. Data and usage statistics being collated by Orcha and will be available from February 2020. Further roll outs planned to Health & Wellbeing Services. Business Cases Business cases for E Consultation and virtual clinics submitted to Digital Strategy Group, further work to inform pilot proposals underway. Pilots Further work and scoping underway to inform E consultation and Virtual Clinic pilot proposals and will be considered further by the Digital Strategy Group Conflicting priorities in the Trust leading to insufficient workstream resources to support the projects and development of business cases.	Progress Against Plan
		Make better use of digital technology	By 30/09/19 Implementation of Digital App prescribing in place across 5 Trust Services. By 31/10/19 Business Case for Digital Dictation and Virtual Clinics submitted to Digital Strategy Group. By 31/03/20 Pilot Studies completed, evaluated and reported to Digital Strategy Group.	Management of Risk				
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								

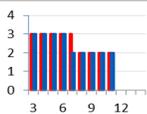
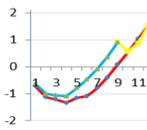
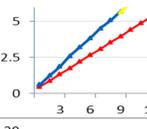
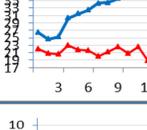
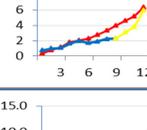
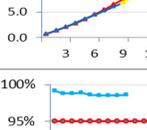
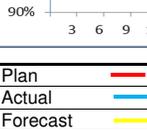
Progress against plan rating	Risk Rating	Likelihood	1 Rare	2 Unlikely	3 possible	4	5 Almost certain
On target to deliver within agreed timescales / project tolerances	Consequence						
ability/confidence to deliver actions within agreed timescales / project tolerances							
ability/capacity to deliver actions within agreed timescales / project tolerances	5 Catastrophic		5	10	15	20	25
Actions will not be delivered within agreed timescales / project tolerances	4 Major		4	8	12	20	
Action complete	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 / SUU risk

Glossary:	
CCY Children and Young People	ATU Assessment and Treatment Unit
ICS Integrated Care System	HAU Types acute services Unit
WV West Yorkshire	SPA single point of access
NHS National Health Service	IFG individual placement support
NHS Digital	NHS Digital Health Service England/ NHS Improvement
NHS Primary Care Network (also referred to as Primary Care Hub)	CMCC new model of care
IHT - Intensive Home Based Treatment	CMG other people services
MH mental health	CDL clinical decision support
VCS voluntary and community sector	CEBS clinical safety enhanced risk assessment
DBT Dialectical Behavioural Therapy	CI quality improvement design group
ACT Improving Access to Psychological Therapies	BFC statistical process control
LTC long term conditions	HI Institute for Health Improvement and Redesign)
CCG Clinical Commissioning Group	CSU County Service Improvement and Redesign)
PM Information management and technology	SCS an external consultancy company
ESD Early Supported Discharge	EMT executive management team
WV Health Care Partnership	GP General practitioners
LD Learning Disabilities	IMP Improved Personality Disorder
U&A Urgent and Emergency Care	IMP Improved Personality Disorder - Assessment - quality improvement tool
BDDT Bradford District Care Trust	IMP Improved mental health professional assessment - Recommendation - quality improvement tool
SWYFT South West Yorkshire Partnership Foundation Trust	IMP Improved mental health professional assessment - Recommendation - quality improvement tool
	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 December. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Deficit (excl PSF)	(£0.2m)	(£0.2m)	December financial performance is a surplus of £0.4m excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.2m. The year end deficit of £0.2m is considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£5.7m	£7.6m	Agency expenditure is higher than plan with £0.6m spent in December, £0.1m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by over £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements, and an adverse impact of the finance risk rating.	
4	Cash	£35.5m	£31.7m	Cash in the bank continues to be above planned levels; due to opening balances being higher than plan, receipt of provider sustainability funding, timing of capital expenditure and focused working capital management.	
5	Capital	£2.3m	£6m	Capital spend is below plan at the end of December. Forecast currently remains at £6m but is under detailed review.	
6	Delivery of CIP	£6.8m	£10.6m	Year to date £6.8m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.2m 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	

Summary

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Priority Programmes

Finance/Contracts

Workforce

Contracting - Trust Board

Contracting Issues - General

The Trust, as part of the wider South Yorkshire and West Yorkshire Integrated Care Systems, was successful in application for NHS England mental health winter support funding across a range of initiatives. These include expansion of children's crisis and all age liaison services in Calderdale and Wakefield, extension of patient flow work to cover out of hours and weekends across all localities, use of discharge co-ordinators across all localities, training to support structured management in personality disorder pathways, provision of additional support to the intensive home based treatment team in Wakefield. Contract negotiations are progressing with core commissioners in relation to 2020/21 contracts. The NHSE proposed NHS Standard Contracts for 2020/21 were published for consultation on 23rd December 2019. The consultation ends on 31st January 2020. The Trust has also reviewed the NHSE consultation on two national service specifications covering enhanced health in care homes and anticipatory care which are to be co-delivered between primary and community providers, including providers of community mental health services. It is expected that this will be a contractual requirement for community providers in 2020/21 through the NHS Standard Contract.

CQUIN

Quarter 3 submissions have been made in January across all contracts.

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. Work continues on the development of integrated neighbourhood teams. The review of neighbourhood nursing implications has been fed into this 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. Work on the additional waiting list initiate across children's and young people's mental health services is ongoing. Work continues to implement the new early supported discharge team in stroke services. Winter funded proposals include use of discharge co-ordinators and expansion of patient flow work to cover out of hours and weekends.

Contracting Issues - Calderdale

Implementation continues to develop the 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. Winter funded initiatives are being implemented including children and young peoples crisis service expansion and all age liaison, use of discharge co-ordinators and expansion of patient flow work to cover out of hours and weekends and provision of structured training to support personality disorder pathways. Contract negotiations for 2020/21 are underway.

Summary

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Contracting - Trust Board

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 making additional investment to support the further development of pathways for people with personality disorder. Work is ongoing to implement additional crisis investment gained through bids to NHSE. Winter funded initiatives include discharge co-ordinators and expansion of patient flow work to cover out of hours and weekends and provision of structured training to support personality disorder pathways.

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. Additional waiting list initiatives are progressing related to children's and young people's services in Wakefield as part of the 2019/20 mental health investments. Wakefield CCG has confirmed additional investment to March 2020 to provide additional resources to support health screening and those with substantial health needs residing at the Urban House initial accommodation centre. Winter funded initiatives include children and young people's expansion to crisis services and all age liaison services, use of discharge co-ordinators, expansion of patient flow work to cover out of hours and weekends and additional support for the intensive home based treatment support line.

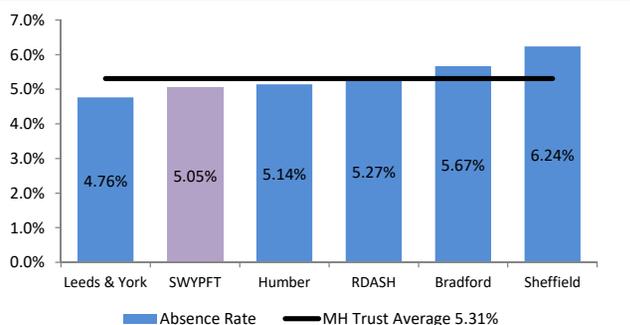
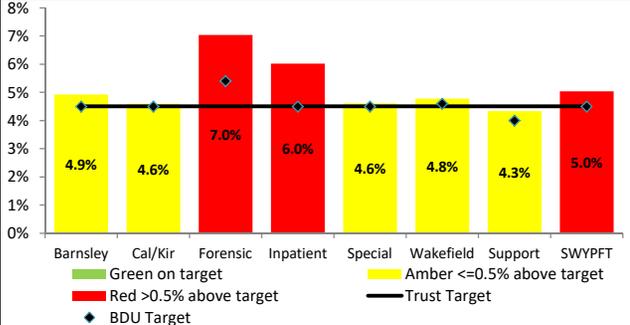
Contracting Issues - Forensics

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 were successful in a bid to become the lead provider for the West Yorkshire Collaborative for adult secure services on the further development track work stream to commence from April 2021.

Workforce

Human Resources Performance Dashboard - December 2019

Sickness Absence



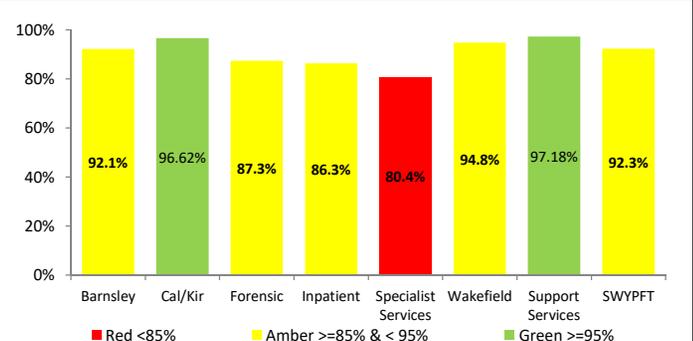
Current Absence Position and Change from Previous Month - Dec 2019

	Barn	Cal/Kir	Fore	Inpat	Spec	Wake	Supp	SWYPFT
Rate	4.8%	5.8%	7.5%	7.1%	4.3%	4.6%	3.9%	5.3%
Change	↑	↑	↑	↑	↓	↓	↓	↑

The Trust YTD absence levels in December 2019 (chart above) were above the target at 5%.
The YTD cost of sickness absence is £4.6m. If the Trust had met its target this would have been £4.1m, saving £0.5m.

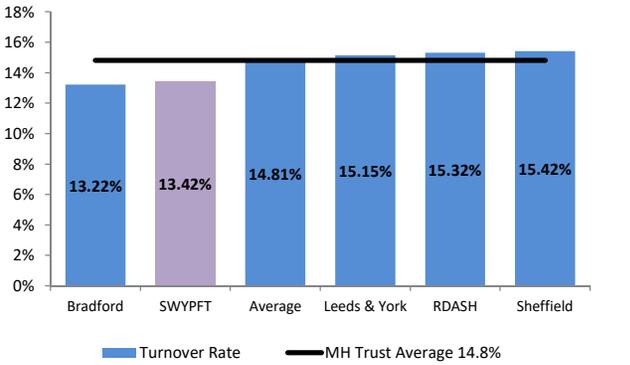
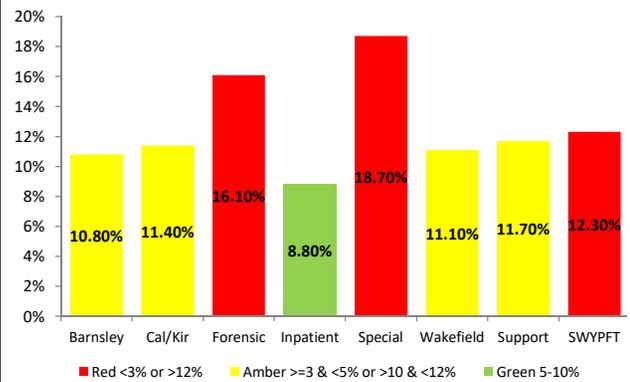
The above chart shows the YTD absence levels in MH/LD trusts in our region for 2018-19 financial year. During this time the Trust's absence rate was 5.05% which is below the regional average of 5.31%.

Appraisals - All Staff



The above chart shows the appraisal rates for the Trust to the end of December 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.

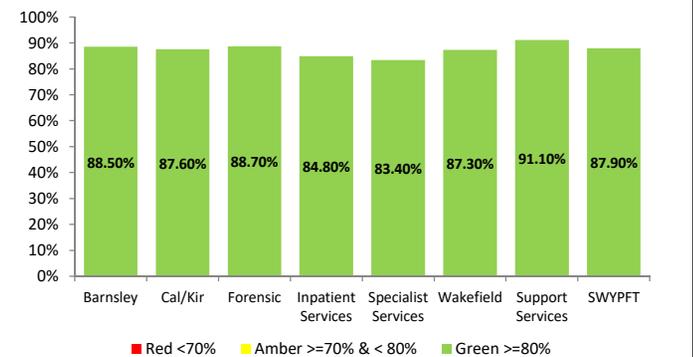
Turnover and Stability Rate Benchmark



This chart shows the YTD turnover levels up to the end of December 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 training to the end of December 2019. All areas and the Trust continue to achieve the 80% target.

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.1%	5.1%	5.0%	4.7%	4.7%	4.9%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.8%	5.1%	4.6%	4.7%	4.7%	5.20%	5.30%	5.0%	5.0%	5.10%	5.0%	5.30%	
Appraisals (Band 6 and above) 1	Improving Resources	Well Led	AD	>=95%	99.1%	99.1%	99.1%	6.3%	19.8%	66.20%	76.20%	80.30%	83.80%	91.6%	93.0%	93.2%	
Appraisals (Band 5 and below)	Improving Resources	Well Led	AD	>=95%	96.5%	97.5%	97.5%	0.2%	1.5%	7.8%	26.40%	39.10%	69.70%	86.8%	89.7%	91.7%	
Aggression Management	Improving Care	Well Led	AD	>=80%	83.1%	82.9%	81.7%	81.6%	82.8%	84.0%	84.3%	84.0%	82.8%	82.8%	81.3%	80.5%	
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	82.1%	81.4%	80.7%	80.2%	80.1%	81.3%	81.3%	82.8%	83.0%	83.6%	83.6%	81.9%	
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	87.8%	88.7%	88.4%	87.9%	88.7%	88.3%	86.8%	87.8%	88.7%	88.6%	88.5%	88.6%	
Equality and Diversity	Improving Health	Well Led	AD	>=80%	90.9%	91.0%	90.3%	89.6%	89.8%	90.3%	91.2%	91.2%	91.5%	92.0%	92.3%	92.1%	
Fire Safety	Improving Care	Well Led	AD	>=80%	85.2%	84.9%	84.6%	84.6%	84.6%	85.7%	86.1%	85.5%	86.6%	86.8%	87.4%	87.9%	
Food Safety	Improving Care	Well Led	AD	>=80%	82.3%	83.7%	83.4%	83.6%	83.6%	83.3%	83.8%	83.0%	82.0%	81.9%	82.5%	83.0%	
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	89.5%	90.4%	89.9%	90.5%	90.8%	91.1%	91.7%	91.7%	92.2%	92.0%	91.3%	91.0%	
Information Governance	Improving Care	Well Led	AD	>=95%	96.1%	97.6%	98.5%	97.2%	94.3%	94.5%	94.5%	94.0%	94.2%	94.0%	92.8%	94.1%	
Moving and Handling	Improving Resources	Well Led	AD	>=80%	87.8%	88.9%	90.5%	90.4%	91.4%	91.8%	92.0%	91.9%	91.7%	92.1%	91.9%	92.0%	
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	92.7%	92.5%	91.7%	91.2%	91.7%	91.6%	92.4%	92.7%	93.2%	93.9%	93.5%	92.5%	
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	86.7%	86.4%	84.5%	84.2%	85.2%	86.8%	88.2%	88.6%	88.8%	90.2%	90.8%	89.8%	
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%		86.8%			75.5%			74.2%			72.5%		
Prevent	Improving Care	Well Led	AD	>=80%							80.8%	81.5%	83.5%	86.0%	87.1%	88.8%	
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	93.2%	93.4%	92.9%	92.4%	92.5%	93.2%	93.5%	93.8%	94.2%	94.4%	94.1%	94.1%	
Safeguarding Children	Improving Care	Well Led	AD	>=80%	91.3%	90.9%	91.1%	89.6%	91.0%	91.7%	92.2%	92.3%	91.5%	91.8%	89.8%	89.0%	
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	93.9%	94.5%	94.9%	94.0%	94.8%	95.1%	95.2%	95.9%	96.0%	96.3%	96.0%	96.5%	
Bank Cost	Improving Resources	Well Led	AD	-	£752k	£1048k	£772k	£625k	£844k	£695k	£708k	£889k	£770k	£700k	£887k	£705k	
Agency Cost	Improving Resources	Effective	AD	-	£596k	£545k	£634k	£613k	£641k	£619k	£722k	£629k	£628k	£674k	£572k	£559k	
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£602k	£476k	£482k	£479k	£494k	£513k	£543k	£501k	£501k	£545k	£507k	£556k	
Business Miles	Improving Resources	Effective	AD	-	286k	270k	289k	274k	240k	293k	281k	245k	284k	264k	317k	272k	
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 Feb 20		

1 - this does not include data for medical staffing.

Mandatory Training

- The Trust is meeting its mandatory training targets with the exception of information governance, which is slightly below 95%, but projected to be in line with the target by the end of the year.

Appraisals

- Appraisal completion rate for band 6 remains at 93% however performance to the end of November 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 December.

Sickness Absence

- Year to date sickness at the end of December remains 5.0% which compares with 4.8% last year. The monthly rate of 5.3% is lower than December last year (5.7%).

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 increased to 12.3% month on month which compares to 12.0% last year.

Guardian of Safe Working Report - Q3 (Oct - Dec 2019)

Distribution of Trainee Doctors within SWYPFT

Poor recruitment to core training posts in Psychiatry has led to a number of gaps but this has been much better on the S. Yorkshire and Leeds/Wakefield schemes recently with full recruitment for August 2019 and February 2020. On the Calderdale and Kirklees Core Training Scheme there are a number of vacancies, compounded by issues with trainees being on maternity leave or unable to take part in the rota for health reasons. Also, new doctors from overseas are not always ready to take part in the rota on arrival.

Exception reports (with regard to working hours)

There have only been a few ERs completed in SWYT since the introduction of the new contract and there have been 2 during this period. Both exceptions related to the burden of seclusion reviews, impacting on the 1st on-call doctor's time to deal with other acutely unwell patients and having to stay late to complete the work. After discussion with the trainee's supervisor, no further action was required for the individual doctor. Concerns regarding the increased numbers of patients in seclusion have been raised anecdotally in the Junior Doctors Forum. The Fieldhead site has a very high number of seclusion rooms compared to other sites and other local trusts. A brief survey at Fieldhead over 6 weeks in October and November revealed that an average of 7-8 reviews are required per 24 hours but perhaps more significantly, there were 11 days when 10-15 seclusion reviews were required. The Trust Seclusion Policy is being reviewed and it is hoped that the changes will address some of the concerns raised.

Fines

There have been none within this reporting period.

work schedule reviews

There were no reviews required.

Rota gaps and cover arrangements

Gaps by rota October/November/December '19

Gaps by rota October/November/December '19					
Rota	Number (%) of rota gaps	Number (%) covered by Medical Bank	Number (%) covered by agency / external	Number (%) covered by other trust staff	Number (%) vacant
Barnsley 1st	8 (4%)	8 (100%)	0	0	0
Calderdale 1st	51 (27%)	44 (86%)	0	0	7 (14%)
Kirklees 1st	24 (26%)	24 (100%)	0	0	0
Wakefield 1st	25 (14%)	24 (96%)	0	0	1 (4%)
Total 1st	108 (17%)	100 (93%)	0	0	8 (7%)
Wakefield 2nd	8 (9%)	0	0	8 (100%)	0

The tables detail rota gaps by area and how these have been covered. As discussed, the areas with the most vacancies have the most gaps. The Medical Bank has largely been working well but it is of concern that more shifts were unfilled in this period (all but a single 4 hour period in Wakefield, were in Calderdale). None have been filled by agency staff during this quarter.

Costs of Rota Cover October/November/December '19

Costs of Rota Cover October/November/December '19					
1 st On-Call Rotas	Shifts (Hours) Covered by Medical Bank	Cost of Medical Bank Shifts	Shifts (Hours) Covered by Agency	Cost of Agency Shifts	Total Cost
Barnsley	8 (88)	£3080	0	0	£3080
Calderdale	44 (403)	£14105	0	0	£14105
Kirklees	24 (332)	£11620	0	0	£11620
Wakefield	24 (203.25)	£7113.75	0	0	£7113.75
Total	100 (1026.25)	£35918.75	0	0	£35918.75

Issues and Actions

Recruitment – Vacancies remain an ongoing national issue. There are a number of initiatives that the trust is involved with, through The Royal College (MTI - Medical Training Initiative) and Health Education England (WAST - Widening Access to Specialist Training). We currently have MTI (2) and WAST (2) doctors in the Trust and we expect more to join us next year, especially on the WAST scheme which has been expanded. 3 vacancies were advertised for the February 2020 rotation but only 1 was filled. The Leeds-Wakefield rotation and the South Yorkshire Rotation are both fully recruited and no gaps are expected for February 2020. Local GP schemes have raised the possibility of sending more trainees for experience in psychiatry from August 2020 but this is yet to be finalised. There are fewer vacancies across West Yorkshire as a whole which bodes well for recruitment for August 2020. There are also plans to merge the 3 training schemes in West Yorkshire from August 2020 which may reduce the number of vacancies within SWYPFT in the longer term.

Junior Doctors' Forum – This continues to meet quarterly, offering a forum for trainees to raise concerns about their working lives and to consider options to improve the training experience. Where concerns do not relate directly to the contract, issues are raised with the relevant Clinical Lead or the AMD for Postgraduate Medical Education. Discussions are on-going about arrangements to allow Core Trainees to gain more emergency psychiatry experience, as well as the Seclusion issue mentioned above. The forum has also been involved in deciding how money associated with the Fatigue and Facilities Charter (£60,000) should be spent and a list has been agreed with trainees.

