South West Yorkshire Partnership NHS Foundation Trust

Trust Board (performance and monitoring)
Tuesday 29 September 2020 at 9.00
Microsoft Teams Meeting

AGENDA

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
1.	**9.00**	**Welcome, introductions and apologies**	Chair	**Verbal item**	1	To receive
2.	**9.01**	**Declarations of interest**	Chair	**Paper**	2	To receive
3.	**9.03**	**Minutes from previous Trust Board meeting held 28 July 2020**	Chair	**Paper**	2	To approve
4.	**9.05**	**Matters arising from previous Trust Board meeting held 28 July 2020 and board action log**	Chair	**Paper**	5	To approve
5.	**9.10**	**Service User / Staff Member Story**	Director of Operations	**Verbal item**	10	To receive
6.	**9.20**	**Chair's remarks**	Chair	**Verbal item**	3	To receive
7.	**9.23**	**Chief Executive's remarks**	Chief Executive	**Paper**	7	To receive

With **all of us** in mind.

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
8.	**9.30**	**Performance reports**				
	9.30	8.1 Integrated performance report Month 5 2020/21	Director of Finance & Resources and Director of Nursing & Quality	**Paper**	60	To receive
	10.30	8.2 Serious Incident Quarter 1 2020/21	Director of Nursing & Quality	**Paper**	5	To receive
	10.35	8.3 Financial planning arrangements 2020/21	Director of Finance & Resources	**Paper**	10	To receive
	10.45	8.4 Staff survey results (Robertson Cooper survey)	Director of HR, OD & Estates	**Paper**	10	To receive
	10.55	*Break*			*10*	
9.	**11.05**	**Business developments**				
	11.05	9.1 South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS)	Director of HR, OD & Estates and Director of Strategy	**Paper**	10	To receive
	11.15	9.2 West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP)	Director of Strategy and Director of Provider Development	**Paper**	10	To receive
	11.25	9.3 Receipt of Partnership Board minutes	Chair	**Paper**	5	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
10.	**11.30**	**Strategies and policies**				
	11.30	10.1 Equality, Involvement, Communication and Membership Strategy	Director of Strategy	**Paper**	5	To approve
11.	**11.35**	**Governance matters**				
	11.35	11.1 Emergency Preparedness, Resilience & Response (EPRR) Compliance	Director of HR, OD & Estates	**Paper**	5	To receive
	11.40	11.2 Medical appraisal / revalidation annual report	Medical Director	**Paper**	5	To approve
	11.45	11.3 Patient Experience Annual Report	Director of Nursing & Quality	**Paper**	5	To receive
	11.50	11.4 Workforce Equality Standards	Director of HR, OD and Estates	**Paper**	5	To receive
	11.55	11.5 Audit Committee Chair Appointment	Chair	**Paper**	5	To approve
	12.00	11.6 Committee Terms of Reference for Approval - Audit Committee - Equality & Inclusion Committee - Mental Health Act Committee - West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committee-in-Common - Committee membership matrix	Chairs of Committees	**Paper**	10	To approve

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
	12.10	11.7 Board development proposal	Director of HR, OD and Estates	**Paper**	10	To approve
12.	**12.20**	**Assurance and receipt of minutes from Trust Board Committees** - Clinical Governance & Clinical Safety Committee 15 September 2020 - Equality & Inclusion Committee 22 September 2020 - Finance, Investment and Performance Committee 25 August 2020 and 22 September 2020 - Mental Health Act Committee 25 August 2020 - West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) 23 July 2020	Chairs of committees	**Paper**	10	To receive
13.	**12.30**	**Use of Trust Seal**	Chair	**Paper**	2	To receive
14.	**12.32**	**Trust Board work programme**	Chair	**Paper**	3	To receive
15.	**12.35**	**Date of next meeting** The next Trust Board meeting held in public will be held on 27 October 2020	Chair	**Verbal**	0	To note
16.	**12.35**	**Questions from the public**	Chair	**Verbal**	10	To receive
	12.45	*Close*				