Education and support – The Guardian will continue to work closely with the AMD for Postgraduate Medical Education to improve trainees' experience and to support clinical supervisors. The Guardian will continue to encourage trainees to use Exception Reporting, both at induction sessions and through the Junior Doctors' Forum. We will also work to improve use of personalised work schedules for trainees.

Amendments to 2016 Contract – I have continued to work with colleagues in human resources to ensure that rotas are updated to reflect the amendments to the Junior Doctor Contract. These will lead to a slight increase in costs for the Trust. Most of the required changes will be in place for February 2020.

Summary

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Medical appraisal activity - Quarter 3 2019/20

RESPONSIBLE OFFICER QUARTERLY REPORT – 2019/2020					
	Q1 1.4.19 – 30.6.19	Q2 1.7.19 – 30.9.19	Q3 1.10.19 – 31.12.19	Q4 1.1.20 – 31.3.20	
MEDICAL APPRAISALS					
Number expected to be undertaken in period	28	31	45		
Number undertaken in period	27	29	43		
Number not undertaken for which the RO accepts postponement is reasonable	1	2	1		
Percentage of appraisals taken place	96%	93%	95.5%		
Percentage of appraisals signed off in period as satisfactory	100%	100%	100%		

	Q1 1.4.19 – 30.6.19	Q2 1.7.19 – 30.9.19	Q3 1.10.19 – 31.12.19	Q4 1.1.20 – 31.3.20	
MEDICAL REVALIDATIONS					
Number of revalidation recommendations due in period	14	8	8		
Number of positive recommendations	12	8	8		
Number of deferrals	2	0	0		
Number of non-engagements	0	0	0		
Percentage of revalidation recommendations made	100%	100%	100%		

	Q1 1.4.19 – 30.6.19	Q2 1.7.19 – 30.9.19	Q3 1.10.19 – 31.12.19	Q4 1.1.20 – 31.3.20	
RESPONDING TO CONCERNS					
Number of active cases under Maintaining High Professional Standards procedures	0	0	0		

Publication Summary

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

[Mixed sex accommodation breaches: October 2019](#)

[Monthly hospital activity data: October 2019](#)

[Delayed transfers of care: October 2019](#)

[Mental health early intervention in psychosis: October 2019](#)

[Diagnostics waiting times and activity: October 2019](#)

[Direct access audiology waiting times: October 2019](#)

[Diagnostic imaging dataset: August 2019](#)

[NHS Improvement provider bulletin: 19 December 2019:](#)

- [Help for our future nursing and midwifery workforce](#)
- [Antiviral medicines for the prevention and treatment of flu](#)
- [Patient Safety Alert: Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices](#)
- [Pensions tax impacts on the NHS – a solution for 2019/20](#)
- [Encouraging feedback on cancer care from BME patients](#)
- [GIRFT ophthalmology national report](#)
- [A second chance to attend the NHS cadets introductory webinar](#)

[Community services statistics: September 2019](#)

[Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2019 - November 2019](#)

[Mental health services monthly statistics: final October, provisional November 2019](#)



South West
Yorkshire Partnership
NHS Foundation Trust



Finance Report

Month 9
(2019 / 20)

Appendix 1

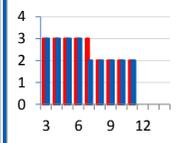
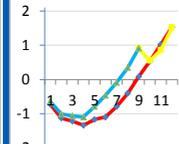
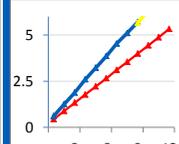
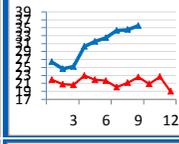
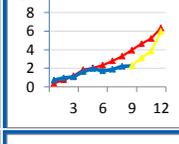
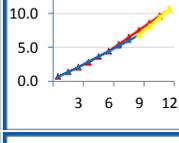
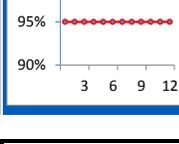


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With **all of us** in mind.

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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 December. The biggest current risk to this rating is the agency performance against capped levels.	
2	Normalised Surplus / (Deficit) (excl PSF)	(£0.2m)	(£0.2m)	December financial performance is a surplus of £0.4m excluding Provider Sustainability Fund (PSF). This reduces the year to date cumulative deficit to £0.2m. The year end deficit of £0.2m is considered achievable through continued financial control and increased cost improvements.	
3	Agency Cap	£5.7m	£7.6m	Agency expenditure is higher than plan with £0.6m spent in December, £0.1m above the agency cap set by NHS Improvement. Current projection is that our agency cap will be exceeded by over £2m. Any further investment in waiting list initiatives or other specific pressures could lead to additional agency staffing requirements, and an adverse impact of the finance risk rating.	
4	Cash	£35.5m	£31.7m	Cash in the bank continues to be above planned levels; due to opening balances being higher than plan, receipt of provider sustainability funding, timing of capital expenditure and focused working capital management.	
5	Capital	£2.3m	£6m	Capital spend is below plan at the end of December. Forecast currently remains at £6m but is under detailed review.	
6	Delivery of CIP	£6.8m	£10.6m	Year to date £6.8m cost reductions have been secured. Any unidentified CIPs will need to be managed within the overall financial position, currently £1.2m 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	

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.

Area	Weight	Metric	Actual Performance		Plan - Month 9	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.5	1	3.0	1
	20%	Liquidity (Days)	29.2	1	16.5	1
Financial Efficiency	20%	I & E Margin	0.5%	2	0.0%	3
Financial Controls	20%	Distance from Financial Plan	0.8%	1	0.0%	1
	20%	Agency Spend	42%	3	13%	2
Weighted Average - Financial Sustainability Risk Rating				2	2	

Impact

The rating remains at 2 for December. The I & E margin needs to increase to 1% for this rating to be 1.

The agency rating is the only metric which is lower than planned. If spend increases to 50% more than cap 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.

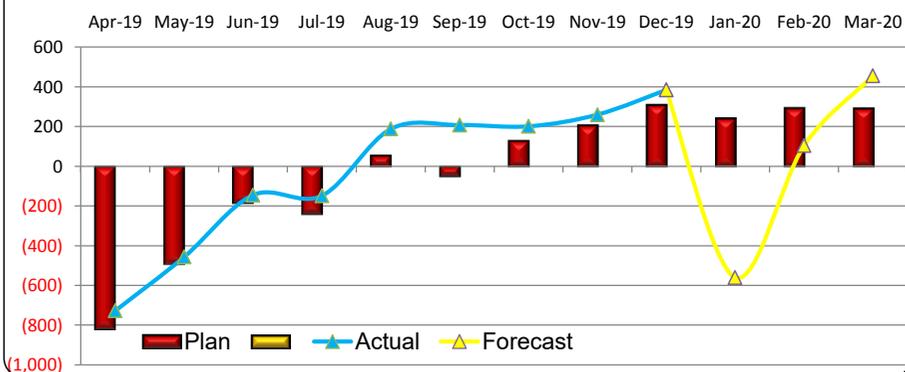
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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.

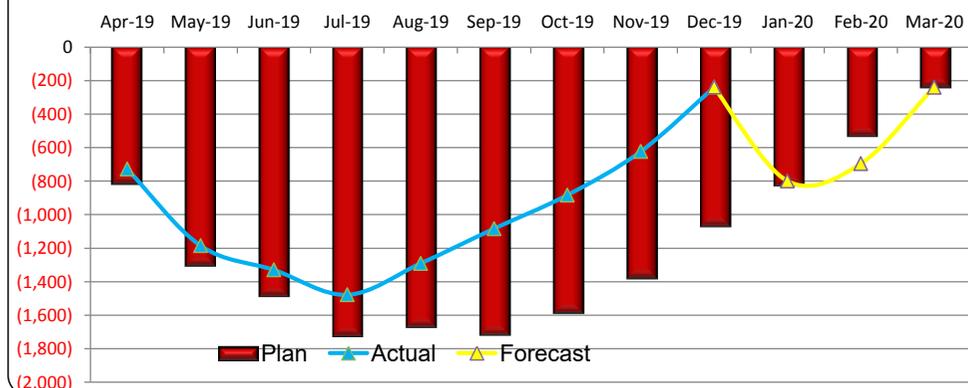
Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				18,064	18,061	(2)	Clinical Revenue	160,185	158,962	(1,223)	214,490	213,271	(1,219)
				18,064	18,061	(2)	Total Clinical Revenue	160,185	158,962	(1,223)	214,490	213,271	(1,219)
				1,725	1,381	(344)	Other Operating Revenue	11,373	11,203	(169)	15,032	14,968	(63)
				19,789	19,443	(346)	Total Revenue	171,558	170,165	(1,392)	229,522	228,239	(1,283)
4,314	4,138	(176)	4.1%	(15,560)	(14,568)	992	Pay Costs	(135,592)	(130,726)	4,866	(181,047)	(175,721)	5,326
				(3,729)	(3,762)	(33)	Non Pay Costs	(32,298)	(31,017)	1,281	(43,467)	(43,466)	2
				469	(40)	(509)	Provisions	1,211	(2,553)	(3,764)	2,681	(1,087)	(3,768)
				0	0	0	Gain / (loss) on disposal	0	0	0	0	0	0
4,314	4,138	(176)	4.1%	(18,820)	(18,370)	449	Total Operating Expenses	(166,679)	(164,295)	2,384	(221,834)	(220,274)	1,560
4,314	4,138	(176)	4.1%	970	1,072	103	EBITDA	4,879	5,870	991	7,688	7,965	277
				(442)	(482)	(40)	Depreciation	(3,977)	(4,235)	(258)	(5,302)	(5,679)	(377)
				(227)	(227)	0	PDC Paid	(2,045)	(2,045)	0	(2,726)	(2,726)	0
				8	21	13	Interest Received	75	170	95	100	200	100
4,314	4,138	(176)	4.1%	309	384	75	Normalised Surplus / (Deficit) Excl PSF	(1,067)	(239)	828	(240)	(240)	0
				176	176	0	PSF (Provider Sustainability Fund)	1,148	1,148	0	1,765	1,765	0
4,314	4,138	(176)	4.1%	485	560	75	Normalised Surplus / (Deficit) Incl PSF	81	909	828	1,525	1,525	0
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,314	4,138	(176)	4.1%	485	560	75	Surplus / (Deficit)	81	909	828	1,525	1,525	0

Trust Monthly I & E Profile (Excluding revaluation and PSF)



Produced by Performance & Information

Trust Cumulative I & E Profile (Excluding revaluation and PSF)



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At December 2019 the Trust remains ahead of plan.

Month 9

The December position is a pre PSF surplus of £384k and a post PSF surplus of £560k, this is £75k ahead of plan. This represents the fifth consecutive month a surplus has been reported and is largely due to continued pay underspends, agreement of income for new investments, reductions in out of area placement costs and expenditure control.

Pay expenditure has continued to be lower than plan; 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. We continue to work with commissioners to finalise potential additional investment in 2019/20 (effectively priming recurrent investment in 2020/21).

Pay Expenditure

Pay budgets have continued to underspend; £992k in December. 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 maximum agency cap set by NHSI for 2019/20 has been set at £5.3m. In December agency costs are £594k which is higher than cap.

Non Pay Expenditure

Non pay is slightly more than plan in December (£33k) but cumulatively is £1.4m 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 £1.9m lower than last year. More details are included within the out of area focus page. However expenditure control continues in the majority of categories.

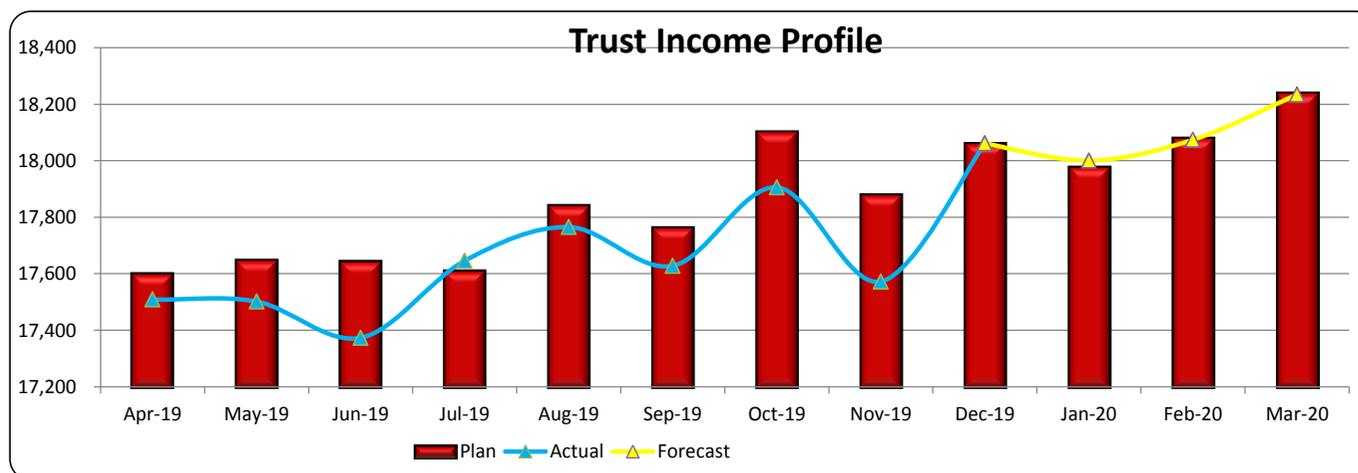
Forecast

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 but is increasingly likely to be attained.

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	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total	Total 18/19
	£k	£k												
CCG	9,999	9,999	9,868	10,028	9,973	10,032	10,211	10,053	10,177	10,160	10,166	10,166	120,831	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	1,264	1,388	1,332	1,336	1,337	15,799	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	499	751	668	661	650	7,627	7,172
Other	3,576	3,570	3,516	3,668	3,839	3,743	3,594	3,732	3,721	3,816	3,886	4,056	44,716	6,708
Total	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	18,000	18,074	18,234	213,271	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 in December 2019 due to:

* increased reimbursement from commissioners for actual costs incurred. During 2019/20 a number of services have received expansion funding and income is received as and when recruitment happens.

The forecast position continues to increase further for this same reason. All outstanding contract variations from commissioners are being chased, and through the annual agreement of balance exercise, to ensure that we have a common understanding on the level of income expected.

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 79% of our budgeted total expenditure.

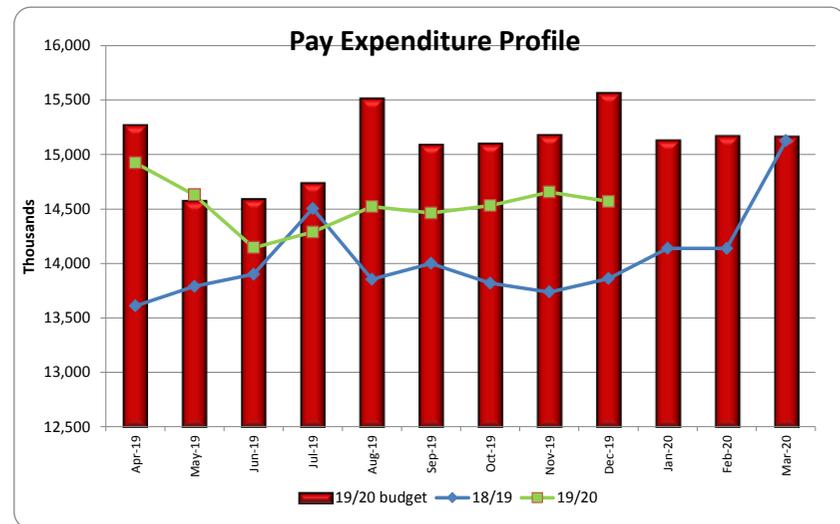
The Trust's strategic workforce plan was approved in March 2018 and is updated annually. Annual plans associated with this strategy are agreed the Workforce and Remuneration Committee.

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	13,147	13,207				117,706
Bank & Locum	663	906	752	747	934	821	794	938	767				7,322
Agency	613	641	624	722	628	628	674	572	594				5,697
Total	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	0	0	0	130,726
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%	6.4%	5.3%				5.6%
Agency as %	4.1%	4.4%	4.4%	5.0%	4.3%	4.3%	4.6%	3.9%	4.1%				4.4%

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
Medical	17,681	13,916	484	2,790	17,190	491
Nursing Registered	48,658	39,592	2,534	379	42,505	6,153
Nursing Unregistered	14,718	13,208	3,464	1,418	18,090	(3,372)
Other	33,168	31,893	332	1,063	33,288	(120)
BDU Admin	9,532	8,128	369	10	8,507	1,025
Corporate Admin	11,836	10,970	139	37	11,146	690
Total	135,592	117,706	7,322	5,697	130,726	4,866

	Budget £k	Substantive £k	Bank £k	Agency £k	Total £k	Variance £k
MH Community	58,945	50,152	1,363	3,473	54,988	3,958
Inpatient	34,601	27,963	5,163	1,916	35,042	(441)
BDU Support	5,027	4,850	146	10	5,006	21
Community	16,181	15,396	302	198	15,895	286
Corporate	20,837	19,346	348	101	19,795	1,042
Total	135,592	117,706	7,322	5,697	130,726	4,866



Key Messages

The Trust has received significant additional investment during 2019/20 for new services and further commissioner investment in existing services. This investment remains primarily workforce based and as such mobilisation and recruitment has been taking place. As a result absolute pay expenditure is higher than last year (including the impact of pay awards, increments etc under Agenda For Change).

In December pay underspent by £992k. Year to date underspend is £4.9m. Temporary staffing provided by both agency and bank totals £13m (10% of total pay expenditure). Often staffing requirements and vacancies are required 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.

These differences are shown in the tables above with overspends in adult acute inpatient wards. Mobilisation of a sustainable workforce strategy continues although the financial effectiveness to date has been impacted by exceptional levels of sickness and cases of acuity above those normally expected. This has included utilising additional unregistered nurses to support known recruitment and retention issues in registered nurses.

The shortfall in registered nursing compared to plan is clearly evident from the numbers above. This is being partly compensated for by additional spend on the non-registered workforce.

The NHS Improvement agency cap is £5.3m

Spend, for the year to date, is £1.7m 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.

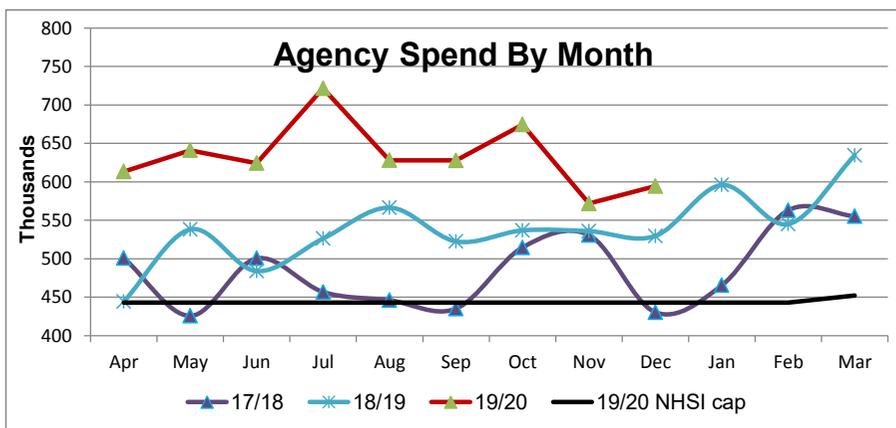
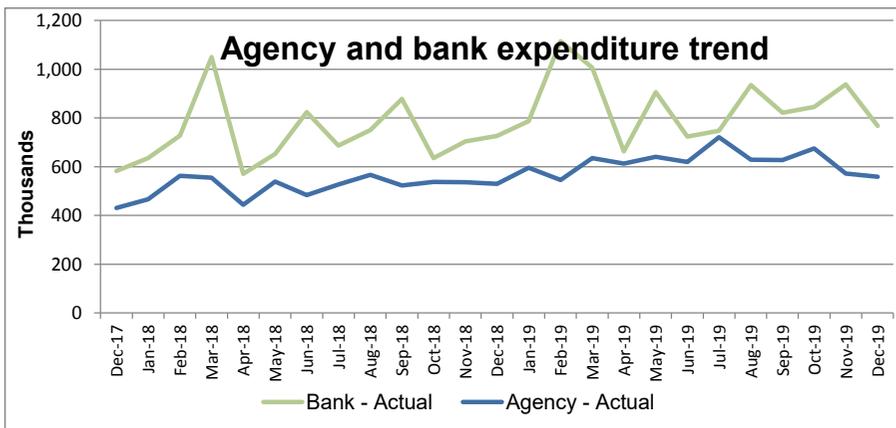
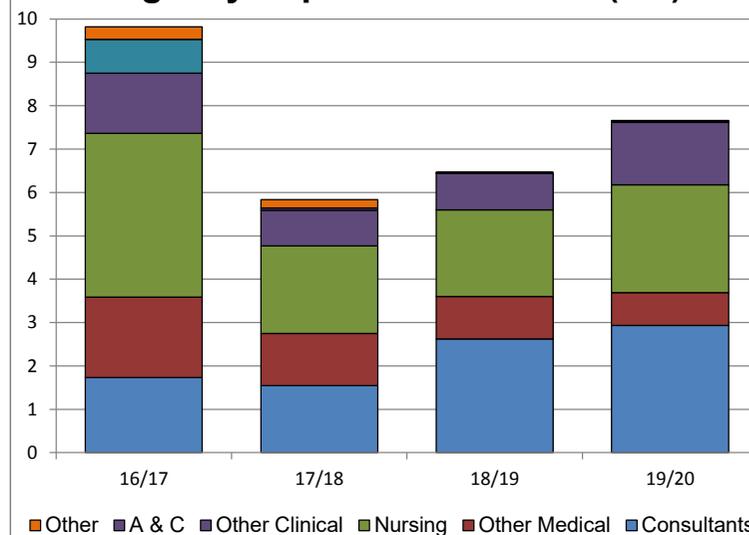
Actual agency usage continues to be reported to NHS England and Improvement on a weekly basis.

December agency spend is £594k, 26% above cap. This is slightly lower than the average monthly run rate. Cumulative spend is £5.7m which is 42% above cap and 21% higher than the same period last year.

The current forecast, based upon these plans, is £7.6m although this continues to be assessed. Currently £0.5m relates to additional staffing from commissioner investment (waiting lists etc) with the remainder covering recurrent issues such as vacancies. This could potentially increase as additional investment is identified in year. Due to the one off nature of this investment agency is often the only real option.

Bank and locum expenditure in December 2019 is £0.8m which is in line with the average for the year to date.

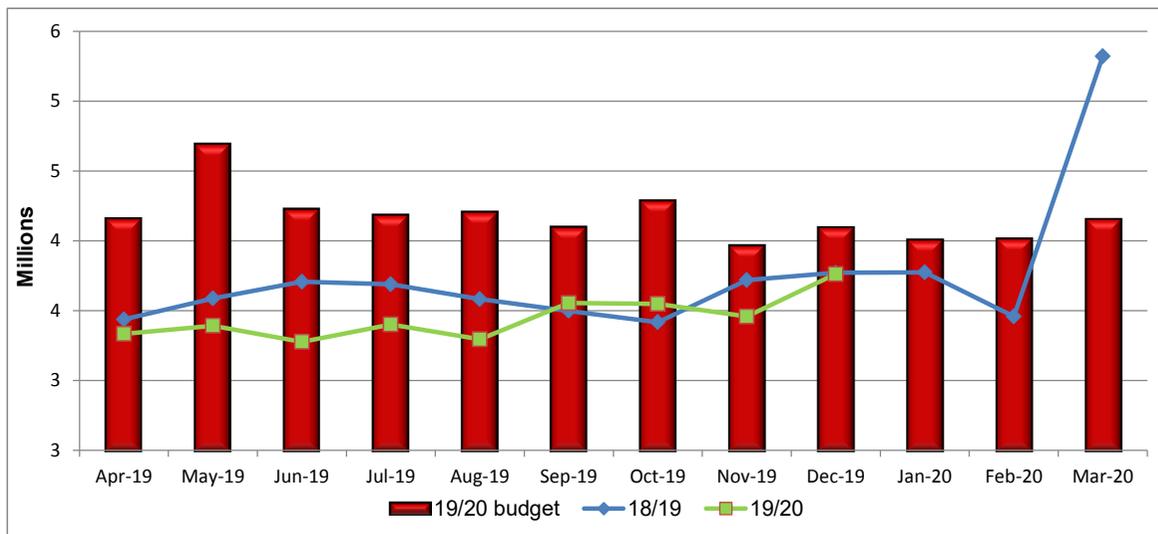
Agency Expenditure Trends (£m)



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	3,458	3,762				31,017
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

	Budget Year to date £k	Actual Year to date £k	Variance £k
Non Pay Category	£k	£k	£k
Clinical Supplies	1,986	2,064	(78)
Drugs	2,739	2,632	107
Healthcare subcontracting	3,955	3,511	444
Hotel Services	1,393	1,279	114
Office Supplies	3,895	3,749	145
Other Costs	3,617	3,147	470
Property Costs	5,195	5,443	(247)
Service Level Agreements	4,652	4,587	65
Training & Education	346	387	(41)
Travel & Subsistence	2,643	2,295	348
Utilities	879	1,012	(132)
Vehicle Costs	997	911	86
Total	32,298	31,017	1,281
Total Excl OOA and Drugs	25,604	24,873	731



Key Messages

As illustrated by the graph, year to date non pay expenditure is £1.4m lower than in the previous year and remains lower than plan. Savings have been made in a number of categories with the largest in out of area bed placements. These savings continue to be assessed against the CIP requirement to confirm if any can be classified as recurrent or non recurrent savings.

As identified on the out of area focus page, whilst spend is lower than previous and £444k lower than plan, healthcare subcontracting activity and costs remain challenging. The Care Closer to Home work stream continues to work to ensure that a long term sustainable position can be reached. This links into many other services within the Trust and also externally.

Other savings against plan are being made in most other categories and these are also being assessed for sustainability to ensure they are appropriately captured in future operational plans.

To support this 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 in line with the Trust priorities.

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 reasons 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 geographical 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	82	158				1,144

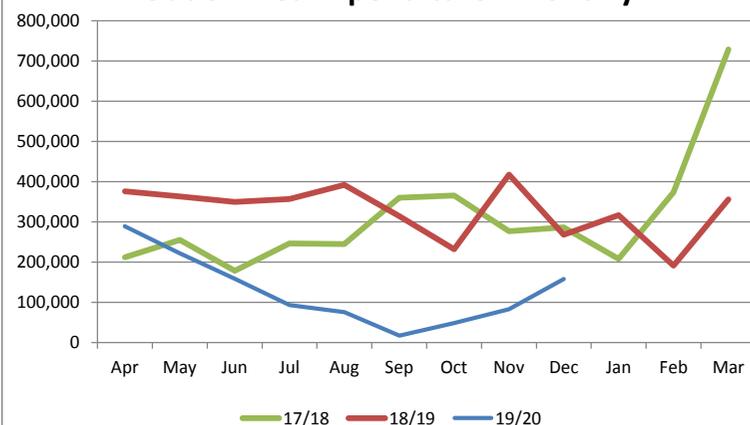
Bed Day Trend Information

	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	129	166				1,612

Bed Day Information 2019 / 2020 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	32	26	30	26	0	0	15	18	29				176
Acute	160	277	178	150	142	24	7	41	42				1,021
Appropriate	90	51	30	30	14	4	31	70	95				415
Total	282	354	238	206	156	28	53	129	166	0	0	0	1,612

Out of Area Expenditure - monthly



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.

Although activity remains lower than previous levels we have seen a further increase in activity in December; a third consecutive month of higher usage.

The majority of this activity is due to the requirement for a gender specific environment which the Trust does not provide. That being said there is an increase in other PICU and acute activity. Focus remains on reducing this and trying to ensure minimal ongoing requirements.

Financially the progress made this year remains positive. £1.9m less has been spent for the same period last year; this equates to 2,517 less bed days.

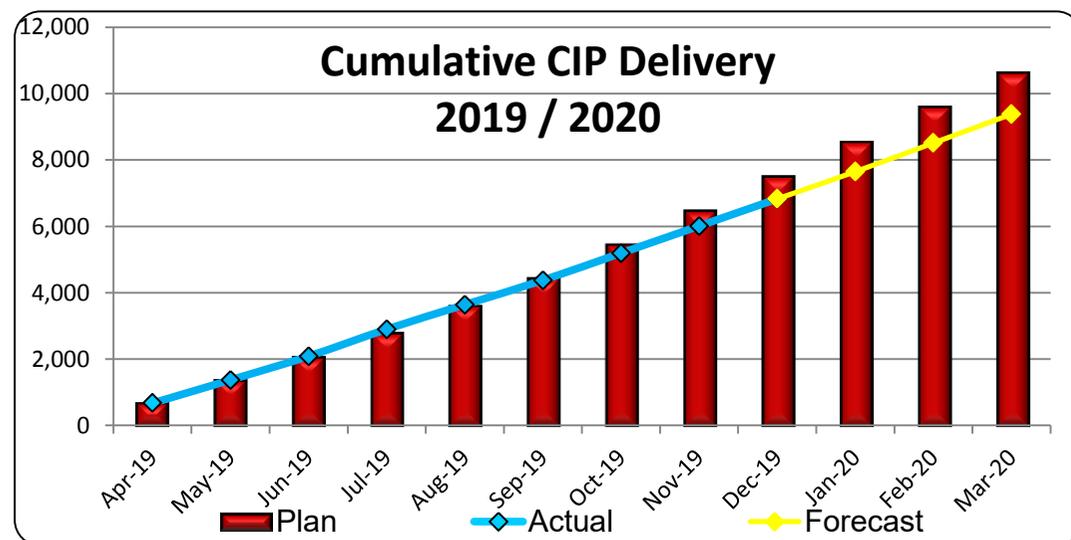
2.1 Cost Improvement Programme 2019 / 2020

The Trust priorities for 2019/20 includes Improving the Use of Resources. This is the drive to improve quality and reduce costs in order to meet our financial targets. We will do this by ensuring we spend money wisely and reduce waste.

The financial element of this priority is recorded below with schemes identified as part of the Trust Cost Improvement Programme (CIP) being monitored for actual performance against those originally planned.

There are additional efficiencies and savings made within the overall financial position; only those with identified schemes and Quality Impact assessments are captured here, although all contribute to the overall position.

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.



CIP Monitoring	Year to Date		Forecast	
	Plan £k	Actual £k	Plan £k	Actual £k
Recurrent	5,106	4,087	7,368	5,570
Non Recurrent	2,400	2,741	3,256	3,811
Total	7,507	6,828	10,624	9,381
Shortfall		679		1,243

Year to date performance is £679k behind plan. This is increasing due to the phasing of the unidentified savings target which were profiled later in the year and still require schemes to be identified. We will continue to review in year savings in January to identify any which can be classified as CIP either recurrently or non-recurrently.

The current level of mitigation required is £1.2m to offset the delay in a consolidated temporary staffing solution, drugs costs and to cover unidentified schemes.

	2018 / 2019 Plan (YTD)		Actual (YTD)	Note
	£k	£k	£k	
Non-Current (Fixed) Assets	100,005	101,698	98,027	1
Current Assets				
Inventories & Work in Progress	259	232	259	
NHS Trade Receivables (Debtors)	3,019	2,339	1,965	2
Non NHS Trade Receivables (Debtors)	1,007	1,099	927	3
Prepayments, Bad Debt, VAT	1,559	2,423	1,982	
Accrued Income	5,138	3,200	3,352	4
Cash and Cash Equivalents	27,823	22,571	35,517	5
Total Current Assets	38,806	31,864	44,001	
Current Liabilities				
Trade Payables (Creditors)	(4,663)	(2,382)	(3,204)	6
Capital Payables (Creditors)	(1,070)	(440)	(173)	
Tax, NI, Pension Payables, PDC	(6,002)	(6,682)	(6,317)	
Accruals	(8,020)	(8,246)	(11,970)	7
Deferred Income	(276)	(929)	(840)	
Total Current Liabilities	(20,031)	(18,679)	(22,504)	
Net Current Assets/Liabilities	18,775	13,185	21,497	
Total Assets less Current Liabilities	118,780	114,883	119,523	
Provisions for Liabilities	(7,221)	(5,776)	(7,011)	
Total Net Assets/(Liabilities)	111,560	109,107	112,513	
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	49,821	53,392	8
Total Taxpayers' Equity	111,560	109,107	112,513	

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. Minimisation, and timely recovery, of debt continues to be a focus to ensure that cash is maximised and we do not have any stored problems. NHS debt will be formally validated as part of the Agreement of Balances process.

3. Non NHS debtors are lower than plan, 89% of this value remains less than 30 days old.

4. Accrued income is slightly higher than plan and this is being reviewed to ensure that invoices are raised in a timely fashion. £0.5m relates to Q3 PSF.

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.

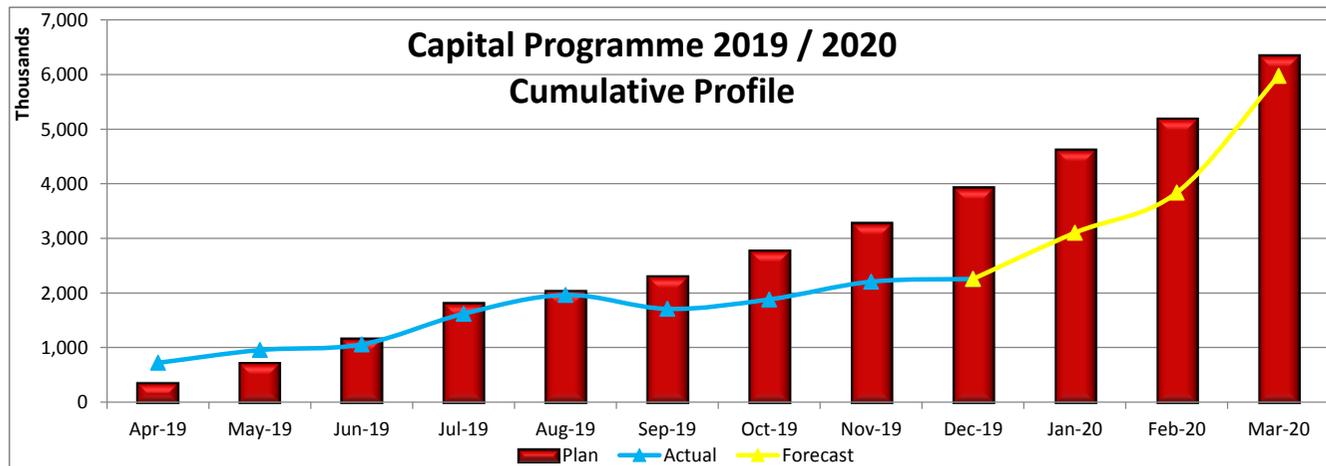
	REVISED						Note
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,715	1,329	497	(832)	2,527	(188)	
Equipment Replacement	93	40	35	(5)	90	(3)	
IM&T	2,195	1,323	1,054	(269)	2,554	359	
Major Capital Schemes							
Fieldhead Non Secure	936	936	460	(476)	460	(476)	
Nurse Call system	200	108	89	(20)	200	0	
Clinical Record System	211	202	196	(6)	218	7	
VAT Refunds	0	0	(75)	(75)	(75)	(75)	1
TOTALS	6,350	3,939	2,256	(1,683)	5,975	(375)	

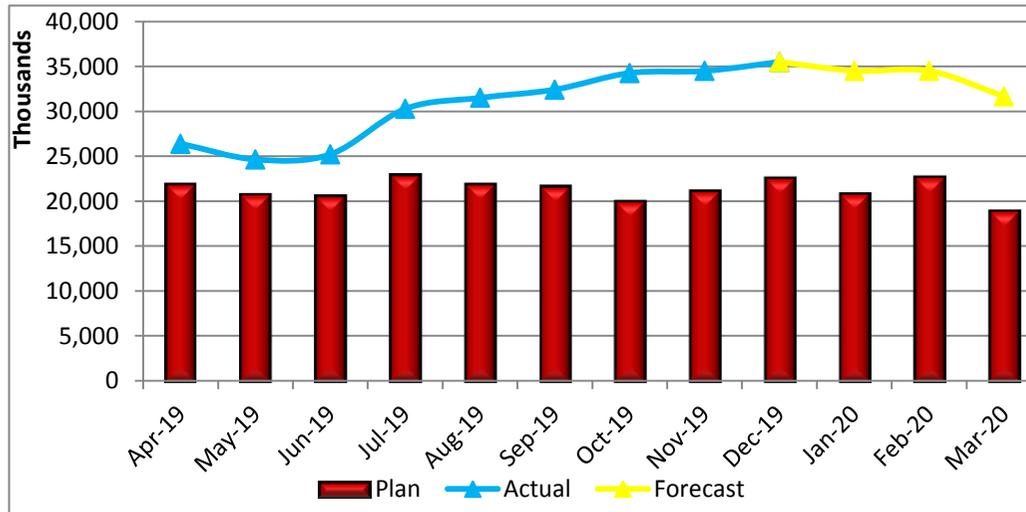
The capital programme has undertaken a number of revisions in year. The current plan is £6.35m.

Capital Expenditure 2019 / 2020

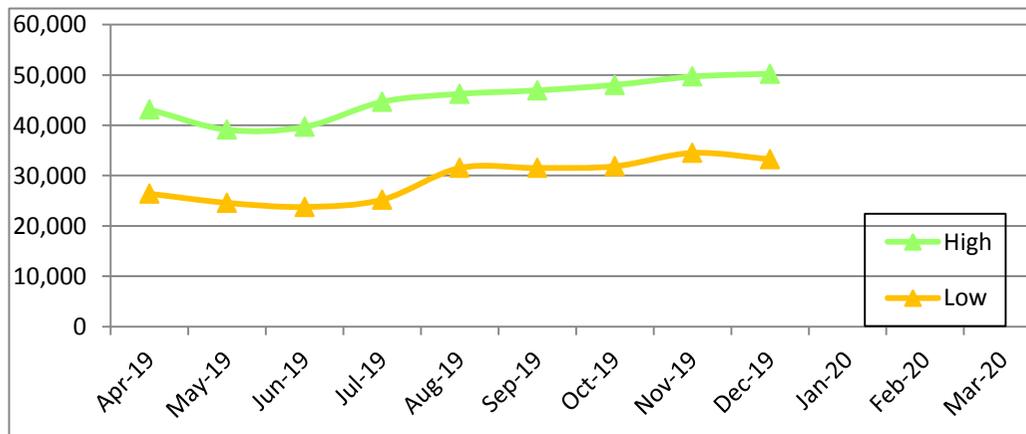
1. The originally agreed capital plan for 2019 / 20 was £7.0m and schemes are guided by the current estates and digital strategies.

Changes in national guidance have meant that some schemes have been initiated later than originally assumed. The most recent forecast is that £6m will be spent in year. A comprehensive review is taking place in January and will identify if any changes to forecast are required. If this proves to be the case the Trust Board will be informed at its January meeting.





	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	27,823	
Closing Balance	22,571	35,517	12,946



The Trust cash position remains positive and higher than plan.

The Trust cash position remains favourable to plan driven by a higher opening balance than originally assumed, timing of capital expenditure, recent monthly surpluses and focused working capital management.

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.

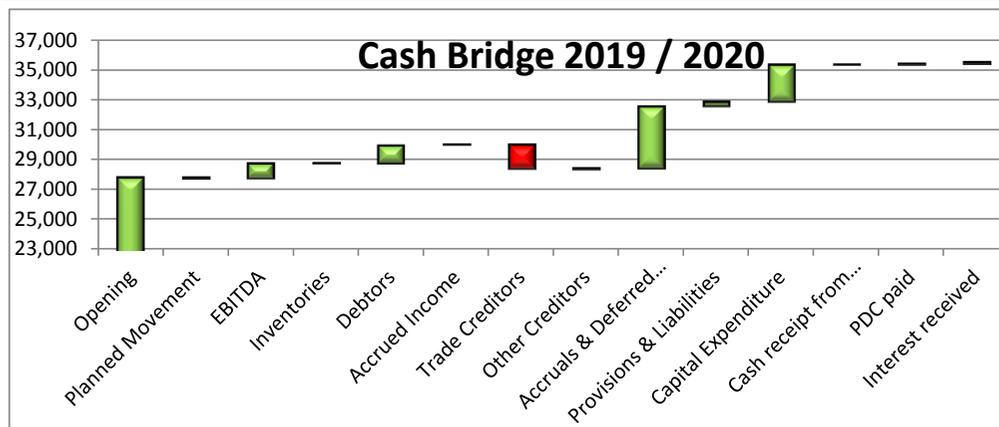
The highest balance is: £50.2m

The lowest balance is: £33.2m

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)	6,021	7,018	997	2
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,313	2,497	1,184	3
Trade Payables (Creditors)	(324)	(1,888)	(1,564)	6
Other Payables (Creditors)	0	44	44	
Accruals & Deferred income	370	4,514	4,144	4
Provisions & Liabilities	(499)	(210)	289	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(5,637)	(3,153)	2,485	5
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	(1,362)	(1,300)	62	
PDC Dividends received			0	
Interest (paid)/ received	72	170	98	
Closing Balances	22,571	35,517	12,946	



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

Factors which increase the cash position against plan:

1. The opening cash balance was higher than what was assumed 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. Historical debt issues have been escalated and all aim to be resolved prior to the current financial year end.
4. Accruals are higher than plan whilst we await invoices. This improves cash as we have not yet paid for goods and services received.
5. Capital programme is currently behind plan, work is ongoing to ensure orders are placed and work scheduled to deliver the outstanding schemes by the end of the year.

Factors which decrease the cash position against plan:

6. 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.