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 2

Title:	**Trust Board declaration of interests, including fit and proper persons declaration - further Non-Executive Director declaration**
Paper prepared by:	Corporate Governance Manager on behalf of the Chief Executive
Purpose:	To ensure the Trust continues to meet the NHS rules of Corporate Governance, the Combined Code on Corporate Governance, Monitor's (now NHS Improvement) Code of Governance and the Trust's own Constitution in relation to openness and transparency.
Mission / values:	The mission and values of the Trust reflect the need for the Trust to be open and act with probity. The Declaration of Interests and independence process and the fit and proper person declaration undertaken annually support this.
Any background papers / previously considered by:	Previous annual declaration of interest papers to the Trust Board (March 2020). Policy for Trust Board declaration and register of fit and proper persons, independence, interests, gifts and hospitality approved by Trust Board in March 2018.
Executive summary:	**Declaration of interests** The Trust's Constitution and the NHS rules on corporate governance, the Combined Code of Corporate Governance, and Monitor / NHS Improvement require Trust Board to receive and consider the details held for the Chair of the Trust and each Director, whether Non-Executive or Executive, in a Register of Interests. During the year, if any such Declaration should change, the Chair and Directors are required to notify the Head of Corporate Governance (Company Secretary) so that the Register can be amended and such amendments reported to Trust Board. Trust Board receives assurance that there is no conflict of interest in the administration of its business through the annual declaration exercise and the requirement for the Chair and Directors to consider and declare any interests at each meeting. As part of this process, Trust Board considers any potential risk or conflict of interests. If any should arise, they are recorded in the minutes of the meeting. There are no legal implications arising from the paper; however, the requirement for the Chair and Directors of the Trust to declare interests is part of the Trust's Constitution. **Non-Executive Director declaration of independence** Monitor's (now NHS Improvement) Code of Governance and guidance issued to Foundation Trusts in respect of annual reports requires the

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	Trust to identify in its annual report all Non-Executive Directors it considers to be independent in character and judgement and whether there are any relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. This Trust considers all its Non-Executive Directors to be independent and the Chair and all Non-Executive Directors have signed a declaration to this effect. **Fit and proper person requirement** There is a requirement for members of Boards of providers of NHS services to make a declaration against the fit and proper person requirement for Directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014. Although the requirement is in relation to new Director appointments, Trust Board took the decision to ask existing Directors to make a declaration as part of the annual declaration of interests exercise. All Directors have signed the declaration stating they meet the fit and proper person requirements. The Head of Corporate Governance (Company Secretary) is responsible for administering the process on behalf of the Chief Executive of the Trust. The declared interests of the Chair and Directors are reported in the annual report and the register of interests is published on the Trust's website. **Further declarations received** The annual declarations were made at the Trust Board meeting on 31 March 2020. The attached relates to Mike Ford, Non-Executive Director, who was appointed from 1 September 2020 (approved by the Members' Council on 31 July 2020). **Risk appetite** The mission and values of the Trust reflect the need for the Trust to be open and act with probity. The Declaration of Interests and independence process and the fit and proper person declaration undertaken annually support this.
Recommendation:	**Trust Board is asked to CONSIDER the attached summary, particularly in terms of any risk presented to the Trust as a result of a Director's declaration, and, subject to any comment, amendment or other action, to formally NOTE the details in the minutes of this meeting.**
Private session:	Not applicable

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020

Addition to the register of interests of the directors (Trust Board) from 1 April 2020 to 31 March 2021

All members of Trust Board have signed a declaration against the fit and proper person requirement. All Non-Executive Directors have signed the declaration of independence as required by Monitor's (now NHS Improvement) Code of Governance, which requires the Trust to identify in its annual report those Non-Executive Directors it considers to be independent in character and judgement and whether there are any relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement.