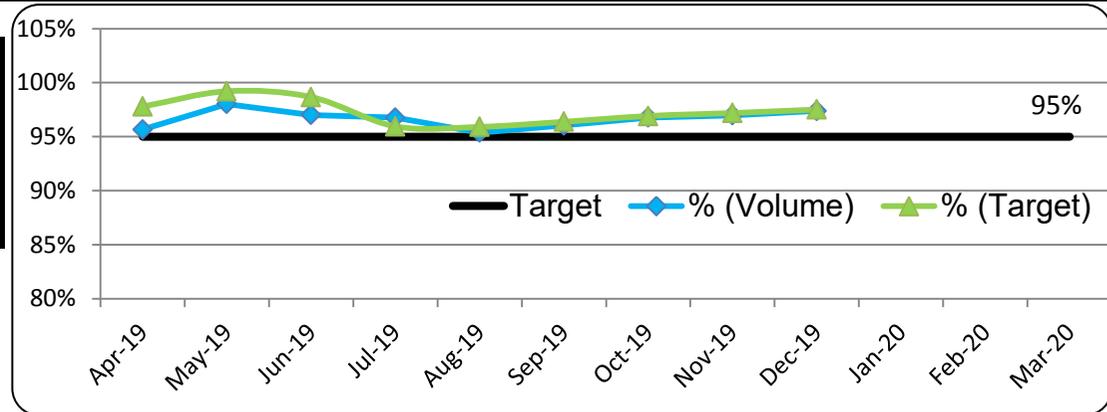
4.0

Better Payment Practice Code

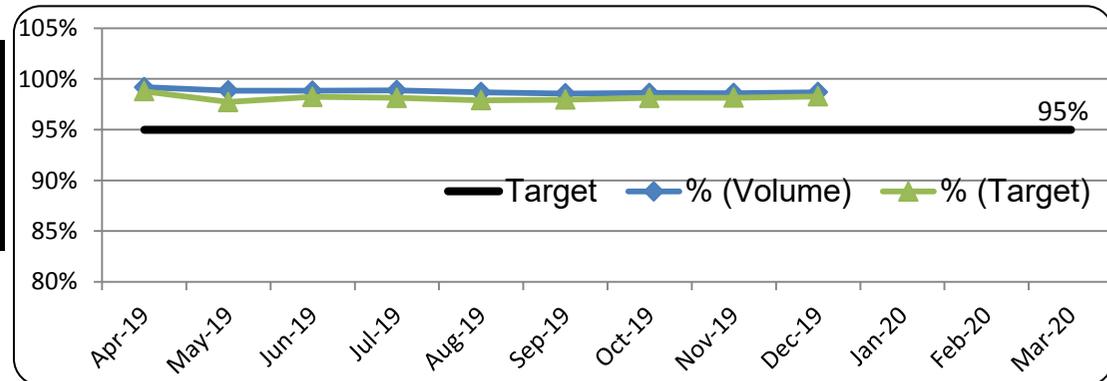
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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 November 2019	97%	97%
Year to December 2019	97%	98%



Non NHS		
	Number	Value
	%	%
Year to November 2019	99%	98%
Year to December 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 (£)
03-Dec-19	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3124825	145,231
04-Dec-19	Property Rental	Kirklees	Bradbury Investments Ltd	3125193	118,518
17-Dec-19	CNST contributions	Trustwide	NHS Litigation Authority	3126881	64,044
17-Dec-19	Staff Recharge	Forensics	Wakefield MDC	3126331	62,643
11-Dec-19	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	3125789	48,034
31-Dec-19	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3127203	38,743
03-Dec-19	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3124795	38,294
09-Dec-19	Purchase of Healthcare	Out of Area	Cygnnet Health Care Ltd	3125574	34,432
04-Dec-19	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3125247	32,358
04-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3125160	31,925
23-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3126864	31,925
16-Dec-19	Computer Software / License Fees	Trustwide	Daisy Corporate Services Trading Ltd	3126183	28,816
09-Dec-19	Electricity	Trustwide	EDF Energy	3125540	28,603
28-Nov-19	Purchase of Healthcare	Trustwide	Touchstone	3124412	28,405
28-Nov-19	Purchase of Healthcare	Trustwide	Touchstone	3124413	28,405
17-Dec-19	Mobile Phones	Trustwide	Vodafone Corporate Ltd	3126330	27,144
04-Dec-19	Property Rental	Kirklees	Bradbury Investments Ltd	3125195	27,108
17-Dec-19	Property Rental	Barnsley	SJM Developments Limited	3126488	27,000
04-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3125160	25,624
23-Dec-19	Property Rental	Barnsley	Community Health Partnerships	3126864	25,624

- * 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	QCQ Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.30%	5.10%	5.00%	5.00%	4.90%	4.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.80%	5.80%	4.80%	5.00%	5.80%	4.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	73.10%	78.80%	84.20%	91.20%	91.30%	90.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	30.90%	44.90%	70.00%	88.50%	90.00%	93.00%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.90%	79.90%	79.90%	78.20%	79.90%	77.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Equality and Diversity	Resources	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.40%	77.40%	78.40%	79.40%	79.40%	79.40%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	79.40%	79.40%	79.40%	79.40%	79.40%	79.40%
Information Governance	Resources	Well Led	AD	>=95%	93.50%	92.90%	93.70%	93.90%	94.00%	93.70%
Moving and Handling	Resources	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Prevent	Improving Care	Well Led	AD	>=80%	78.20%	79.70%	79.70%	79.70%	79.70%	79.70%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Agency Cost	Resources	Effective	AD		£56k	£53k	£35k	£51k	£36k	£23k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£1k	£3k	£0k	£2k
Additional Hours Costs	Resources	Effective	AD		£15k	£19k	£15k	£16k	£14k	£18k
Sickness Cost (Monthly)	Resources	Effective	AD		£161k	£114k	£128k	£142k	£125k	£141k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		89.98	101.96	100.62	115.96	102.93	100.87
Business Miles	Resources	Effective	AD		104k	94k	104k	96k	121k	91k

Calderdale and Kirklees District										
Month	Objective	QCQ Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.60%	4.60%	4.60%	4.60%	4.60%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.00%	5.00%	5.00%	5.00%	5.10%	5.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	77.30%	81.60%	83.90%	83.90%	83.90%	83.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	18.00%	29.80%	67.80%	91.50%	92.90%	92.90%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	75.50%	79.20%	79.20%	79.20%	79.80%	79.80%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Equality and Diversity	Resources	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.50%	78.20%	77.10%	76.80%	76.70%	76.70%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Information Governance	Resources	Well Led	AD	>=95%	94.50%	94.50%	94.50%	94.20%	93.50%	93.50%
Moving and Handling	Resources	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Prevent	Improving Care	Well Led	AD	>=80%	77.50%	78.80%	78.80%	78.80%	78.80%	78.80%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	79.30%	79.30%	79.30%	79.30%	79.30%	79.30%
Agency Cost	Resources	Effective	AD		£159k	£125k	£124k	£138k	£88k	£124k
Overtime Costs	Resources	Effective	AD		£2k	£0k	£2k	£2k	£0k	£1k
Additional Hours Costs	Resources	Effective	AD		£1k	£0k	£3k	£4k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£92k	£90k	£93k	£119k	£115k	£130k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		95.92	101.97	98.9	82.88	78.48	71.54
Business Miles	Resources	Effective	AD		67k	53k	62k	58k	63k	61k

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

Forensic Services										
Month	Objective	QCQ Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	6.60%	6.90%	7.10%	7.00%	7.00%	7.00%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	7.40%	7.90%	8.00%	6.40%	6.90%	7.50%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	80.30%	80.30%	83.10%	87.00%	88.20%	89.30%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	35.20%	53.40%	78.90%	81.80%	86.90%	86.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%						
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%						
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%						
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%						
Food Safety	Health & Wellbeing	Well Led	AD	>=80%						
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%						
Information Governance	Resources	Well Led	AD	>=95%	93.90%	94.90%	93.90%	91.40%	93.00%	89.50%
Moving and Handling	Resources	Well Led	AD	>=80%						
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%						
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%						
Prevent	Improving Care	Well Led	AD	>=80%						
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%						
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%						
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%						
Agency Cost	Resources	Effective	AD		£65k	£75k	£70k	£69k	£62k	£71k
Overtime Costs	Resources	Effective	AD		£1k	£-1k	£2k	£9k	£2k	£4k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£2k	£2k	£0k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£73k	£79k	£80k	£65k	£68k	£78k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		86.39	90.11	78.86	80.53	75.41	81.04
Business Miles	Resources	Effective	AD		10k	5k	10k	8k	12k	8k

Specialist Services										
Month	Objective	QCQ Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.00%	4.90%	4.70%	4.60%	4.70%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.50%				4.70%	
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	64.70%	69.70%	74.20%	83.80%	87.80%	89.00%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	26.10%	37.40%	49.60%	59.50%	66.70%	68.00%
Aggression Management	Quality & Experience	Well Led	AD	>=80%						
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%			79.60%	79.50%		79.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%						
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	77.80%	79.10%	79.50%	79.30%		
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	71.00%	72.40%	69.20%	59.30%	66.70%	56.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%						
Information Governance	Resources	Well Led	AD	>=95%	94.30%	94.30%	94.30%	93.90%	90.80%	92.90%
Moving and Handling	Resources	Well Led	AD	>=80%						
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%						
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%						
Prevent	Improving Care	Well Led	AD	>=80%	78.50%	78.40%	79.70%			
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%						
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%						78.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%						
Agency Cost	Resources	Effective	AD		£296k	£229k	£257k	£281k	£233k	£269k
Overtime Costs	Resources	Effective	AD		£1k	£0k	£0k	£1k	£1k	£2k
Additional Hours Costs	Resources	Effective	AD		£3k	£6k	£1k	£1k	£9k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£60k	£49k	£41k	£48k	£51k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		81.8	81.77	89.17	85.78	91.58	86.3
Business Miles	Resources	Effective	AD		36k	37k	36k	38k	47k	37k

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

Support Services										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	4.50%	4.40%	4.40%	4.40%	4.40%	4.30%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	4.30%	4.30%	4.40%	4.30%	4.30%	4.30%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	77.00%	82.20%	85.30%	93.60%	93.60%	93.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	19.80%	29.80%	77.20%	93.60%	93.60%	93.60%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	79.70%	82.00%	79.00%	82.00%	76.60%	82.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Information Governance	Resources	Well Led	AD	>=95%	82.00%	92.80%	92.90%	93.10%	89.30%	93.60%
Moving and Handling	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Prevent	Improving Care	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Agency Cost	Resources	Effective	AD		£5k	£5k	£4k	£10k	£12k	£-11k
Overtime Costs	Resources	Effective	AD		£15k	£2k	£0k	£1k	£1k	£0k
Additional Hours Costs	Resources	Effective	AD		£10k	£11k	£12k	£10k	£10k	£11k
Sickness Cost (Monthly)	Resources	Effective	AD		£62k	£66k	£70k	£68k	£67k	£63k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		41.67	36.42	39.08	41.59	38.29	47.19
Business Miles	Resources	Effective	AD		29k	22k	25k	30k	32k	35k

Wakefield District										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	4.70%	4.80%	4.80%	5.80%	5.00%	4.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	93.60%	93.60%	93.60%	93.60%	93.60%	93.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	27.00%	42.90%	66.20%	80.70%	87.20%	93.40%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	75.80%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	78.90%	82.00%	82.00%	82.00%	82.00%	82.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Information Governance	Resources	Well Led	AD	>=95%	82.00%	82.00%	82.00%	82.00%	93.20%	93.60%
Moving and Handling	Resources	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Prevent	Improving Care	Well Led	AD	>=80%	74.10%	74.50%	77.10%	79.50%	82.00%	82.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	82.00%	82.00%	82.00%	82.00%	82.00%	82.00%
Agency Cost	Resources	Effective	AD		£34k	£31k	£38k	£44k	£40k	£28k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£2k	£2k	£1k	£2k
Additional Hours Costs	Resources	Effective	AD		£3k	£3k	£2k	£3k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£47k	£38k	£41k	£56k	£45k	£40k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		32.68	38.98	34.46	34.58	33.89	36.02
Business Miles	Resources	Effective	AD		34k	32k	45k	33k	42k	39k

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

Inpatient Service										
Month	Objective	QCC Domain	Owner	Threshold	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.10%	5.80%	6.00%	6.00%	5.90%	6.00%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	6.20%	8.40%	6.40%	6.00%	5.20%	6.90%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%				80.00%	80.40%	81.40%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%				80.20%	84.30%	87.80%
Aggression Management	Quality & Experience	Well Led	AD	>=80%						
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%						
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%						
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%						
Food Safety	Health & Wellbeing	Well Led	AD	>=80%		79.80%	76.60%	74.00%	76.20%	76.20%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%						
Information Governance	Resources	Well Led	AD	>=95%	93.40%	93.60%				94.80%
Moving and Handling	Resources	Well Led	AD	>=80%						
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%						
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%						
Prevent					70.60%	69.40%	74.40%	80.00%	80.00%	80.00%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%						
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%						
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%						
Bank Cost	Resources	Well Led	AD		£200k	£255k	£213k	£191k	£237k	£182k
Agency Cost	Resources	Effective	AD		£107k	£110k	£100k	£83k	£101k	£53k
Overtime Costs	Resources	Effective	AD		£1k	£2k	£2k	£1k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£0k	£0k	£0k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£47k	£65k	£48k	£47k	£36k	£53k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		27.72	72.93	60.37	52.41	52.78	43.18
Business Miles	Resources	Effective	AD		1k	2k	1k	2k	1k	0k

Glossary

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

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

Trust Board 28 January 2020 Agenda item 9.1

Title:	Estates Strategy and Facilities update
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	This paper is designed to provide the Board with an update on the implementation of the Estates Strategy and developments across Facilities, Emergency Planning, Health and Safety and Fire Safety.
Mission/values:	The Trust's Estates Strategy was developed through an extensive engagement process including Service Users and Carers, Clinicians, Service Managers and Specialist Advisers and aims to ensure that we have the right environments to enable people to reach their potential and live well in their communities.
Any background papers/ previously considered by:	The attached report has been considered and supported by the Executive Management Team (EMT). The Capital Programme is also part of the Trust Board Integrated Performance Report (IPR).
Executive summary:	<p>The Trust Board approved a 10-year Estates Strategy in 2012 with three key aims:</p> <ul style="list-style-type: none"> ➤ Modernising inpatient environments ➤ Developing the Trust's community infrastructure ➤ Disposing of buildings and land surplus to requirements <p>With the completion of the Unity Centre this strategy is mainly complete therefore a Draft Estate Strategy for 2020 to 2030 has been compiled and is about to be circulated for comments before it is brought to Board for approval.</p> <p>This strategy builds upon the previous document and does reference some of the schemes which are still relevant going forward notably:</p> <ul style="list-style-type: none"> ➤ North Kirklees Hub ➤ Re-provision of services currently located at the Dales and Priestley units ➤ OPS Transformation <p>Risk Appetite</p> <p>The management of risk associated with the estate including the management of fire safety and health and safety are in line with the agreed risk tolerance.</p>
Recommendation:	Trust Board is asked to NOTE the update on the Estates Strategy and estate related safety arrangements in the Trust.
Private session:	Not applicable.

Estates Strategy and Facilities update

Estate Strategy

The Trust's Estates Strategy has three core aims:

- To modernise the inpatient estate
- To develop the community infrastructure
- To dispose of buildings and land that are surplus to requirements

Delivery against the Estates Strategy three core aims has been good.

Inpatient Estate

- The final part of the Unity development to bring the medical staff into refurbished accommodation adjacent to the ward is nearing completion which will see this group of staff vacate the temporary buildings into their permanent home.
- A high level briefing paper on the provision of a new inpatient unit to replace the Dales and Priestley units is currently being written and will be available at the end of the financial year.

Community Infrastructure

- The community hubs have now been operating for some time and the future estate strategy looks to add a further location in North Kirklees and to ensure the facilities are being well utilised as the Trust continues to seek to maximise the effectiveness of the Estate.
- The community properties in Barnsley are under particular scrutiny as the commissioning landscape is revised. The first of the newly constituted teams will be housed in South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) accommodation at Kendray which is currently being refurbished.

Disposal of Surplus Estate

- The Mount Vernon sale is progressing, although the planning department at the local authority has not worked at the pace originally anticipated, therefore the sale is still in progress. Working with the developer the demolition of the buildings has been brought forward which removes a significant risk.
- The Keresforth Centre is currently under offer with a view to it being redeveloped as a school.

- The former Ossett health centre has just been approved for its new use by the local authority planners which will allow the sale to complete very early in the new year.

Capital Plan

- The Capital plan has been subject to extensive change in year and as such some schemes are still in train but will complete in time for the financial year end. Overall performance is outlined below.
- Significant schemes in year are the replacement of all bedroom doors on Oakwell to a new Trust standard, renewal of outdated locking mechanisms in secure services and the provision of a nurse call system across the inpatient estate.

		Planned spend
Heading	Count	£k
Minor Works schemes	53	2,471
Capitalisation of Salaries		200
Contingency		200
Total	53	2,871

- The 20/21 Minor works prioritisation process is underway at present and will be brought before Board for approval.
- As in previous years a QIA process underpins the bid process to aid decision making.

Facilities

- The housekeeper model adopted at Fieldhead for many years has been extended to Kendray and the Priestley unit and initial responses on the service have been positive in terms of quality. The savings predicted in the business case are being monitored.
- A new food ordering system that allows service users to choose a much wider menu every day with a 24 hour ordering period has been successfully trialled at Oakwell and is about to be rolled out across the whole Trust improving the choice of meals and reducing food waste

Sustainability

- The Trust is meeting its targets for carbon reduction overall.
- A new Sustainability Strategy has been drafted and will shortly be issued for consultation.

Emergency Preparedness Resilience and Response (EPRR)

The Trust has undertaken a number of live exercises and activities to test its EPRR readiness including:

- Partnership exercises with other Trusts and the Local authorities.
- Continuous review of on call arrangements and dissemination of good practice.
- Participation in another successful flu campaign.
- Review of planning relating to Brexit.

Overall the Trust is compliant with EPRR standards.

Health and Safety

- All the priorities in the Annual Plan were delivered in year.
- The Safety and Resilience TAG has proved successful with excellent BDU attendance.
- The use of lone worker devices has been reviewed with changes to provision based on need and risk assessments now established.

Fire Safety

- The Trust has met its target for fire training and has increased its training levels on inpatient wards.
- All Fire Risk Assessments are up to date.
- The rollout of fire suppressing mist systems continues on the inpatient wards.
- The Oakwell Centre is now fully protected.
- A new fire safety adviser has been appointed.

Security

- All Security assessments complete.
- The Security contractor continues to work well.

Nick Phillips

Head of Estates and Facilities

Trust Board 28 January 2020 Agenda item 10.1

Title:	Assessment against NHS Constitution
Paper prepared by:	Director of Finance & Resources
Purpose:	To provide assurance to Trust Board that the Trust meets the rights and pledges set out in the NHS Constitution in relation to patients and staff, and that it is mindful of the commitments in the NHS Constitution in delivering, planning and developing its services.
Mission/values:	Meeting the rights and pledges in the NHS Constitution supports the Trust to adhere to its mission and values.
Any background papers/ previously considered by:	<p>Annual reports to the Trust Board.</p> <p>A full copy of the NHS Constitution can be found on the Department of Health website at: https://www.gov.uk/government/publications/the-nhs-constitution-for-england.</p> <p>The attached assurance document was reviewed and updated as appropriate by the Executive Management Team (EMT).</p>
Executive summary:	<p>The NHS Constitution was published in January 2009, following an extensive public consultation. It established the principles and values for the NHS in England and set out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieving, together with responsibilities which the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required, by law, to take account of the NHS Constitution in their decisions and actions. The NHS Constitution also applies to public health services, which are now the responsibility of local authorities.</p> <p>The Government has committed to renewing the NHS Constitution every ten years with the full involvement of patients who use the NHS, the public who fund it and the staff who work in it. The first review took place in early 2012 and a further review was undertaken following the publication of the second Francis Report, which was published in March 2013.</p> <p>In July 2015, the Constitution was updated to reflect a limited package of changes. These included:</p> <ul style="list-style-type: none"> ➤ reflecting recommendations made by Sir Robert Francis QC in his Inquiry Report on Mid- Staffordshire NHS Foundation Trust; ➤ incorporating a series of fundamental standards, below which standards of care should never fall;

	<ul style="list-style-type: none"> ➤ highlighting the importance of transparency and accountability within the NHS; ➤ giving greater prominence to mental health, through reflecting a parity of esteem between mental and physical health problems; and ➤ making reference to the Armed Forces Covenant. <p>The Trust meets the rights and pledges of the NHS Constitution with the rationale as to why this conclusion has been reached outlined in the detailed paper. There are elements of the Constitution that refer to consultation and involvement with service users.</p> <p>Risk appetite The delivery of the NHS Constitution rights and pledges supports the Trust's endeavours to provide high quality and equitable services, improving the Trust's reputation in line with the Trust's Risk Appetite Statement.</p>
Recommendation:	Trust Board is asked to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the Constitution.
Private session:	Not applicable.