The following additional declarations of interest have been made by the incoming Non-Executive Director appointed 1 September 2020, approved by the Members' Council on 31 July 2020:

Name	**Declaration**
Non-Executive Directors	
FORD, Mike Non-Executive Director	No interests declared.

South West Yorkshire Partnership NHS Foundation Trust

Minutes of Trust Board meeting held on 28 July 2020
Microsoft Teams meeting

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Laurence Campbell (LC)	Non-Executive Director
	Chris Jones (CJ)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sam Young (SYo)	Non-Executive Director
	Tim Breedon (TB)	Director of Nursing and Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance and Resources
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
Apologies:	Members	
	Subha Thiyagesh (ST)	Medical Director
	Rob Webster (RW)	Chief Executive
In attendance:	Carol Harris (CH)	Director of Operations
	Andy Lister	Company Secretary (author)
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SYa)	Director of Strategy
Observers:	Julie Warren-Sykes	Assistant Director of Nursing, Quality and Safeguarding
	Ben	Service user (for item 5 only)
	Bob Clayden	Publicly elected governor, Wakefield

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TB/20/43 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies were noted as above and the meeting was deemed to be quorate and could proceed. Tim Breedon was representing Rob Webster (RW) in his role of Deputy Chief Executive in RW's absence.

AM welcomed governor Bob Clayden to the meeting and also Ben who was presenting today's service user story. AM also welcomed Julie Warren-Sykes who was supporting Ben in his presentation and then remaining to observe the rest of the meeting.

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

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

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

With all of us in mind.

TB/20/44 Declarations of interest (agenda item 2)

The Chair reported that Salma Yasmeen (SYa) Director of Strategy was no longer a Board member for the Prism charity in Bradford and the register would be amended to reflect that change. There were no further declarations over and above those made in the annual return in March 2020.

It was RESOLVED to NOTE the change to Salma Yasmeen's declaration of interest and that no further declarations had been submitted.

TB/20/45 Minutes from previous Trust Board meeting held 30 June 2020 (agenda item 3)

- TB/20/35a – Tim Breedon (TB) identified there was an action requesting further clarity. The point being made in the action was in relation to a significant number of care home interventions and these swabbing tests not being included in Trust numbers. TB reported the matter was already clarified at the time and the minute was incorrect. It was agreed that the final sentence "TB stated that in future reporting, further clarity would be provided as to what the numbers included" would be removed from the minutes at page 7 along with the associated action.

Action: Andy Lister

- Charlotte Dyson (CD) reported that a conversation had taken place at June Board where Chris Jones (CJ) and CD were going to have a discussion about Child and Adolescent Mental Health Services (CAMHS) and this hadn't been logged as an action. CD asked that it was noted that she and CJ would be discussing how to manage CAMHS between Clinical Governance and Clinical Safety Committee (CGCS) and Finance, Investment and Performance (FIP) Committee. CD identified that this conversation was documented at page 18 of the minutes under Finance, Investment and Performance Committee.

Action: Andy Lister

It was RESOLVED to NOTE the amendments and APPROVE the minutes of the public session of Trust Board held 30 June 2020 as a true and accurate record, subject to those amends.

TB/20/46 Matters arising from previous Trust Board meeting held 30 June 2020 (agenda item 4)

The following items from the action log were reviewed:

- TB/20/35a – the first action was identified as the clarity issue from TB noted above and could be removed.
- TB/20/35a – the second action referred to the table on deaths in the Integrated Performance Report (IPR). TB clarified that the Covid-19 incident reporting table showing patient deaths still included deaths that had been registered in error by community teams, but that this would be amended through incident reporting and would be reflected in the next IPR. These should have been linked to primary care services. TB reported it would take some time to cleanse the data and that is why there was a discrepancy. AM clarified that only one Trust inpatient had died from Covid-19, but not whilst in our care, and the other death shown in the table should have been linked to primary care.
- TB/20/35a – the third action related to data on self-harm. TB reported that work was continuing on this item and it was being monitored. He would update further in the IPR section of the Board meeting later. This item was in relation to the monitoring of carers in relation to self-harm.

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- TB/20/35a – the fourth action related to the above item needing to be a focus of the Equality and Inclusion (EI) Committee in September. AM confirmed this would be picked up in EI agenda setting in August.
- TB/20/35a – the sixth action related to availability of advocacy on wards through tablets. The action specifically related to providing further details to the next Mental Health Act (MHA) Committee meeting in August. Kate Quail (KQ) confirmed that a piece of work was taking place in relation to this action and was coming to the next MHA Committee meeting. AM confirmed therefore the action could be closed for the Board.
- TB/20/37d – Mark Brooks (MB) reported that NHS England and Improvement (NHSEI) self-certification had been sent as agreed. The action could therefore be closed.
- TB/20/24b – the action related to the annual review of the West Yorkshire Mental Health, Learning Disability and Autism Collaborative (WYMHLDAC) Committees in Common that had been delayed due to Covid-19. It was discussed at the July Committee meeting last week and there were notes to that effect in the Committee assurance section coming to the Board today. The revised Terms of Reference would come to the Board for review in September and therefore the action could be closed.
- TB/19/97a and TB/19/97c actions needed their timescale revising to go to September strategic Board.

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

TB/20/47 Service User story (agenda item 5)

The Chair introduced the item and thanked Ben for joining the Board with support from Julie Warren-Sykes:

- Ben grew up in Calderdale around a lot of domestic violence and abuse. At age 11 he was taken into care with his brother and sister following his mother abandoning them. Within a week he had been arrested for the first time, which resulted in his first conviction for section 5 public order. On the same night he was separated from his brother and moved to foster parents.
- Ben reported from then on there was a stark change in his behavior and his mental health deteriorated.
- Over the next few years he turned to drink, drugs and crime and was “missing” most of the time and sleeping rough at the age of 12 and 13. Ben was moved to a children’s home in Manchester where he tried to take his own life. Following this, Ben was admitted to Barton Moss secure unit in Salford Eccles.
- Ben was supposed to receive a psychological assessment however, after three and a half months, this had not taken place. Ben felt that he had not received the interventions that he needed at the time.
- Shortly after this he was one of the first people to go to Medway secure training centre. On leaving, Ben’s behaviour resulted in a 16 month sentence to Wetherby Young Offenders Institution.
- Following further unsuccessful placements, Ben was admitted to a mental health ward. Ben decided to write a book about his experience and called it “51 moves” which refers to the number of times he was moved whilst in care, 51 times to 37 different placements having received 33 convictions before he was 18. Ben self-published the book and it received 25 “five star” reviews.
- From being in care Ben moved to working in care on a specialist unit which was a 12-week assessment unit for children who had been sexually abused or exploited for the purposes of terrorism. Ben received an invite to Buckingham Palace in 2015 for his work with children and families. From there he worked all over the country, spoke at universities and Whitehall.
- In 2013, Ben founded the “every child leaving care matters” which was included in the Labour Party manifesto and aims to stop children in care being disadvantaged.
- Following another breakdown, Ben was placed on ward 18, Dewsbury (an inpatient ward with our Trust) for 7-8 weeks and whilst on the ward, he learnt to paint. When he left, he auctioned his paintings and made £1080. He gave half of this money to ward 18

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for them to buy canvasses for other service users to paint with. Ben also wrote another book titled 'A Mental Year' based on his journal from his time on Ward 18.

- Ben reported he had just been discharged (that day) from his current Community Psychiatric Nurse (CPN) who he reported had been absolutely amazing and he was now moving from the enhanced team.
- He had a psychological assessment booked that afternoon that he reported he had been waiting 20 years for.

AM thanked Ben for his story and for telling it so clearly and succinctly. AM clarified that Ben was now 37 years of age and thanked him for his generosity in his donation to ward 18. AM then asked if any Board members had any questions or comments.

TB thanked Ben for his story and complimented him on how well it had been delivered. TB asked how challenging it was for Ben when he started his work with children given his history and how he overcame it.