**The NHS Constitution – patients and the public
How the Trust meets its obligations
Trust Board 28 January 2020**

Heading	Compliance	Evidence	Lead
Access to health services – rights			
➤ R1 You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.	Yes	Core services are commissioned by clinical commissioning groups covering the areas the Trust covers in Barnsley, Calderdale, Kirklees and Wakefield local authority areas, and NHS England (via the Specialist Commissioning Team). Annual contracts and service specifications are evidenced through annual contract negotiations.	Director of Finance & Resources
➤ R2 You have the right to access NHS services. You will not be refused access on unreasonable grounds.	Yes	The Trust has contracts in place for its services with commissioners and endeavours to provide access to services within its available resources. The Trust's complaints and contracting processes would identify any instances where the Trust has not met or is perceived not to have met this right.	Director of Finance & Resources
➤ R3 You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.	Yes	The Trust has contracts in place for its services with commissioners and endeavours to provide access to services within its available resources. The Trust's complaints and contracting processes would identify any instances where the Trust has not met or is perceived not to have met this right.	Director of Finance & Resources
➤ R4 You have the right to expect your local NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary and, in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.	Yes	The Trust does assess the health needs of the local community in the development of its operational and strategic plans and, as part of the development of its transformation programmes. The Trust is working with commissioners, stakeholders, service users and carers, and local people to transform its services and develop new models and pathways of care that meet people's needs. As part of two integrated care systems the Trust works with partners in each place it provides services to understand the needs of local populations and design service provision accordingly. The Trust is a member of the local Health & Wellbeing Boards who have a statutory duty to do this. The Trust uses Joint Strategic Needs Assessment data available in each place to inform and shape strategic and service change priorities.	Director of Strategy
➤ R5 You have the right, in certain circumstances, to go to other European	N/A	N/A to the Trust. This is determined by commissioners.	N/A

Heading	Compliance	Evidence	Lead
Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner.			
➤ R6 You have the right not to be unlawfully discriminated against in the provision of NHS services including on the grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.	Yes	<p>The Trust complies with appropriate legislation relating to discrimination and has an Equality & Diversity Strategy in place with the prime aims of respecting and valuing difference and promoting a fairer organisation. The Trust has committed to implementing the NHS Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) in accordance with the NHS Standard Contract. The Trust Board has established an Equality and Inclusion Committee. The Trust established a Black, Asian, and minority ethnic (BAME) staff network in 2017/18 and a disability staff network and LGBT+ staff network in 2019/20. The Trust uses Equality Impact Assessments (EIA) to evaluate the effect of its strategies and policies on its service users and the communities it serves. The Trust implemented the Equality Delivery System 2 (EDS2) and Trust Board agrees for each of the four EDS2 goals to focus on one key outcome area assessed by service users and staff. The Trust has been graded as achieving EDS2.</p>	Director of Nursing & Quality / Director of HR, OD & Estates
➤ R7 You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.	Yes	<p>The Trust does provides some services subject to waiting times as outlined in the Handbook to the NHS Constitution which are reported monthly to the Trust Board under the national metrics in the Integrated Performance Report:</p> <ul style="list-style-type: none"> ➤ patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral; ➤ a maximum 7 day wait for follow-up after discharge from psychiatric in-patient care for people under adult mental illness specialties on Care Programme Approach. ➤ there is a right for patients to start consultant-led non-emergency treatment within a maximum of 18 weeks of a GP referral and for the NHS to take all reasonable steps to offer a range of alternatives if this is not possible. <p>There are further waiting times which are not currently subject to the NHS Constitution that are monitored by the Board and committees.</p>	Director of Nursing & Quality
Access to health services – pledges			
➤ P1 The NHS commits to provide	Yes	As part of its contractual requirement through the service specification with	Director of

Heading	Compliance	Evidence	Lead
convenient, easy access to services within the waiting times set out in the Handbook to the Constitution.		<p>commissioners, the Trust is required to report on local waiting times in relation to improving access to psychological therapies (IAPT) and psychological therapies, referral and treatment times in relation to the Barnsley BDU musculoskeletal service (MSK). The Trust meets the required timescale. The Trust has a history of regularly meeting national targets for access to IAPT and when there is an issue in terms of meeting any local targets action plans are put in place to address.</p> <p>Access is one of the Trust's quality priorities set out in its Quality Accounts and performance is monitored and reported on a quarterly basis.</p> <p>The Trust has local Commissioning for Quality and Innovation (CQUIN) targets in relation to waiting times for mental health services, which are monitored and reported on a monthly basis.</p>	Finance & Resources / Director of Nursing & Quality
➤ P2 The NHS commits to make decisions in a clear and transparent way so that patients and the public can understand how services are planned and delivered.	Yes	<p>The Board meets in public and papers and minutes for public Trust Board meetings are published on the Trust's website.</p> <p>Minutes from Board committee meetings are included in the public Board papers.</p> <p>The Trust holds an Annual Members' Meeting and regular public events throughout the year.</p> <p>The Trust has a Members' Council in place comprising of elected public and staff governors and appointed stakeholder representatives. Meetings are held in public and papers and minutes are published on the Trust's website.</p> <p>The Trust's Communication, Engagement and Involvement Strategy outlines its approach to involvement and engagement. Service users and carers are involved in planning and designing Trust services, including the transformational service change programme.</p> <p>The Trust's services have individual service user groups.</p> <p>A description of the Trust's service offer is available on the Trust's website.</p>	Director of Finance & Resources / Company Secretary
➤ P3 The NHS commits to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them.	Yes	<p>The Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there will be occasions when the nature of an individual's illness may make this inappropriate.</p> <p>Care planning is a priority area for the Trust QI programme in 2019/20.</p> <p>The Trust has improved systems and processes to ensure that all service users have a care plan in place and that they know who is responsible for their care. The Care Programme Approach (CPA) and standard care standards demonstrate the Trust's commitment to put service users at the centre of care planning.</p>	Director of Operations / Director of Nursing & Quality

Heading	Compliance	Evidence	Lead
		<p>Service user and their carers' perceptions of the Trust are regularly reviewed through national and local surveys.</p> <p>The Trust is committed to system wide improvement of services and interagency protocols through the Integrated Care Systems (ICSs) and local partnership arrangements.</p> <p>The Trust has transition arrangements in place between services to ensure that handovers are as smooth as possible. Further work to improve these will take place during 2020.</p>	
Quality of care and environment – rights			
<p>➤ R8 You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.</p>	<p>Yes</p>	<p>The Trust has introduced a revised Carers Charter during 2019/20.</p> <p>The Trust has in place strong and robust processes for the employment, appraisal and re-validation of medical staff.</p> <p>The Trust ensures all appropriate staff are registered with the Health and Care Professions Council (HCPC).</p> <p>There can often be a need to utilise temporary staffing. When this is required the Trust endeavours to use bank staff where appropriate. In circumstances, where it has to use agency staff, these are from approved suppliers to ensure the quality, skills and experience of staffing is maintained.</p> <p>The Trust has an e-rostering system for all inpatient areas with agreed establishment levels for registered and non-registered staff.</p> <p>The Trust is registered with no conditions with the Care Quality Commission (CQC).</p> <p>The Trust is licensed by Monitor with no conditions and continues to comply with licencing requirements.</p> <p>The Trust is compliant with relevant National Institute for Health and Care Excellence (NICE) guidelines.</p> <p>The Trust has a robust system in place to undertake appropriate employment checks for its entire staff.</p> <p>The Trust has an ongoing Continuous Professional Development (CPD) approach.</p> <p>A Human Resources and Workforce Development Strategy, including mandatory training plan, is in place.</p> <p>The Trust's Patient Safety Strategy brings all aspects of patient safety together in one document.</p> <p>The Trust has an unannounced visits programme in place.</p> <p>Safer staffing reports are included within the monthly Integrated</p>	<p>Director of Nursing & Quality / Director HR, OD & Estates / Medical Director</p>

Heading	Compliance	Evidence	Lead
		<p>Performance Report and the Board requires a safer staffing and workforce report every six months.</p> <p>The Trust undertakes a robust workforce planning process each year linked to service and financial plans.</p>	
<p>➤ R9 You have the right to be cared for in a clean, safe, secure and suitable environment.</p>	<p>Yes</p>	<p>The Trust has an Estates Strategy to support and meet the needs of services. Development of the Estates Strategy included a detailed six-facet survey of Trust estate. The Estates Strategy is due for review in 2020/21.</p> <p>The Trust is compliant with Fire and Occupational Health & Safety (OHS) legislation. In light of the Grenfell fire in 2017/18, a review was undertaken of all inpatient areas and these were shown to be fully compliant.</p> <p>The latest round of Patient-led assessments of the care environment (PLACE) visits of the Trust continue to result in a positive outcome.</p> <p>Infection prevention and control advisers and specialist advisers in place with regular programme of audits in place.</p> <p>The Trust undertakes an annual Health and Safety Monitoring Audit.</p> <p>The Trust approves an annual Health and Safety action plan.</p>	<p>Director HR, OD & Estates / Director of Operations</p>
<p>➤ R10 You have the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.</p>	<p>Yes</p>	<p>The Trust's approach is based on the key areas included in the Department of Health Food Standards in relation to nutritional care, healthier eating for the whole hospital community and sustainable procurement of food and catering services. In all areas, the Trust works with its dieticians to create a balanced nutritional and healthy menu to cover the Trust's diverse patient base and also cooks to request for special diets. Work is continuing with procurement to raise awareness of the standards and the role the Trust plays with suppliers. Nursing and medical staff are also aware of their role within the process. These processes are capture within the Trust's Food Policy which was updated to include the latest guidelines including the latest guidance on allergens.</p>	<p>Director HR, OD & Estates</p>
<p>➤ R11 You have the right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of the healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.</p>	<p>Yes</p>	<p>The Trust publishes an annual Quality Account describing performance against key quality priorities and plan for improvement.</p> <p>The Trust's performance management processes includes summary statistics on service activity data to enable comparisons of Trust outcomes with the 'what good looks like' and health needs assessment intelligence to support local decision-making to ensure continuous improvement.</p> <p>The Trust Board and its committees receive performance and other reports. Trust Board reports are publicly available on the Trust's website.</p> <p>The Trust has an ongoing change programme in place including engagement and involvement. Programmes of improvement are reviewed</p>	<p>Director of Finance & Resources / Director of Nursing & Quality</p>

Heading	Compliance	Evidence	Lead
		<p>and prioritised on a regular basis. Dedicated website pages supported by and strategic plans.</p> <p>Trust's own programme of visits to all in-patient locations and a range of community teams registered with the Care Quality Commission (CQC) where compliance with essential standards is reviewed. The Trust continues to work towards the delivery of the action plan agreed with the CQC following unannounced visits and has processes in place to learn from the outcome of previous visits to the Trust.</p> <p>The Trust has a programme of PLACE visits undertaken annually, which continue to achieve positive results.</p>	
Quality of care and environment – pledges			
<p>➤ P4 The NHS commits to identify and share best practice in quality of care and treatments.</p>	<p>Yes</p>	<p>The Trust has a leadership and clinical management structure, including Practice Governance Coaches whose role is to ensure best practice is being followed and effective clinical governance is maintained and developed.</p> <p>The Trust has quality improvement and patient safety strategies with implementation plans in place and formal systems in place to share good practice through the Quality Improvement Group.</p> <p>Accreditation for Trust services, such as Electroconvulsive Therapy (ECT), memory services in Barnsley, Calderdale, Kirklees and Wakefield, and secure services peer review undertaken annually.</p> <p>Living our values and values into excellence introduced in 2014 for staff.</p> <p>Trust quality monitoring visits programme in place.</p> <p>Clinical network for forensic services with providers as part of Allied Health Services Network members and the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP).</p> <p>Annual staff Excellence Awards which celebrate the difference that our staff and teams make to the lives of local people.</p> <p>(also see R11)</p> <p>The Trust has processes in place to learn from incidents and cross-Trust learning has been strengthened over the course of 2019/20.</p> <p>New leadership structure for operational leadership has included the implementation of the matron role in 2019 in acute inpatient areas. The matron role leads on quality, best practice and standards of care. The new structure also includes the development of clinical networks in 2020 which will ensure the spread of best practice across pathways trust-wide.</p>	<p>Executive Management Team</p>

Heading	Compliance	Evidence	Lead
Nationally approved treatments, drugs and programmes – rights			
➤ R12 You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.	Yes	The Trust is compliant with relevant NICE guidelines. The Trust has a policy and procedures in place with timelines to implement NICE guidance. The Trust has a robust procedure in place for the approval and oversight of medical treatments within the Drug and Therapeutic sub-committee.	Director of Nursing & Quality / Medical Director
➤ R13 You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain the decision to you.	N/A	N/A	
➤ R14 You have the right to receive vaccinations that the Joint Committee on Vaccinations and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.	N/A	The Trust is commissioned by NHS England to provide school age children (5-19) vaccination and immunisation programme including flu in Barnsley. A comprehensive service for immunisation and vaccination to the 0-19 population of Barnsley is delivered by Barnsley Metropolitan Borough Council Public Health following re-commissioning arrangements October 2016. The Trust, in partnership, upholds the principles, values pledges and responsibilities as a significant partner in providing sign-posting arrangements and every contact counts capability in demonstrating partnership working. Pharmacy support continues to be provided by the Trust.	Director of Operations
Nationally approved treatments, drugs and programmes – pledges			
➤ P5 The NHS commits to provide screening programmes as recommended by the UK National Screening Committee.	N/A	Where appropriate, all national screening programmes are in place and managed through the Screening Advisory Committee for South Yorkshire in respect of screening services provided by Barnsley BDU.	Director of Operations
Respect, consent and confidentiality – rights			
➤ R15 You have the right to be treated with dignity and respect, in accordance with your human rights.	Yes	Staff work to professional codes of conduct, Trust policies and CPA standards. The Trust's Equality and Diversity Policy sets out how the Trust accords to an individual's human rights. Living our values and values into excellence were introduced in 2014 for staff. The Trust has values based recruitment and induction programme.	Director of Operations / Medical Director / Director of Nursing & Quality

Heading	Compliance	Evidence	Lead
		<p>The Trust has a strong pastoral care function to support service users and their carers, and staff.</p> <p>The Trust has a contractual duty of candour and has arrangements in place to ensure it meets the extended legal duties of candour introduced by the CQC. Regular reporting has been established at BDU, Executive Management Team (EMT) and Board level.</p>	
<p>➤ R16 You have the right to be protected from abuse and neglect, and care and treatment that is degrading.</p>	<p>Yes</p>	<p>The Trust has a robust policy and arrangements in place through its approaches to safeguarding vulnerable adults and children and is an active member of local safeguarding boards.</p>	<p>Director of Nursing & Quality / Director of Operations</p>
<p>➤ R17 You have the right to accept or refuse treatment that is offered to you, and not be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests. (NB different rules apply for patients detained in hospital or on supervised community treatment under the Mental Health Act 1983.)</p>	<p>Yes</p>	<p>The Trust has a Consent Policy in place.</p> <p>The Trust has clear policies, procedures and guidance in place for the administration of the Mental Health Act (MHA), Mental Capacity Act (MCA) and for Deprivation of Liberty Standards.</p> <p>The Trust works in partnership with advocacy services provided by local authorities to provide support for service users and carers.</p> <p>The Trust's complaints processes would identify any instances where the Trust has not met or is perceived not to have met this right.</p> <p>The Trust introduced an updated training plan for MHA / MCA compliance and is meeting revised targets.</p>	<p>Medical Director / Director of Nursing & Quality</p>
<p>➤ R18 You have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits.</p>	<p>Yes</p>	<p>The Trust has medicine information leaflets including translation into other languages if required and utilises information available from NHS Choices.</p> <p>Service user information leaflets, which set out service user rights.</p> <p>Service users are given copies of their care plans.</p> <p>Service users and carers are part of developing Trust approach to care planning.</p> <p>Ongoing engagement with service users and carers, particularly around CPA.</p> <p>The Trust meets the Accessible Information Standard.</p>	<p>Medical Director / Director of Nursing & Quality</p>
<p>➤ R19 You have the right of access to your own health records and to have any factual inaccuracies corrected.</p>	<p>Yes</p>	<p>The Trust has a Patient Identifiable Information Policy – service user access and a Freedom of Information Policy.</p> <p>The Trust complies with requirements of Data Protection & Security Toolkit (DPSTK), CQC registration and Monitor's Licence conditions.</p>	<p>Director of Finance & Resources / Director of</p>

Heading	Compliance	Evidence	Lead
			Nursing & Quality
➤ R20 You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure	Yes	Trust meets Department of Health privacy and dignity guidance and has made an annual declaration of compliance to its regulator and to service users regarding elimination of mixed sex accommodation. The Trust has a Service User Confidentiality and Data Protection Policy, incorporating Information Sharing and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the Data Protection & Security Toolkit and Department of Health requirements to train staff in this area. When breaches do occur they are thoroughly investigated with learning identified and notification to our commissioners or the Information Commissioner where appropriate.	Director of Nursing & Quality Director of Finance & Resources
➤ R21 You have the right to be informed about how your information is used.	Yes	The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the Data Protection & Security Toolkit and Department of Health requirements to train staff in this area.	Director of Finance & Resources / Director of Nursing & Quality
➤ R22 You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered and, where you wishes cannot be followed, to be told the reasons, including the legal basis.	Yes	Patient Identifiable Information Policy – service user access. Freedom of Information Policy. The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the Data Protection & Security Toolkit and Department of Health requirements to train staff in this area.	Director of Finance & Resources / Director of Nursing & Quality
Respect, consent and confidentiality – pledges			
➤ P6 The NHS commits to ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively.	Yes	The Trust has one main clinical information system (SystemOne) across its Business Delivery Units (BDUs). The Trust is also working with partners to ensure interoperability between systems, such as those used by local authorities, to make accessing information on care easier for staff working in integrated teams. Information sharing protocols in place with partners as appropriate.	Director of Finance & Resources
➤ P7 The NHS commits that, if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except	Yes	The Trust is able to make a declaration that it complies with the national standard in relation to Eliminating Mixed Sex Accommodation.	Director of Nursing & Quality

Heading	Compliance	Evidence	Lead
where appropriate, in line with details set out in the Handbook to the NHS Constitution.			
➤ P8 The NHS commits to anonymise the information collected during the course of your treatment and use it to support research and improve care for others.	Yes	The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the Data Protection & Security Toolkit and Department of Health requirements to train staff in this area. When breaches do occur they are thoroughly investigated with learning identified and notification to the Commissioner where appropriate. The Trust has robust governance arrangements in place to cover its research and development work.	Director of Finance & Resources Medical Director
➤ P9 The NHS commits, where identifiable information is used, to give you the chance to object wherever possible.	Yes	As above (see P8).	Director of Finance & Resources
➤ P10 The NHS commits to inform you of research studies in which you may eligible to participate.	Yes	The Trust has an in house research and development department that manages, facilitates and governs all research to ensure it reflects services and the geographical area the Trust serves. Support is available to staff, patients / service users and carers who would like to become more involved in research as well as those who are established researchers. Advice and information is available on NHS research approval, ethics, the research passport, letters of access, training and funding opportunities, patient / service user and carer involvement in research and dissemination.	Medical Director
➤ P11 The NHS commits to share with you any letters sent between clinicians about your care.	Yes	All service users have access to their clinical records (Patient Identifiable Information Policy – service user access). Service users are offered a copy of their care plan and are able to receive a copy of any correspondence between clinicians about them unless there is a specific risk identified to their physical and/or mental wellbeing.	Director of Nursing & Quality / Director of Finance & Resources / Director of Operations
Informed choices – rights			
➤ R23 You have the right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you	N/A	N/A	N/A

Heading	Compliance	Evidence	Lead
will be informed of those reasons.			
➤ R24 You have the right to express a preference for using a particular doctor within your GP practice and for the practice to try to comply.	N/A	N/A	N/A
➤ R25 You have the right to transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally.	N/A	N/A	N/A
➤ R26 You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs.	N/A	N/A	N/A
Informed choices – pledges			
➤ P12 The NHS commits to inform you about the healthcare services available to you, locally and nationally.	Yes	Information is available on the Trust's website and in information leaflets. The Trust's service offer by district is available on its website, which provides individual service information on services offered and teams. The Trust is compliant with Accessible Information Standards and has implemented Easy Read options for commonly accessed documents.	Director of Nursing & Quality / Director of Operations
➤ P13 The NHS commits to offer you easily accessible, reliable and relevant information in a form you can understand and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available.	Yes	Information available on Trust's website, in information leaflets and the Trust's Quality Accounts. The Trust's service offer by district is available on its website, which provides individual service information on services offered and teams. Information on mental health conditions is included on the Trust's website. Service user survey findings are displayed on wards and units. Feedback mechanisms are in place for service users and their carers, including 'real time' collection of customer experience feedback. Advocacy information is available on wards and in patient information. The Trust is compliant with Accessible Information Standards and has implemented Easy Read options for commonly accessed documents.	Director of Operations / Director of Nursing & Quality
Involvement in your healthcare and in the NHS – rights			
➤ R27 You have the right to be involved in planning and making decisions about your health and care with your care	Yes	As above (see R18, P12, P13). The Trust offers and has available interpreter / translation services either face-to-face or by telephone.	Director of Operations / Director of