Ben described the job as tough, but said that he enjoyed it and felt that he could empathise with the children he was working with. Ben took pride in his high standards and said that the organisation modelled their induction standards on that basis.

SYa thanked Ben for his story and asked if he could give the Board any advice as to how we could have supported his mental health and wellbeing to prevent him becoming an inpatient.

Ben stated this came back to his most recent CPN. He reported if he had been with her for the last twenty years he would have been in a very different place. She had been very supportive and maintained regular contact which had not always been his experience with previous CPNs.

SYa summarised that this showed the importance of relationships between the service user and their key worker with which Ben agreed.

CH thanked Ben for his story and asked if he would be interested helping the Trust with children in care pathways. She also asked if Ben had been back to ward 18 and told them about the story.

Ben said that he would happily help children in care pathways and that he had delivered the canvasses to ward 18, but the occupational therapist had not been available at the time.

CH told Ben she would share what she had heard with the matron for ward 18 and would be in touch with him regarding the pathways work.

Action: Carol Harris

MB reported on the Teams message board that both books had five star ratings across the board. CD added how it highlighted to her the importance of partnership working and thinking about the whole person and the support across all areas, including education, housing, community support and safeguarding.

AM concluded by saying the story showed the importance of getting the right team around a person and putting them in the centre. It is also important to work with partners to ensure service users get early intervention when required. AM wished Ben well with his psychological assessment and thanked him again for providing his story.

It was RESOLVED to NOTE the Service User Story.

TB/20/48 Chair's remarks (agenda item 6)

Chair's remarks

AM highlighted the items on the agenda for today's private Board meeting:

- Any risks that were considered to be commercially confidential.
- Any business developments from both Integrated Care Systems (ICSs), South Yorkshire and Bassetlaw and West Yorkshire and Harrogate, that may be commercially confidential.
- Any verbal updates on ongoing serious incident (SI) investigations
- Any matters in relation to draft financial and operational planning..
- A board discussion on race equality work following private conversations with the Black, Asian and Minority Ethnic (BAME) staff network. AM confirmed this would be partly heard in public but a further discussion would be held in private to enable free and frank discussion before agreeing further action.

AM noted the Trust was reaching the end of the process for appointing a new Non-Executive Director (NED) for the Board. A recommendation would be made to the Members' Council on Friday for a decision and any members of the public were welcome to attend.

AM noted that this was Laurence Campbell's (LC) last Board meeting having been a NED since 2014. She noted he had been an enormous asset to the Board and made a fantastic contribution over the years having chaired the Audit Committee, as a qualified accountant, with real skill and judgement. LC was known for his calm and thoughtful probing and constructive challenge whilst reflecting Trust values. AM finished by thanking LC for all his contributions to the Trust and the Board and that LC would be missed

It was resolved to NOTE the Chair's remarks.

TB/20/49 Chief Executive's report (agenda item 7)

Chief Executive's report

AM updated that RW had written a paper and TB would provide any further comments. TB stated there was some additional information to share since the writing of RW's report:

- RW cited the move from national to local approach around Covid-19 outbreak management.
- TB updated there were now local Director of Infection Prevention and Control (DIPCE) calls within both of the ICSs which had been particularly helpful in keeping a focus on the health and social care aspects of outbreaks, of which there had been few. The focus of conversations had been around workplace outbreaks.
- Our geographical area was of significant national interest as a result of workplace outbreaks as opposed to health and social care settings.
- The flu vaccination programme will now be doubled in size from previous years with a 30 million target, which was significant in terms of workload.
- If a vaccine became available for Covid-19 it could not be administered together with the flu vaccine. This would put significant challenge into the system.
- There would be an increase in the requirement for asymptomatic testing from September 2020 (yet to be announced) which would put workload pressure into the system.
- RW had made an important point in that he was taking some leave and that staff are encouraged to take leave.