Heading	Compliance	Evidence	Lead
<p>provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers. This includes being given the chance to manage your own care and treatment, if appropriate.</p>		<p>An agreed end-of-life care pathway involving all agencies involved in end-of-life care is in place.</p>	<p>Nursing & Quality</p>
<p>➤ R28 You have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need.</p>	<p>Yes</p>	<p>The Trust has a Duty of Candour policy in place supported by robust processes for complaints and redress. The Trust monitors compliance with the policy which is reviewed by the Clinical Governance & Clinical Safety Committee and Board.</p>	<p>Director of Nursing & Quality</p>
<p>➤ R29 You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in the decisions to be made affecting the operation of those services.</p>	<p>Yes</p>	<p>Patients, services users and their carers can be involved in the Trust through the Members' Council, Trust membership and volunteering. Communication, Engagement and Involvement Strategy in place. The Trust is continuing to engage with service users and carer groups to ensure all teams and wards will have the ability to involve, listen and respond to feedback from people who use Trust services at all levels of the organisation. Trust service users / carers on local partnership boards. Information provided to local HealthWatch.</p>	<p>Director of Nursing & Quality / Director of Strategy</p>
Involvement in your healthcare and in the NHS – pledges			
<p>➤ P14 The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.</p>	<p>Yes</p>	<p>As above (see P2, P3, R29).</p>	<p>Director of Nursing & Quality</p>
<p>➤ P15 The NHS commits to work in partnership with you, your family, carers and representatives.</p>	<p>Yes</p>	<p>As above (see P2, P3).</p>	<p>Director of Operations / Director of Nursing & Quality</p>
<p>➤ P16 The NHS commits to involve you in</p>	<p>Yes</p>	<p>Service users are offered a copy of their care plan. Care Plans are</p>	<p>Director of</p>

Heading	Compliance	Evidence	Lead
discussions about planning your care and to offer you a written record of what is agreed if you want one.		coproduced with service users wherever possible. The Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there will be occasions when the nature of an individual's illness makes this inappropriate.	Operations / Director of Nursing & Quality / Medical Director
➤ P17 The NHS commits to encourage and welcome feedback on your health and care experiences and use this to improve services.	Yes	The Trust welcomes feedback from service users and carers and actively encourages people to comment on its services. The Trust uses this information to inform service development and improvement. The Trust is working towards real time service user feedback through the Friends and Family service user test. Service user surveys are undertaken as part of our commitment to learn and improve across all of our BDUs. Public engagement events held throughout the year. Feedback facility on the Trust's website. Feedback is provided through the Customer Services Team, which is reported to Trust Board quarterly and annually.	Director of Nursing & Quality
Complaints and redress – rights			
➤ R30 You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.	Yes	Customer Services Policy and Customer Service Team structure with quarterly reports to Trust Board. Performance measures in place. Complaints acknowledged within three working days and investigated appropriately.	Director of Nursing & Quality
➤ R31 You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.	Yes	As above. The Trust encourages face to face meetings to discuss complaints as the first act of resolution. Formal complaints always involve the offer of a further face to face meeting.	Director of Nursing & Quality
➤ R32 You have the right to be kept informed of the progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.	Yes	Customer Services Policy and Customer Service Team structure. All responses are shared with complainants and personally signed by the Deputy Chief Executive including actions to be taken as a result. Learnings are discussed by the Trust Board.	Director of Nursing & Quality
➤ R33 You have the right to take your	Yes	This is referenced in all correspondence around complaints. Everything	Director of

Heading	Compliance	Evidence	Lead
complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman if you are not satisfied with the way your complaint has been dealt with by the NHS.		possible is done to prevent this. During the last year, seven complaints have been referred to the Ombudsman: three have been partly upheld / upheld, one required no further action and three remain under investigation. This is also reflected in the Customer Services Policy and Customer Service Team structure.	Nursing & Quality
➤ R34 You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.	Yes	Customer Services Policy and information on the Trust's website.	Director of Nursing & Quality
➤ R35 You have the right to compensation where you have been harmed by negligent treatment.	Yes	Claims Management Policy.	Medical Director
Complaints and redress – pledges			
➤ P18 The NHS commits to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint and the fact that you have complained will not adversely affect your future treatment.	Yes	Customer Services Policy and Customer Service Team structure.	Director of Nursing & Quality
➤ P19 The NHS commits to ensure that, when mistakes happen or if you are harmed while receiving health care, you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again.	Yes	The Trust has robust processes in place to investigate and learn from its mistakes and to share lessons across services and districts. Arrangements in place to ensure the Trust and its staff meet the Trust's Duty of Candour responsibilities.	Director of Nursing & Quality
➤ P20 The NHS commits to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services.	Yes	The Trust has robust processes in place to investigate and learn from its mistakes and to share lessons across services and districts. Quality Improvement Group established to share learning between and across BDUs. Learning lessons reports are reviewed by the Clinical Governance and Clinical Safety Committee. Post investigation meetings are held at a local level.	Director of Nursing & Quality / Medical Director

The NHS Constitution also sets out nine responsibilities of patients and the public.

- Please recognise that you can make a significant contribution to your own, and your family's, good health and well-being, and take some personal responsibility for it.
- Please register with a GP practice – the main point of access to NHS care as commissioned by NHS bodies.
- Please treat NHS staff and other patients with respect and recognise that violence or the causing nuisance or disturbance on NHS premises could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.
- Please provide accurate information about your health, condition and status.
- Please keep appointments, or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.
- Please follow the course of treatment which you have agreed, and talk to your clinician if you find this difficult.
- Please participate in important public health programmes such as vaccination.
- Please ensure that those closest to you are aware of your wishes about organ donation.
- You should give feedback – both positive and negative – about your experience and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve NHS services for all.

**The NHS Constitution – staff
How the Trust meets its obligations
Trust Board 28 January 2020**

Heading	Compliance	Evidence	Lead
The rights are there to help ensure staff:			
➤ have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;	Yes	Workforce Strategy agreed which includes workforce development, and staff engagement and wellbeing as key priority areas Human Resources (HR) policies and procedures on annual leave, sickness absence, flexible working, carer leave, adoption rights and benefits, age retirement, equal opportunities in employment, job share, paternity leave, maternity leave, special leave, stress, etc. Also Harassment and Bullying Policy and Grievance Policy and Procedures in place. Friends and Family Test for staff. Wellbeing survey / national staff survey. Occupational health policy and service in place including Musculoskeletal and staff counselling services. Values-based recruitment, induction and appraisal policies in place.	Director HR, OD & Estates
➤ have a fair pay and contract framework;	Yes	Workforce strategy agreed by the Trust Board Trust pay structure based on Agenda for Change and Trust follows guidance issued by National Pay Bodies as appropriate. HR Policies and Procedures as above. Workforce Strategy sets out Trust approach to pay. Support to the concept of Living Wage. Ethnic pay audit recently completed. Gender pay audit recently completed. Disability pay audit recently completed.	Director HR, OD & Estates
➤ can be involved and represented in the workplace;	Yes	Workforce strategy agreed by the Trust Board includes staff engagement as key priority area. Disciplinary Policy and Procedures. Grievance Policy and Procedures. Set out in the Social Partnership Agreement between the Trust and staff side organisations. Staff engagement strategy. Staff engagement events. Annual staff survey. BAME, Disability and LGBT+ Staff Networks established. Elected staff governors on the Members' Council.	Director HR, OD & Estates

Heading	Compliance	Evidence	Lead
➤ have healthy and safe working conditions and an environment free from harassment, bullying or violence;	Yes	HR policies and procedures. Staff survey. Health and Safety Policy. Health and Safety Steering Group. Health and Safety annual audit and work programme. Occupational health service. Risk assessments of workplace. Managing Aggression and Violence lead in place with supporting Management of Violence and Aggression Trust Action Group (MAV TAG).	Director HR, OD & Estates
➤ are treated fairly, equally and free from discrimination;	Yes	HR policies and procedures. Equality and Inclusion Committee, of the Trust Board in place. Trust staff are required to undertake mandatory equality training. Equality networks, annual workforce equality impact assessment. Equality impact assessment of all policies and procedures BAME, Disability and LGBT+ Staff Networks established. WRES, DES and EDS2 action plans agreed.	Director HR, OD & Estates
➤ can, in certain circumstances, take a complaint about their employer to an Employment Tribunal;	Yes	Disciplinary and Grievance Policies and Procedures. Trust staff advised of their rights following disciplinary action.	Director HR, OD & Estates
➤ can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.	Yes	HR Policies and Procedures. Information given to staff and Trust welcome events include information for staff. New Raising Concerns / Freedom to Speak Up (Whistleblowing) Policy agreed with Staff Side in Consultation and the Freedom to Speak Up Guardian Whistleblowing report taken to Clinical Governance & Clinical Safety Committee every 6 months. Raising concerns leaflet widely available. Posters on Freedom to Speak Up widely distributed. Network of Freedom to Speak Up Guardian established Intranet site for staff on raising concerns in place. Freedom to Speak Up Guardians have regular meetings with Director of HR, OD and Estates and Deputy Chair.	Director HR, OD & Estates

The NHS Constitution also sets out seven staff pledges, which, although not legally binding, represent a commitment by the NHS to provide high-quality working environments for staff.

- The NHS commits to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.
- The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.
- The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.
- The NHS commits to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- The NHS commits to have a process for staff to raise an internal grievance.
- The NHS commits to support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice, or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998.

The NHS Constitution also sets out six existing legal duties that staff must observe. (This list is not meant to be exhaustive.)

- To accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.
- To take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.
- To act in accordance with the express and implied terms of your contract of employment.
- Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.
- To protect the confidentiality of personal information that you hold unless to do so would put anyone at risk of significant harm.
- To be honest and truthful in applying for a job and in carrying out that job.

The Constitution also sets out how staff should play their part in ensuring the success of the NHS.

- You should aim to provide all patients with safe care, and to do all you can to protect patients from avoidable harm.
- You should follow all guidance, standards and codes relevant to your role, subject to any more specific requirements of your employers.
- You should aim to maintain the highest standards of care and service, treating every individual with compassion, dignity and respect, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole.

- You should aim to find alternative sources of care or assistance for patients, when you are unable to provide this (including for those patients who are not receiving basic care to meet their needs).
- You should aim to take up training and development opportunities provided over and above those legally required of your post.
- You should aim to play your part in sustainably improving services by working in partnership with patients, the public and communities.
- You should aim to raise any genuine concern you may have about a risk, malpractice or wrongdoing at work, (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff, or the organisation itself at the earliest reasonable opportunity.
- You should aim to involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis and their individual care and treatment.
- You should aim to be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation.
- You should contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged and colleagues are supported where errors are made.
- You should aim to view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care.
- You should aim to take every appropriate opportunity to encourage and support patients and colleagues improve their health and wellbeing.
- You should aim to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access and outcomes between differing groups or sections of society requiring health care.
- You should aim to inform patients about the use of their confidential information and to record their objections, consent or dissent.
- You should aim to provide access to a patient's information to other relevant professionals, always doing so securely, and only where there is a legal and appropriate basis to do so.

Trust Board 28 January 2020

Agenda item 10.3 – Assurance from Nominations Committee

Nominations Committee

Date	9 January 2020
Presented by	Angela Monaghan, Chair (Chair of Committee)
Key items to raise at Trust Board	<ul style="list-style-type: none">➤ Chair's remuneration➤ Recruitment of NED with a financial qualification
Approved Minutes of previous meeting/s for receiving	<ul style="list-style-type: none">➤ Minutes of the Committee meeting held on 24 October 2019 (attached).

Minutes of the Nominations' Committee held on 24 October 2019

Present: Jackie Craven (JC) Lead Governor (Publicly elected governor, Wakefield)
Nasim Hasnie (NH) Publicly elected governor (Kirklees)
Ruth Mason (RM) Appointed governor (Calderdale & Huddersfield NHS Foundation Trust)

Apologies: Members
Marios Adamou (MA) Staff elected governor (medicine and pharmacy)
Angela Monaghan (AM) Chair of the Trust (Chair of the Committee)

Attendees
Nil

In attendance: Alan Davis (AGD) Director of Human Resources, Organisational Development & Estates
Emma Jones (EJ) Company Secretary (author)
Rob Webster (RW) Chief Executive

NC/19/34 Welcome, introduction and apologies (agenda item 1)

Jackie Craven (JC), Lead Governor welcomed everyone to the meeting. The apologies above were noted including Angela Monaghan (AM), Chair and Chair of the Committee as she had a conflict of interest in the agenda item that would be discussed. In accordance with the Terms of Reference, JC would chair the meeting.

NC/19/35 Declarations of interest (agenda item 2)

There were no further declarations over and above those made in the annual return at Trust Board in March 2019 and Members' Council in May 2019. The Committee noted that AM had declared an interest in agenda item 4 and therefore was not in attendance.

NC/19/36 Minutes of and matters arising from previous meetings held on 15 July 2019 and 26 July 2019 (agenda item 3)

It was **RESOLVED** to **APPROVE** the Minutes from the meetings held on 15 July 2019 and 26 July 2019. All matters arising from the meeting were complete.

NC/19/37 Review of Chair and Non-Executive Director remuneration (agenda item 4)

Alan Davis (AGD) tabled a paper which outlined the current remuneration arrangements for the Chair and Non-Executive Directors (NEDs) compared to the recently published NHS England & NHS Improvement (NHSE&I) guidance on Foundation Trusts' and NHS Trusts' NEDs' remuneration for discussion.

AGD highlighted the following:

- The remuneration of the Chair and Non-Executive Directors (NEDs) of foundation trusts are determined by the Members' Council. The Nominations' Committee, on behalf of the Members' Council, are responsible for regularly reviewing the

remuneration arrangements for the Chair and NEDs and making recommendations to the Members' Council.

- The remuneration of Chairs and NEDs of NHS Trusts is set by the Secretary of State and has not changed for some time. This has led to a disparity between Chair and NEDs' remuneration in Foundation Trusts and NHS Trusts. NHSE&I have recently published a significant document which sets out a structure for the remuneration of Chairs and NEDs of NHS Trusts and Foundation Trusts. Whilst this document does not take away the statutory responsibility of the Members' Council for both reviewing and determining remuneration levels for the Chair and NEDs, it does set out a clear expectation that it will be followed and, if not, then there will need to be an explanation to the regulator.
- The Chair's remuneration at the Trust is on an incremental scale, which was based on an independent review by Capita. The Capita report recognised that Chair's remuneration is more complex and variable than that for the NEDs. Non-Executive Director remuneration is a flat rate, which again was based on a review by Capita. In addition, there are two NED roles that attract an additional responsibility allowance. These are the Audit Committee chair and the Deputy Chair / Senior Independent Director (SID).
- In previous years, the Members' Council has used the NHS Providers benchmarking remuneration survey to undertake an annual review of the Chair's and NEDs' remuneration.
- NHSE&I have published a structure to align remuneration for Chairs and NEDs of NHS Trusts and Foundation Trusts. For NEDs, it is recommended that there is a single uniform annual rate of £13,000 per annum with local discretion to award supplementary payments of up to £2,000 per annum (to a maximum of two individuals) in recognition of designated extra responsibilities. For Chairs, a range for the remuneration based on the annual turnover of the organisation consists of 3 points: Lower Quartile (LQ) rate, Median (M) rate and Upper Quartile (UQ) rate. The range for this Trust would be £44,100 (LQ) - £47,100 (M) - £50,000 (UQ) pa.
- The Trust's current remuneration for NEDs is £13,584 per annum, which is close to the NHSE&I rate. However, the supplementary payment for two additional roles (which is for the Chair of the Audit Committee and Deputy Chair / Senior Independent Director) is £5,120 per annum, which is significantly above the NHSE&I rate (£2,000). In relation to the Trust's current Chair's incremental scale, the minimum was below the NHSE&I LQ rate and the maximum was above the NHSE&I UQ rate. For the current Chair, the next progression on the Trust's current scale would still keep in line with the minimum.

Rob Webster (RW) asked if there was guidance from NHSE&I about the use of incremental scales. AGD commented that they wouldn't expect people to be paid below the lower quartile, and if paid the upper quartile then it is expected it should be based on either or both the level of complexity in the role and experience, therefore the median would be appropriate in most case.

RW asked if there would be cost of living increases. AGD commented that it was anticipated that NHSE&I would set the rates annually and that may be part of their consideration.

Ruth Mason (RM) commented, in relation to the Chair's remuneration, it felt comfortable including the potential movement up the Trust's incremental scale following the Chair's 2019 appraisal, however in future years it would not be in line with the NHSE&I scale, which the Committee would need to consider. Nasim Hasnie (NH) suggested that the Trust's incremental scale be harmonised so it was compatible with the NHSE&I scale to the nearest point, with Chairs only progressing to the upper quartile depending on whether that had met any criteria.

AGD commented that for NEDs there was a new uniform rate close to the current Trust's rate, however the larger issue was in relation to supplementary payments as the Trust was currently paying more than double of what NHSE&I are proposing. In accordance with the size of the organisation, only two NEDs may receive a supplement, which the Trust is already in line with. NHSE&I are not saying Foundation Trusts must make the change immediately; however the expectation was that if a new NED was appointed or a NED re-appointed, trusts would comply with the arrangements. This would be more sensitive for re-appointments as it would result in a reduction. To not implement the guidance could put the Members' Council and the Trust in a difficult position. Currently the Trust's NEDs' rate was close, which was a positive and shows that the previous approach was reasonable and justifiable.

RW asked which NEDs would be coming up for the end of their current term in 2020. EJ commented that this would feed into the discussion on agenda item 5 and tabled a paper showing the current terms of office.

RM supported harmonising and resolving disparity for others noting that it was important to manage others' expectations and provide them with the guidance from NHSE&I. EJ commented that the Chair had shared the guidance with the NEDs. AGD commented that the guidance also included further information around the process of appraisals.

NH asked if the change to the NED remuneration would be triggered at re-appointment. AGD commented that it could continue either until re-appointment or until they leave the Trust. For new appointments it would be the new rate.

JC asked if an existing NED became the Audit Committee chair what supplementary payment they would receive. AGD advised they would stay on their existing NED payment as a substantive, but the supplementary for the Audit Committee chair would now be £2,000pa.

RW suggested that existing NEDs remained on their current substantive rate until they leave the Trust but the supplementary payments change on either reappointment or with any new appointments

AGD commented that for the Chair the next increment in the Trust's scale would be slightly above the NHSE&I median rate but still within the pay range set nationally. RM commented that if the current Chair sought re-appointment in 2020 the Committee could again review the scale. AGD noted that, for the Chair, this would be resolved by re-appointment or new appointments, which would take place in 2020.

RM commented that it was important to set the precedent now so that the rates were dispassionate and not personal. NH asked about how it compared to the performance related pay for executive directors. AGD commented that previously for executive directors there was a flat rate for the role, and a performance related pay scheme, however the performance related pay scheme was no longer in place. RW commented that most staff had increments under Agenda for Change, however executive directors did not and the Members' Council could decide if the role of the Chair should have an incremental scale or a fixed rate. AGD commented that he did not feel the scale should be removed. With the current scale there was an expectation that the Chair would progress. NH commented that for the previous Chair progression was not always done by single increments, and one year the Members' Council agreed for an increase of two increments. AGD suggested that the rate would normally be the median rate. A Chair would be appointed on the lower rate if it was their first Chair role and seen as a development opportunity with the view that they would progress to the median rate. If appointed on the median rate there shouldn't be an

expectation that they will go to the upper rate unless there was significant complexity in the role.

RM commented that the Chair is a NED and the NED received a fixed fee and suggested that there could be a three point scale in line with the NHSE&I scale and when appointed a decision is based on appointment where they are on the scale for the term of the role. EJ commented that this could be fixed for a three year term and if a Chair seeks re-appointment it could be reviewed as part of the process. AGD commented that the NHSE&I scale noted that it was based on complexity of the role and skills and experience of the Chair.

It was RESOLVED to RECOMMEND to the Members' Council that in accordance with the new NHS England & NHS Improvement guidance:

- **In relation to Non-Executive Directors, the current remuneration levels remains frozen and not uplifted until NHS England & NHS Improvement guidance flat rate exceeds it.**
- **In relation to the Chair, that the Members' Council should still have the option to agree that the current Chair progresses to the third point of the Trust's incremental scale following the completion of the 2019 appraisal in January 2020. However, on either re-appointment or a new appointment, a fixed rate is agreed for the whole of the term of appointment within the NHS Improvement and NHS England pay range for Chairs.**
- **In relation to the supplement for the Audit Committee chair and Deputy Chair / Senior Independent Director roles, that on either re-appointment or a new appointment, the supplement should be reduced to £2,000 per annum to align with NHS England & NHS Improvement's recommendation.**

NC/19/38 Non-Executive Director recruitment (agenda item 5)

AGD asked the Committee if they supported managing the NED recruitment in-house again. AGD highlighted that the pros of the process being managed in-house was that it has a financial saving and the Trust had previously successfully appointed three NEDs using this process. The cons of the process being managed in house was the time and effort from staff which adds pressure. The pros for it being managed externally is they may have better network connections to attract financially qualified NEDs which can be difficult to recruit. The cons for it being managed externally was the financial cost.

EJ commented that the Trust's Constitution was due for review by the Trust Board and Members' Council and one area that had come up previously as part of NED recruitment was that candidates needed to be a member, which meant they needed to live within a constituency. As part of the review, a suggestion may be that this be widened to the whole of Yorkshire or further, as the Trust has service users who do not live within the area. AGD commented that previously there had been a strong candidate who lived just outside of a constituency area and, although they used services within, they were still not able to apply due to where they lived.

The Committee discussed and supported the in-house process to continue to be used, noting it did not cause a reduction in attracting and appointing NEDs and also provided a financial saving.

AGD to provide the recruitment plan in accordance with previous processes at the next Committee meeting.

Action: Alan Davis

It was RESOLVED to NOTE the update.

NC/19/39 Any other business (agenda item 6)

No items were raised.

NC/19/40 Issues and items to bring to the attention of Trust Board / Members' Council (agenda item 7)

Items were identified as:

- Chair and Non-Executive Director (NED) remuneration - recommendation would go to the Members' Council meeting on 1 November 2019.
- NED recruitment - recruitment plan to be discussed at the next Committee meeting.

NC/19/41 Date of next meeting (agenda item 8)

To be scheduled in January 2020. Date and time to be confirmed.

Action: Angela Monaghan / Emma Jones

Trust Board 28 January 2020

Agenda item 11 – Assurance from Trust Board committees

Audit Committee

Date	7 January 2020
Presented by	Laurence Campbell, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	<ul style="list-style-type: none"> ➤ SystemOne Update ➤ Update of EMT view of Organisational risks ➤ Internal Audit recommendations ➤ Phishing tests ➤ New Local Counter Fraud Specialist ➤ Mandated and local indicators in Quality Account
Approved Minutes of previous meeting/s for receiving	➤ Minutes of the Committee meeting held on 8 October 2019 (attached)

Equality & Inclusion Committee

Date	8 December 2019
Presented by	Angela Monaghan, Chair (Chair of Committee)
Key items to raise at Trust Board	➤ To be confirmed
Approved Minutes of previous meeting/s for receiving	➤ Minutes of the Committee meeting held on 10 September 2019 (to follow)

Finance, Investment & Performance Committee

Date	19 December 2019 & 23 January 2020
Presented by	Chris Jones, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	➤ To be confirmed
Approved Minutes of previous meeting/s for receiving	➤ Minutes of the Committee meeting held on 19 December 2019 (attached) and 23 January 2020 (to follow)

Note, assurance from the Charitable Funds Committee is provided to the Corporate Trustee for charitable funds.

Minutes of the Audit Committee held on 8 October 2019

Present:	Laurence Campbell Chris Jones Sam Young	Non-Executive Director (Chair of the Committee) Non-Executive Director Non-Executive Director
Apologies:	<u>Members</u> Nil	
	<u>Other</u> Tony Cooper Caroline Jamieson Jane Wilson	Head of Procurement Senior Manager, Deloitte PA to Director of Finance
In attendance:	Rob Adamson Mark Brooks Leanne Hawkes Paul Hewitson Olivia Townsend Emma Jones Tim Breedon Salma Yasmeen Kyle Simonite	Deputy Director of Finance Director of Finance (lead Director) Deputy Director, 360 Assurance Director, Deloitte Assistant Anti-Crime Manager, Audit Yorkshire Company Secretary (author) Director of Nursing & Quality / Deputy Chair [item 11] Director of Strategy [items 12 & 17] Assistant Client Manager, 360 Assurance

AC/19/79 Welcome, introduction and apologies (agenda item 1)

The Chair of the Committee, Laurence Campbell (LC) welcomed everyone to the meeting. Apologies are noted above. LC advised that Chris Jones (CJ) had now replaced Erfana Mahmood (EM) on the Committee.

AC/19/80 Declaration of interests (agenda item 2)

There were no further declarations over and above those made in the annual return to Trust Board in March 2019 or subsequently.

AC/19/81 Minutes from the meeting held on 9 July 2019 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the meetings held on 9 July 2019 as a true and accurate record with the amendment of 1 typographical error.

AC/19/82 Matters arising from the meeting held on 21 May & 9 July 2019 (agenda item 4)

The following actions were discussed:

- AC/19/67 Declaration of interests for staff – risk assessment - Emma Jones (EJ) commented that there had been capacity pressures to support this which were expected to improve in the next month.
- AC/19/69 Update on internal audit on complaints (re: Complaints) - Leanne Hawkes (LH) commented that from the responses received the actions were on track to be completed by end of month.

- AC/19/73 Internal audit (re data quality) - LH commented that this action was being monitored through actions in Care Quality Commission (CQC) action plan.
- AC/19/80 Work programme (re: external agency policies plan) - EJ stated this has not been reported to this Committee since 2015/16 as the required information is reported to the Clinical Governance & Clinical Safety Committee and could be removed from the work programme.

AC/19/83 Update on internal audit on complaints (agenda item 11)

Tim Breedon (TB) reported that the internal audit recommendations included review of the process for complaints and recording of data including changes to the Datix system. These actions were assigned to a senior manager which coincided with the Care Quality Commission (CQC) inspection which required the resource to be diverted. The technical support for Datix was also not available due to a period of sickness. An extension in terms of delivery date of the actions was discussed and supported by the Executive Management Team (EMT). The staff were now back in place and he was comfortable that the actions could be delivered against the revised timescale. In relation to the complaints process, turnaround times are improving and work is needed to ensure the data required is embedded on Datix.

CJ asked if a cultural change was needed about how the Trust deals with complaints. TB commented that the main thing that sits over the top of this work was cultural change around the ownership, which now sits with the relevant service, rather than the Customer Services team. Customer Services receives the original request which is then directed to the right person in clinical services to support them with an informal resolution. If an informal resolution is not possible a formal process takes place with services taking ownership of responding within the required deadlines. Through these changes the number of formal complaints has decreased which indicates that it has improved. The cultural changes are taking place, however are not yet fully embedded in all areas.

LH / TB to discuss the timing of the update to Audit Committee. SYo suggested that Committee members could be sent an interim report between the January and April 2020 Committee meetings.

Action: Tim Breedon / Leanne Hawkes

It was RESOLVED to REVIEW and NOTE the improvements being made to provide assurance on the customer services process and APPROVE the extension dates.

AC/19/84 Charitable Funds annual report and accounts (agenda item 12)

Salma Yasmeen (SY) reported that only minor changes had been made since the previous versions and confirmed that had now been subject to audit. They would go to the Corporate Trustee meeting on 29 October 2019 for final approval.

It was RESOLVED to APPROVE the final annual report and accounts which will then be presented for approval by the Corporate Trustee.

AC/19/85 SystemOne optimisation update (agenda item 17)

SY reported that optimisation formally commenced in August 2019 and was delayed slightly to allow further stability to the system with RiO decommissioned at the end of June 2019. The team is currently reworking the high level milestone plans, including realistic timescales and engagement. An emerging issue is in relation to the integrated care specification for Barnsley which would include substantial reconfiguration and will require much of the resource also assigned to system optimisation. This would be discussed by EMT in relation to all priority

programmes. Care plans have been tested and configured and are further being optimised for inpatients, this will now require further live testing in inpatients and a plan for community testing before these can successfully be rolled out. Emerging risks would be discussed by steering group.

LC asked if there was a danger of new requirements continuing to be requested as part of optimisation. SY commented that conversations were taking place with the programme team regarding each element as it needs to be clear about what was in the scope and what could be delivered within each phase.

LC asked if one software rollout/upgrade would be done. SY commented that there would be multiple as they had different levels of change.

LC asked if risk assessments were included following the CQC inspection. SY commented that it had also been raised as part of the discussions on the optimisation.

SYo felt the paper provided a good explanation of the status of the programme and noted that further discussion was needed on when the programme would come out of the formal optimisation phase as optimisation would continue subsequently.

SY to provide a further update to the Committee in January 2020.

Action: Salma Yasmeen

It was RESOLVED to RECEIVE the report and NOTE the information.

AC/19/86 Consideration of items from the Organisational Risk Register allocated to the Audit Committee (agenda item 5)

Mark Brooks (MB) reported that the Corporate/organisational risk register (ORR) was as reported to Trust Board in July 2019 and was currently being updated as part of the cyclical review to be reported to Trust Board in October 2019. The cover page identifies the changes to the risk register since the last Committee meeting.

The following risks were discussed:

- Risk ID 1217 - LC asked if the risk score was still correct. MB commented that the Executive Management Team (EMT) quarterly timeout meeting on 10 October 2019 would be dedicated to a review of priority programmes and capacity to deliver. If necessary the risk rating will be adjusted following that discussion
- Risk ID 1213 - SYo asked whether the likelihood score should be different due to some of the data quality issues. MB commented that the scoring on this risk could be lower as although there were some data quality issues it would not cause any material issues on what the Trust was required to report on. The Committee acknowledged that this risk could potentially be closed as the transition was complete, and a new risk could be created in relation to optimisation.
- Risk ID 522 - MB commented in relation to financial viability and funding arrangements, that nationally there had been a lot of change to arrangements in the past year and the risk may need updating including changes to PSF and mental health investment growth.

Action: Salma Yasmeen

Action: Mark Brooks

It was **RESOLVED** to:

- **DISCUSS** the current Trust-wide corporate / organisational level risks, relevant to this Committee, as provided above; and
- **be ASSURED** that the current risk level, although above the Trust risk appetite, given the current environment is appropriate.

AC/19/87 Triangulation of risk performance and governance report (agenda item 6)

EJ reported that the triangulation had been done using the most recent Integrated Performance Report (IPR), the ORR and Board Assurance Framework (BAF) report to Trust Board in July 2019, and Strategic overview of business and associated risks reported to Trust Board in April 2019. The report had been discussed by EMT including the areas highlighted in relation to red RAG rated performance on the IPR which were not specifically captured by a risk on the ORR. MB added that through the discussion at EMT these areas were included on local level risk registers, however the scoring did not require escalation to the ORR.

CJ asked if the culmination of these areas while not on the ORR was showing areas of pressure. LC commented that it was also important to consider whether there were any emerging trends and felt that this relies heavily on EMT/OMG's ability to synthesise the available information. MB commented that any areas of concern would be discussed by the Operational Management Group (OMG) and escalated to EMT. EMT would request detailed papers to understand what the issue was and mitigations in place and provided an example in relation to Improving Access to Psychological Therapies (IAPT) where NHS Improvement Intensive Support Team (IST) reviews had taken place.

SYo commented that there were some risks on the ORR that were not included within the IPR or BAF. EJ commented that these were risks that were being mitigated within risk appetite and not reported on full. MB commented that consideration could be given to how they are presented in future reports.

Action: Emma Jones

It was **RESOLVED** to **RECEIVE** the report as part of the evidence of assurance on the operation of risk processes within the Trust.

AC/19/88 Review proposed changes to the Standing Financial Instructions (agenda item 7)

MB reported that the Standing Financial Instructions (SFIs) are one of the Trust's key control and assurance documents, with several recommended updates for approval since the last version in 2016. Areas to consider are having the right processes in place to ensure they are being adhered to and whether they are being communicated effectively to staff. It was discussed whether there should be a standing agenda item added for the Committee in order to report any breaches. CJ asked about the level of non-compliance. MB commented that there were different levels of materiality and provided an example of orders being placed without appropriate approvals prior to the order being placed.

It was felt only breaches should be reported to the Committee which in the view of the Director of Finance are material need reporting to the Committee.

LC asked how staff were currently made aware of them. MB commented that it was currently part of local induction checklist.

LC commented that the updates recognised some areas that have been known for a while such as tender waiver limits and asked how often the SFIs should be reviewed. MB suggested that they be reviewed every two years unless there was a specific requirement to review them earlier.

SYo asked in relation to 12.7.5, how the Board would know prior to inviting people. MB commented that it may be updated for the Director of Finance to ensure rather than the Board.

Action: Mark Brooks

SYo advised under 19.1.1, the reference to the Data Protection Act needed to be updated to GDPR.

Action: Mark Brooks

LC asked the auditors how the Trusts SFIs compared to others. LH commented that all SFIs documents were fairly standard, however she had not seen breaches reported to Audit Committees. PH commented that he had seen breaches reported in response to a risk which were monitored by Audit Committee until they were assured by the actions in place. LH commented that the majority would potentially be reported through the procurement report.

It was RESOLVED to COMMENT on the recommended updates to the Trust's Standing Financial Instructions and to RECOMMEND them to Trust Board for approval.

AC/19/89 Review of process to develop the assurance framework (agenda item 8)

EJ reported that the development of the BAF 2019/20 had been discussed through Trust Board strategic sessions, with quarter 1 reported to Trust Board in July 2019. EJ suggested that consideration may be needed to when this report comes to the Audit Committee to support the development of the BAF for 2020/21.

LC commented that there were points within the draft Head of Internal Audit Opinion for Phase 1 in relation to the BAF that had been discussed with EJ. EJ commented that these points had been raised at EMT and would be included in the next BAF report to the Trust Board in October 2019. LH outlined the recommendations.

The Committee discussed the accountability of committees. CJ felt the current process of in-depth reviewing the ORR at committee meetings worked well. LC felt that more focus on delivery of strategic objectives, rather than the risk to delivery. SYo agreed that work did not need to be duplicated in committees and suggested a change in language may be needed in the BAF to reflect where areas were being discussed.

It was RESOLVED to RECEIVE the update on the development of the BAF for 2019/20 through Trust Board.

AC/19/90 Agreement of Committee meeting dates for following year (agenda item 9)

The following draft dates have been agreed by Committee members:

- 7 January 2020
- 14 April 2020
- 19 May 2020 - to be confirmed following receipt of NHS Improvement guidance. Also requested to potentially hold 21 May 2019 prior to the Board meeting given the tight year-end timescales

- 14 July 2020
- 13 October 2020
- 5 January 2021

EJ to send out the meeting requests to Committee members and attendees.

Action: Emma Jones

It was RESOLVED to NOTE the Committee meeting dates for 2020/21.

AC/19/91 Cyber security update (agenda item 10)

MB reported that the update recognised the actions taken and work in progress. The Trust is as compliant as possible and the capital programme is geared towards making the IM&T infrastructure as robust as possible.

LC asked if there was any sense on how the Trust benchmarked against others. MB commented that there was no formal benchmarking, however soft intelligence through networks was that the Trust was well positioned.

SYo asked if the outstanding actions were high risk. MB commented that they were all low risk.

SYo asked what percentage staff were achieving for cyber security training. MB commented that there was no specific training for cyber security, it was within the information governance training. Olivia Townsend (OT) advised that it was also part of fraud awareness. SYo asked if something specific was needed. MB commented that there was a regular communication plan in place. LH commented that a phishing exercise would take place shortly which would assist with gaining awareness and a follow up would be then sent to all who took place with the outcome and reported back to the next Committee meeting.

Action: Leanne Hawkes

MB commented that the majority of cyber security breaches would be reported as information governance incidents.

CJ commented that it was important to understand the people side of things, given that there were a lot of technology stops already in place.

The Committee requested a review of the level of training and comms to see if further action was needed.

Action: Mark Brooks

SYo commented that it would be helpful in future reports to understand if there were themes or trends.

Action: Mark Brooks

It was RESOLVED to REVIEW and COMMENT on the report.

AC/19/92 Accounting standards update (agenda item 13)

Rob Adamson (RA) reported that there had been changes in rules in relation to leases and accounting for leases. The paper provided an update on the current work that has taken place and plans in the lead up to 1 April 2019. Operating leases would come on to the balance sheet from 1 April and have a different accounting treatment. Some good progress had been made to date and the value was quite significant.

LC asked for further detail in relation to tenancies at will. RA commented that these were where there were historic arrangements over a long period of time, however there was no formal agreements in place.

LC asked if the Trust was required to do a prior year adjustments. RA stated this was not a requirement, which was confirmed by PH.

RA added that engagement was taking place with the district valuer, auditors and regional networks. PH commented that the Trust was ahead of others in terms of implementing and a statement would need to be included in the accounts on the work that has taken place and expected impact.

MB commented that NHS England/Improvement held quarterly review meetings (QRMs) with all trusts and this was now a standing agenda item under finance.

MB commented that the Trust was assuming that car leases did not apply. RA added that further clarification of the guidance had been sought.

It was RESOLVED to NOTE the work completed to date on the standard, REVIEW the assumptions made to date and the next steps and COMMENT accordingly.

AC/19/93 HMRC inspection outcome letter (agenda item 14)

MB reported that the outcome letter was provided to the Committee for information and overall was a very clean inspection. There was a sensitive matter in relation to hospital managers, where the national advice provided to the NHS Confed at the time of IR 35 introduction and the Trusts interpretation meant that they could be treated as suppliers rather than office holders. HMRC have said that this was incorrect and from 1 November 2019 onwards they would be paid through payroll and subject to income tax. There would be no retrospective charge against the Trust as it was recognised that the process had been in response to national advice at the time.

LC commented that previously the hospital managers felt if they were employed by the Trust it would compromise their independence. This change did not mean they were employed, it was a change in tax source. A number are aged over 65 year old which meant they would not get charged a National Insurance contribution.

It was RESOLVED to COMMENT and RECEIVE the report and NOTE the actions taken to ensure on-going compliance.

AC/19/94 Treasury management strategy and policy (agenda item 15)

RA reported that the strategy and policy had been updated with minor amendments.

CJ queried the concentration limits about investment over a range of institutions. PH commented that he presumed this was to avoid if there was a possible collapse of one bank and suggested that the exception be added of the national loan fund.

Action: Rob Adamson

It was RESOLVED to APPROVE the updated policy.

AC/19/95 Procurement report (agenda item 16)

MB reported that the paper included information on key contracts and an update on CIPs.

LC queried tender waiver in relation to Touchstone. MB commented that it was reported to the Committee for good practice, however it was part of the original tender.

CJ asked in relation to tendering, how the Trust was approaching the review of tender specifications in relation to CIPs. MB commented that there was a focus on value for money, and as part of the criteria for selection consideration of finances was included. The Trust was dependent upon subject matter experts as to whether specifications were appropriate or not including a review of the finances.

LC asked for further details in relation to the direct award framework. MB commented that if providers were on the national framework they could be directly appointed without going through a full tender exercise.

LC asked in relation to the increase in SLA's whether it was because the Trust was continuing to grow. MB commented that it reflected a change in dynamics in working and partnership approaches.

It was RESOLVED to NOTE the progress made and COMMENT on the information provided within this report.

AC/19/96 Treasury management update (agenda item 18)

RA reported that currently the Trust had not invested funds. Interest receivable for 2018/19 was £161k (£65k 17/18). Forecast for 2019/20 is £143k with actual for April to August 2019 totalling £87k.

It was RESOLVED to NOTE and COMMENT on the Treasury Management update report.

AC/19/97 Internal audit progress report (agenda item 19)

LH highlighted the following:

- Policy monitoring - advisory, with two recommendations in relation to the "policy on policies".
- Data quality phase 1 - three minor anomalies identified that did not affect patient care.
- Draft Head of Internal Audit Opinion Stage 1 - recommendations in relation to BAF as discussed previously.
- Terms of reference - to provide early sight on coverage of reviews. The internal audit on recruitment was taking place across their client base to look at recruitment arrangements. Work had commenced on the internal audit in relation to key financial systems, and terms of reference had been agreed for the data protection toolkit.
- Request to defer the internal audit on GDPR in November and Patient Safety in Quarter 4 due to sickness and capacity in the teams.
- Client updates included details on an event in relation to cyber and finance and a session on recruitment
- Action tracking was currently at 70% implemented against the original agreed date. As part of the final Head of Internal Audit Opinion the target was 75%. There were 9 actions currently overdue, 7 related to complaints, 1 related to data quality, and 1 related to performance management.

MB cautioned what was considered an incomplete action, as in relation to complaints, while there were 7 they could be potentially in effect be classified as 2 actions achieving different outcomes. In addition he felt we need to be pragmatic when there are genuine extenuating circumstances..

For example as a there are some key specialist individuals in the Trust and when they are not available there is not always cover for those specialist aspects of their roles.

It was RESOLVED to RECEIVE and NOTE the update provided.

AC/19/98 Counter fraud progress report (agenda item 20)

OT highlighted the following:

- Passport investigation - still with West Yorkshire Police, would continue to chase the outcome.
- Expense claims - preliminary enquiries with expenses team to gain formal information.
- Petty cash - did not become a criminal investigation, recommendations have been made to the Trust on potential changes.
- Agency time sheets - all information had now been received from the agency, witness statements have been sent, then the suspect will be invited in under caution.
- Other preliminary enquiries are not reports as not considered substantial enough.

LC asked if there had been a change to the petty cash policy. RA commented that the recommendations had been circulated and work was taking place to look at communications and how to make them as clear as possible to staff. Some further steps had been added to the current approach in relation to checking.

CJ asked in relation to the expenses claims, if the individual was still working for the Trust. OT advised that they had since resigned.

SYo suggested in relation to preliminary enquiries that the number received be included in future reports.

Action: Oliva Townsend

It was RESOLVED to RECEIVE and NOTE the update provided.

AC/19/99 External audit update (agenda item 21)

PH reported that the audit plan set out the key matters which would form the basis of the audit work and highlighted the following:

- Materiality - estimated at £4.5-6m which was a moderate increase, using 2% of forecasted income for the year, any mis-statements in excess of £225k would be reported to the Audit Committee
- Significant risks - based on review of reports and paperwork to date, two risks had been identified as modern equivalent asset management design and management override of controls.
- Delivery of CIP Programme - the delivery of the programme and plan going forward would be reviewed from a Value for Money (VFM) perspective.
- Quality Account - guidance for 2019/20 had not yet been received, the local indicators would be discussed by the Members' Council Quality Group.
- Fees - still in line with tender and fee quoted.