AM highlighted that RW had noted the 2.8% doctors pay increase but it was important the Board noted this did not apply to junior doctors, only specialty doctors and consultants. Junior doctors were in the middle of a four-year pay deal, and nurses were in the middle of a three-year pay deal. AM asked for questions or comments.

CD noted the learning disabilities mortality review (LeDeR) programme had been discussed on 23rd July 2020 at the Executive Management Team (EMT) meeting and asked if there were any significant risks that had come out of the LeDeR report that the Board needed to be aware of.

TB stated that the LeDeR report provided some similar messages to previous years and that EMT would look at the report and recommendations and ensure there were plans in place to manage the recommendations that applied to the Trust. The report would be reviewed as part of the CGCS Committee agenda in September.

Action: Tim Breedon

AM noted there was a significant disparity for learning disabled service users from a BAME background in the report, and it raised the importance of maintaining the focus on health inequality in all the work we do. There was also a focus on the three main causes of death including epilepsy and sepsis, as well as other underlying health conditions, which highlighted the importance of maintaining a focus on physical health too for people with a learning disability.

TB agreed and commented that, as always, there were a lot of important recommendations in the report, including for primary and acute care, and the Trust had been linking in with partners on those items.

It was RESOLVED to NOTE the Chief Executive's report and TB's update and comments.

TB/20/50 Risk and Assurance (agenda item 8)

TB/20/50a Board Assurance Framework (BAF) (agenda item 8.1)

- MB provided a reminder to Board members that it had been agreed that a new BAF would not be produced until after discussions at the Board strategy session in September.
- This was to allow for more clarity around further changes that needed to be made as a result of Covid-19 in relation to our priority programmes and strategic risks.
- The existing BAF had been updated where possible. A review had taken place at EMT and it was not felt to be appropriate to make any changes in the risk ratings at the moment.
- Potential considerations the Board may have to take into account when it came to the review in September, including some of the things we had learnt since the outbreak of Covid-19 and how they impacted on our strategic risks, were included in the documentation.

MB then asked for any questions / comments:

CJ reported he was interested in how we might use performance data to review some of the assessments and assurance levels. CJ referenced strategic risk 1.3 as an example "Differences in the services may result in inequitable services offers across the Trust."

CJ stated we had controls in place but we needed the performance data to show us whether or not the controls were effective in managing the risk. The performance data may give us a different picture. CJ queried that in light of what we knew about some of our services whether 1.3 should still remain as green.

MB agreed that this was likely to form part of the discussion at the September strategic Board. As had been discussed at the FIP Committee meeting, one issue that had been highlighted in recent weeks was the disparity in data available across different areas. MB noted that the Trust needs to consider what data we should and need to have, and what data might be available from public health and commissioners. He also added that to generate some of the reporting information required there would need to be increased recording of information.

CJ agreed but suggested there were some things about our services specifically that could give us greater insight into a particular risk but agreed that a review in September was appropriate.

AM had a similar query to CJ, using strategic risk 1.3 to illustrate the example, regarding whether health inequalities, and measures to reduce them, were sufficiently addressed in the BAF. AM stated this should also be the focus of discussion in the strategic session in September.

AM noted the 2019/20 BAF was still being worked on until the strategic session in September and thanked everyone for their work in updating the document and keeping it current.

It was RESOLVED to NOTE the Board Assurance Framework and the controls, assurances and progress to mitigate gaps against the Trust's strategic objectives for Quarter 1 2020/21.