The Committee recognised and agreed that the appropriate risks were included in the plan.

PH highlighted further areas in addition to the audit plan:

- Audit Code of Practice - consultations were taking place on the Code which was the framework in which audits are conducted. The biggest proposed change was in relation to VFM.
- The Redmond Review - would consider the effectiveness of the changes from the Local Audit and Accountability Act 2014, and how reporting could improve.
- Group Accounting Manual (GAM) - the Department of Health and Social Care has released this year's GAM, including guidance on IFRS16 in advance of implementation in 2020/21.

It was RESOLVED to RECEIVE and NOTE the update provided.

AC/19/100 Losses and special payments (agenda item 22)

RA reported that the value was larger than normal as it was made up of a number of exceptional items. Four invoices were written off in the period with a full breakdown provided to EMT, three penalty invoices, two payments to settle complaints, loss / theft of canteen takings, and payments are due to either damaged glasses or loss of e-cigarettes.

LC queried what electronics staff were able to purchase. RA commended that staff were able to salary sacrifice some purchases including technology and white goods.

It was RESOLVED to NOTE the contents of the report.

AC/19/101 Any other business (agenda item 23)

No other business was raised.

AC/19/102 Items to report to Trust Board (agenda item 24)

The following items were agreed as being reportable to the Trust Board:

- Complaints - internal audit recommendation implementation to be completed by end of October.
- SystemOne 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 training.
- Internal audit recommendation implementation now up to 70% (target 75%); assignments now more back end loaded.

AC/19/103 Work programme (agenda item 25)

It was RESOLVED to NOTE the work programme.

AC/19/104 Date of next meeting (agenda item 26)

The next meeting of the Committee will be held on Tuesday 7 January 2020 at 2.00pm in Meeting Room 1, Block 7, Fieldhead, Wakefield.

Finance, Investment & Performance Committee (FIPC)
Tuesday 19 November 2019

<p>Present Tim Breedon (TB) Mark Brooks (MB) Chris Jones (CJ) (Chair) Rob Webster (RW) Sam Young (SYo) Kate Quail (KQ) (<i>via dial in</i>)</p>	<p>In attendance Lucy Auld (LA) (Note taker)</p>	<p>Apologies Carol Harris (CH)</p>
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Item no.	Item/area	Progress and actions/decisions	Lead	Action
1	Introductions and apologies	Chris Jones (CJ) welcomed everyone to the meeting and made introductions for the benefit of Kate Quail (KQ) dialling in.	CJ	
2.	Declarations of interest	None	CJ	
3.	Minutes from previous meeting	The minutes from the Financial Oversight Group meeting held on 24.10.19 will be reviewed by CJ and MB and approved. Key action points are recorded in item 4 for review.	CJ	<u>Action: CJ/MB to formalise</u>
4.	Review of progress against agreed actions	<p><u>Action 003 Closed</u> Tim Breedon (TB)B provided update on QIAs: 162 QIAs in the system. 141 complete 21 outstanding, all are programmed. Nothing FIP needs to be aware of in terms of outstanding actions. Report will only be provided at FIP going forward as an exception to highlight any issues that arise.</p> <p><u>Action 011</u> Board Self Certification to be reviewed and approved by FIP. Board to be informed.</p> <p><u>Action 013</u> Noted. Updated report to be seen at FIP 19.12.19.</p>	<p>CJ</p> <p>TB</p> <p>RW/MB</p> <p>MB</p>	<p><u>Action: MB/RW Jan/Feb</u></p> <p><u>Action: MB 19.12.19</u></p>

Item no.	Item/area	Progress and actions/decisions	Lead	Action
5.	Month 7 financial performance including 2019/20 forecast including risks & upsides	<p>Mark Brooks (MB) informed that the report was self-explanatory and went on to highlight the key points from the report in respect of:</p> <p>Performance:</p> <ul style="list-style-type: none"> • Third consecutive month of a surplus. This is mainly due to OOA performance and significant pay savings • Significant shortfalls in recruiting to positions. • Risk rating is comfortably a 2. The current spike in agency levels is due to high-level agency recruitment this month could and could impact this, for review next month. • OOA is 62% lower than this time last year • Cash balance is healthy • Successful VAT reclaim has reduced reported capital spend and benefited the cash position <p>Sam Young (SYo) queried why we don't have a figure for the agency non-recurrent investment spend and therefore an indication of the proportion in terms of the figures. MB informed that we are not able to accurately analyse agency spend in this way.</p> <p>Rob Webster (RW) sought clarification as to whether agency numbers are more volume rather than inflation. MB confirmed agency numbers are mostly volume.</p> <p>RW opened a discussion regarding the position of the FIPC and the Board's views in general regarding the possibility of the Trust risk rating dropping from 2 to 3 given this would be singularly down to agency spend. The general view was that the drop would impact on staff including the Board in terms of the level of scrutiny and recording required and would not reflect greatly on the Trust as a whole. The Trust must be seen to have done everything in its power, given the way we operate as a Trust, to avoid the slide from 2 to 3. TB raised that we should aim to tackle the root cause of the agency issues which is workforce and retention.</p> <p>RW commented that the Trust has a £3.5m underspend on pay this year and commented that we could recycle this money into substantive and bank staff. CJ reiterated that quality and safety are the most important factors to consider and should be considered in all actions taken by the Trust to reduce agency spend. MB assured that work is being undertaken to monitor the split levels of pay savings and this will help set the challenge for 20/21.</p> <p>MB informed that the Agency Reduction Group and the Workforce Retention Group have joined forces now and are working on a plan regarding recruitment of substantive staff and retention of that staff. FIPC agreed the action to continue monitoring, prioritising safety and quality, action the review of the</p>	MB	<p><u>Continued</u> <u>Action: RW/MB</u></p>



Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<p>self-certification at Board, and continue to monitor through EMT and OMG.</p> <p>Forecast & Risks: MB talked through the forecast section within the report and highlighted the following:</p> <ul style="list-style-type: none"> Trust net risk of deficit has increased to £1.2m from £1.1m last month <p>Corporate Services – The Trust is migrating to Windows 10 and this is caused a spend of £400k on laptops/computers in order for equipment to be compliant. The positive is that all IT stock will have been updated in last 3 years so this will reduce pressure costs going forward. The Trust has incurred some legal costs in relation to a Corporate Governance matter which has impacted on spend.</p> <p>The St Luke’s disposal will appear in the accounts in Feb 2020. The accounting treatment has been agreed with the external auditors.</p> <p>MB highlighted that additional monies have been received into the Trust with a timescale on when they can be spent. This needs consideration at EMT and in teams. The Trust has been successful with the forensic community bid providing £900k to spend before the end of the financial year. There are other similar successful bids with money to spend by year end.</p> <p>CJ queried at what point the forecast be updated to reflect some of the risks/upside that have now crystallised for example the sale of St Luke’s and issues with IT services.</p> <p>RW added that lots of good work had gone into achieving this so far, especially for St Luke’s and this was very positive. He also added that we should work with partners to make sure the whole system benefits from any additional monies.</p> <p>CJ summarised and agreed to feedback to the Board for information: The Trust is still on target for our control total Risks/upside are crystallising and will begin to show in the figures. The Trust risk rating is about the same and remains at a 2 with agency a potential factor affecting this</p> <p>It was agreed that the FIPC will schedule a Deep Dive in relation to the SFP at each meeting and these will be scheduled in on the workplan in consideration with existing business plan cycle. Workplan to be scheduled for next FIPC.</p>		<p>Action: MB/CJ <u>19.12.19</u></p>



Item no.	Item/area	Progress and actions/decisions	Lead	Action
6.	<p>Review of progress against financial sustainability plan (include progress against milestones)</p> <p>Presentation by Rebecca Thorn</p>	<p>MB explained that a more detailed plan in the FSP would be available to FIP in Dec/Jan, and the report would be completed with key milestones for each and more detailed calculations following meetings with commissioners.</p> <p>MB further explained that a lot of benchmarking is going on externally, but this presentation illustrates what we can do internally to use the wealth of data that is available to us. MB introduced the presentation to be made by Rebecca Thorn.</p> <p>Presentation made by Rebecca Thorn (RT), Business Intelligence Lead for SWYPFT on how the Trust is using Model Hospital and Business Intelligence to identify unwarranted variation in services and to identify opportunities for improvements in productivity.</p> <p>SYo commented that the tool seems to fit with identifying recurrent CIPs and this is really useful. KQ commented that the tool highlights ways of working more effectively to increase productivity and appears to be a fantastic tool and is excited to see results from it. RW opened a discussion regarding how the Trust should look at opportunities from the Model Hospital then produce internal benchmarking. It was concluded that individual teams should be passed the data and asked to provide action plans to address the issues identified. CJ raised that the issue of identifying recurrent CIPs can be frustrating for the Board, this being an observation not a criticism. RW commented that it should be considered how much can be delivered through cost reduction, through gain on income, and through efficiency. The detail of this is difficult and the initial framing is currently absent. RW highlighted that the tool could assist with allocative efficiency in terms of additional monies that the Trust is receiving. It could also potentially help with investigative research into trends such as OOA beds.</p> <p>CJ summarised by highlighting that how the tool is framed to the organisation is essential, it needs to encourage people to look at and improve services. Teams need to be encouraged to use the data presented rather than argue with it and use it as an opportunity to look deeper. RT assured that the feedback from users so far is that they can see a huge benefit using the tool. CJ summarised the framing of the involvement of the FIPC in this work going forward:</p> <p>It was agreed that the FIPC would engage with the Model Hospital tool and should be updated after the next Deep Dive exercise has been carried out by a similar presentation from Rebecca/the team. The progress will also be seen in the FSP in due course.</p>	<p>MB</p> <p>RT</p>	<p><u>Action: MB</u></p> <p><u>Action: MB/CJ</u> <u>Schedule onto</u> <u>workplan</u></p>



Item no.	Item/area	Progress and actions/decisions	Lead	Action
7.	Service Line Reporting	<p>MB highlighted the key points from the service line report:</p> <p>Purpose of the report:</p> <ul style="list-style-type: none"> • The report is set out by BDU and should be used by the BDUs within internal meetings to help inform decisions. • OMG should also receive the report and continue to shape it. • The report is a useful tool to support the SFP • The report should be used to support decisions <p>RW noted that the report shows service line reports but not budgets, and underpins other things that we know about spending. It highlights where we need to make savings for example in non-inpatient areas. It needs to be looked at alongside the financial plan, with a view to reducing overheads.</p> <p>The report should be framed to BDUs as a tool to scrutinise costs. BDUs identify what they are buying from corporate services based on what they need and then ay additional wants considering additional costs.</p> <p>The service line report was received by the FIPC and it was noted that it was useful in assisting the SFP and helping to inform decisions. The FIPC concluded that the report should be <u>received quarterly</u>.</p>	MB	<p>Action: <u>MB/CJ</u> <u>Schedule onto</u> <u>workplan</u></p>

Item no.	Item/area	Progress and actions/decisions	Lead	Action
8.	<p>CQUIN Update</p> <p>Presentation by Chris Lennox</p>	<p>MB introduced the presentation to be made by Chris Lennox (CL), informing that the CQUIN group is chaired by Chris Lennox and Mike Doyle and looks at both national and local CQUINs.</p> <p>Presentation made by Chris Lennox, Deputy Director of Operations, SWYPFT on CQUINs which described partnership activity, management structure, governance arrangements and current and forecast performance.</p> <p>Amber rated CQUINs identified: MH Data Quality (part b) IAPT – Use of anxiety disorder specific measures Achieving an 80% uptake of flu vaccinations by front-line clinical staff</p> <p>Flu CQUIN – Current achievement is 47%. CQUIN is 80% which is higher than previous CQUIN levels. Numbers are slightly behind the position last year. Possibly due to national issues with shortages/distribution of vaccinations and a weaker national flu campaign. Internal campaign must therefore remain strong with visible support from Board level.</p> <p>CL informed that the weekly SITREP has been really helped in identifying and dealing with various issues.</p> <p>CL clarified the financial risk of not achieving the 80% CQUIN. MB confirmed it is proportionate funding. Deadline is Feb 2020.</p> <p>RW commented that there has been a step change in CQUIN drive in the last 3 years and the process is now reassuringly robust.</p> <p>MB/CH acknowledged CL's work on OOA.</p>	<p>MB</p> <p>CL</p>	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
9.	Integrated Performance Report (IPR)	<p>MB introduced the paper and outlined that the purpose of the discussion for the FIPC today was to identify how the FIPC would use the IPR for discussion going forwards.</p> <p>RW suggested that it would be useful for the FIPC to see a highlight report on areas of the IPR where the Board require assurance in terms of sequencing, such as OOA, agency, CAMHS and waiting times so that they can be monitored by FIP until assurance is given. It would also be logical to mirror the business cycle and schedule in a focus on known hotspots for review, including a review of next-year indicators in advance.</p> <p>CH raised that the reporting/governance cycle of other committees and Board should be noted in terms of managing where/when reports are required and ensure that workload of the committees is not duplicated in terms of what is being reviewed. FIPC should note the trends and other committees could manage the impact, for example with waiting lists.</p> <p>It was agreed that the FIPC needs to add value in terms of the review of the IPR rather than duplication.</p> <p>SYo suggested that the FIPC should focus on the summary page of the IPR to identify hotspots for discussion. This was agreed by the FIPC.</p> <p>RW suggested that Benchmarking Reports should be reviewed by the FIPC and should be used to reflect against the IPR performance. This was agreed by the FIPC.</p> <p>CJ raised whether the IPR includes data from all of our services, using the 'Our Offer' booklet as a prop. This is unclear, TB/CH to check risk register to identify any services that aren't included in the IPR.</p> <p>CJ summarised by suggesting that the FIPC receives a combination of detailed reports on collective worries/trends with a periodic review of the IPR as a whole, perhaps quarterly.</p> <p>CJ/MB to discuss following Board on 26 November 2019 regarding any highlighted issues for review by FIPC on 19.12.19.</p>	MB	<p><u>Action: TB/CH</u></p> <p><u>Action: MB/CJ</u></p>
10.	Review of Barnsley CAMHS Tender	<p>MB confirmed that the paper for was for the FIPC to note. The Committee received the paper for information and noted the contents.</p>	MB/CH	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
11.	Identification of risks requiring consideration for the risk register	None identified.	CJ	
12.	Committee work programme	MB explained that the work programme was in progress. CJ/MB agreed to draw up work programme together for review at the FIPC on 19.12.19, taking into account matters discussed for forward planning. MB to check when national benchmarking reports are due to schedule into the programme for FIPC to review as agreed.	MB/CJ	Action: <u>MB/CJ 19.12.19</u>
13.	Identification of items requiring reporting to the Trust Board	<ul style="list-style-type: none"> • Finances on target with good degree of confidence in achieving control total • Risk level remains stable • CQUIN presentation from CL shows robust and quality process in place offering reassurance to Board • Service line reporting report received by FIPC. Reflects diversity of performance and complexity of Trust services. To be reviewed quarterly by FIP Committee for assurance. • Reflection on potential of Model Hospital tool given presentation from RT • Quality of FSP is improving and should be completed by Jan 20 	CJ	Action: <u>CJ to report to Board 26.11.19</u>
14.	Any Other Business	CJ thanked MB & LA for circulation of papers and gave thanks to CL & RT for their presentations.	CJ	
15.	Date of Next Meeting	The next meeting of the Committee will be held on Thursday 19 December 2019 at 12:30-14:30pm in Meeting Room 1, Block 7, Fieldhead Hospital, Wakefield.	CJ	

Committees in Common
Mental Health, Learning Disability and Autism Collaborative
West Yorkshire and Harrogate Health and Care Partnership

21st January 2020

Paper Title: Update to Boards from the Committees in Common

Paper Author: Keir Shillaker

1. Introduction

This paper updates individual Trust boards on the discussions and decisions taken at the Committees in Common on 21 January 2020.

2. The Committees in Common noted:

- Approval of the West Yorkshire & Harrogate; Mental Health, Learning Disability and Autism strategy and its availability on the partnership web pages: https://www.wyhpartnership.co.uk/application/files/6915/7486/5141/mental_health_learning_disability_and_autism_five_year_strategy.pdf
- That the collaborative has been successful in securing a range of recent funding bids through NHSE/I:
 - i. Community Mental Health transformation funding – circa £2.5m
 - ii. Pre-diagnostic support for people on Autism waiting lists - £100k
 - iii. Winter crisis funding – just under £1.5m.
- Summary updates from each of the programme workstreams; Secondary Care Pathways; Improving Determinants of Health; Children & Young People; Adult Autism/ADHD; Learning Disabilities; Specialist services; Complex Rehabilitation and Core Performance.
- Recruitment to the programme team, with the full compliment of team members in post from mid-March 2020.



- The engagement work taking place with local authorities, overview and scrutiny committees and NHSE/I regarding the provision of Assessment & Treatment Units (ATU).
- The programme of improvement works taking place at Little Woodhouse Hall, following previous CQC inspections.
- The forthcoming milestones for the Adult Eating Disorders and Forensics steady state commissioning bids.
- Which services are likely to form part of the next phase of the steady state commissioning process; Adult Low and Medium Secure, Acquired Brain Injury, Secure Deaf and Women's Enhanced Medium Secure, Adult High Secure, Children's Medium Secure and Deaf services, Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Tier 4 Personality Disorder, non-secure Adult Deaf services, Perinatal inpatient services.
- LYPFT bidding to host High Intensity Mental Health Services for Veterans on behalf on the North region.

3. The Committees in Common discussed and made decisions regarding:

- Expectations of the forthcoming planning guidance, acknowledging that because publication has been delayed, we don't yet have sight of the detail. It was agreed that any implications picked up from the planning guidance will be reviewed and considered at the next Committees in Common.
- The escalation of risks and performance issues. Agreeing an approach for escalation to the meeting, (to trial and review in 9 months) any risk that:
 - i. Is 'red rated' on the programme risk register OR there is an NHSE/I escalated performance issue that affects more than one provider, and
 - ii. relates to the core business of 'care delivery' by a provider
 - iii. is either 'new', has been agreed by the Committee in Common to require extra vigilance OR hasn't seen a positive improvement in risk rating/performance over a six- month period.
 - iv. allows any member to raise a risk, or issue, in person during each meeting
- The timeframe for the submission of the CAMHS steady state commissioning bid. Requesting further information to be provided to allow discussion within



individual provider boards.

- The need to review the terms of reference outside of the meeting. Angela Monaghan, Cathy Elliott and Keir Shillaker will progress and formalise proposals at the April meeting. This will include both increasing the length of each meeting by 30 minutes and holding a broader 'strategic' meeting at least one per year.
- Membership of the meeting; that it will remain as it is now for the time being. However, this will be reviewed once more work has been completed across the partnership of the future of commissioning.
- The workplan; agreeing an outline proposal for the 'big ticket' items to discuss and approve in the coming months. This includes ATU provision, Psychiatric Intensive Care, Tier 4 CAMHS, Adult Eating Disorders and Forensics.
- Programme metrics and dashboard. Agreeing that core performance measures should come to each meeting for discussion, but that more detailed metrics should be discussed only when they relate to a 'deep dive' topic area. However once per year the full suite of metrics should be made available for discussion and interrogation at the 'strategic meeting' (see above).
- The development of a commissioning team to fulfil the requirements of steady state commissioning. It was agreed that following discussion at the Specialised Services Board and the February Collaborative Exec, a proposal would need to be agreed 'virtually' by the Committees in Common, or through individual provider boards.
- Reporting on progress against specialised commissioning 'steady state' requirements, using the same highlight report that is being developed for the 'Specialised Services' workstream of the MHLDA programme board.

Keir Shillaker
Programme Director
21 January 2020

Trust Board annual work programme 2019-20

Agenda item/issue	Apr	June	July	Sept	Oct	Nov	Jan	Mar
Standing items								
Declaration of interest	x	x	x	x	x	x	x	x
Minutes of previous meeting	x	x	x	x	x	x	x	x
Chair and Chief Executive's report	x	x	x	x	x	x	x	x
Business developments	x	x	x	x	x	x	x	x
STP / ICS developments	x	x	x	x	x	x	x	x
Integrated performance report (IPR)	x	x	x	x	x	x	x	x
Serious Incidents (private session)	x	x	x	x	x	x	x	x
Assurance from Trust Board committees	x	x	x	x	x	x	x	x
Receipt of minutes of partnership boards	x	x	x	x	x	x	x	x
Question from the public	x	x	x	x	x	x	x	x
Quarterly items								
Corporate/organisational risk register	x		x		x		x	
Board assurance framework	x		x		x		x	
Serious incidents quarterly report		x		x		x		x
Emergency Preparedness, Resilience & Response (EPRR) Compliance		x		x		x		x
Use of Trust Seal		x		x		x		x
Corporate Trustees for Charitable Funds# (annual accounts presented in July)	x		x		x		x	x
Half yearly items								
Strategic overview of business and associated risks	x				x			
Investment appraisal framework (private session)	x				x			
Safer staffing report	x				x			
Digital strategy (including IMT) update	x				x			
Estates strategy update			x				x	
Annual items								
Draft Annual Governance Statement	x							

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.	