TB/10/50b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)

- MB noted that the ORR had been reviewed regularly in depth since the Covid-19 outbreak.
- This quarter was the full update of the ORR and there was an emphasis on the Covid-19 risks and the impact of Covid-19 on our existing risks.
- MB reiterated that the ORR was regularly reviewed at EMT and had been updated to the NEDs every one to two weeks during the Covid emergency. MB invited Board Committee chairs to add any comments they wished to make.
- A legal risk had been added to the register and it was noted there were still quite a lot of unknowns as to what might happen during and post Covid-19 in terms of potential legal claims.
- There was more financial uncertainty for the remainder of this year and going forward in 2021/22. This issue had resulted in a slightly raised score of the impact of national funding risk.
- There were two 15+ risks, one of which was accepted as a 15+ risk as a result of the consequences of a "Cyber-attack" and the other was the potential impact of a demand surge on existing services and the Trust's ability to meet that demand and deliver services within the existing quality and safety standards.
- In the last three months the IT risk of staff not having appropriate access to equipment or licenses was much reduced given the work of the IT team in providing kit and adding licenses at the onset of the pandemic.
- The improvement in the testing process since the start of the outbreak had meant a reduction in risk for 1522 "Risk of serious harm occurring to staff, service users, patients and carers whilst at work or in our care as a result of contracting Covid-19" and 1527 "The Covid-19 testing regime being delayed or inadequate, leading to sub-optimal utilisation of staff and sub-optimal care."
- There has been a notable increase in out of area (OOA) beds during July and this risk needs to be carefully reviewed if this position continues.
- There was a separate paper into the Board about being the forensics lead provider for the WYMHLDA collaborative. The risk remains the same as previous, but timescales are notably compressed given the pause in work as a result of Covid-19.

AM asked Committee chairs for comments.

LC reported from Audit Committee that, in relation to the cyber risk, a lot of great work had been done to mitigate the risk but the risk remained high. This had been accentuated by the increase in the number of staff working from home due to Covid-19. LC highlighted there was a paper on the digital strategy today and this could be discussed later in the meeting. The financial risk was significant due to the current level of uncertainty regarding funding

arrangements and the potential risk relating to the forensics lead provider collaborative finances and that was an ongoing concern.

CD reported, as chair of CGCS Committee, that they had spent time focussing on Covid-19 risks to quality, care provided and patient experience. Risk 1528 related to the quality of care and CD asked if we had expressed sufficiently in our risks about the patient experience, and queried if the Board considered ways we were delivering service differently and thought about how that was impacting on patient experience and reflecting the risk around that.

AM added there had been a lack of service user and carer engagement in the development of new models of care during the Covid-19 period and acknowledged we were looking at how we address that. AM added that the actions that were in place for the Clinical Ethics Advisory Group (CEAG) were not really relevant to this and that was not what CEAG was there for. The risk was much more about making sure we capture the input from service users, carers, the wider public and also learning from their experience.

TB reported when the risk had been considered in CGCS Committee it was in the very early stages of Covid-19 but we now knew more about what had been done for service delivery by video, telephone and face to face contact and the Quality Impact Assessment (QIA) work had been put into place to assess the impact.

Risk 1528 was to be reviewed in CGCS committee in September 2020 to ensure that all new models of care included service user, carer and public understanding of the impact of different communication types on patient experience and quality of care.

Action: Tim Breedon

SYa assured the Board that there were several things that had taken place, Healthwatch reports from each our localities had been reviewed and ICSs had a done a large piece of work with the public to evaluate services. SYa would update actions for risk 1528 to include the review of Healthwatch reports and the ICS work that has taken place to evaluate services with the public.

Action: Salma Yasmeen

A standardised toolkit had been developed that would enable us to look at information and feedback from service users for each specific service. The toolkit was 80% standardised which would help to review the change and impact of those changes.

A large amount of work had taken place to help services evaluate their changes and the impact of change including the QIA and Equality Impact Assessment (EIA). This had been completed in line with the Trust change framework.

There was also a plan to enhance the engagement with service users, carers and communities by using volunteer groups, recovery colleges and Creative Minds and the peer support work that was emerging within the Trust, but this work was in its infancy.

LC asked about the effect of the new ways of working on our staff and their motivation. Many of our staff enjoyed interaction with people as a key component of their work and job satisfaction and so how did they feel about the change and how have we measured that?

CH reminded the Board that all face to face working hadn't stopped. Many services had continued face to face working on a risk level basis. When people had needed to see someone this had taken place.

There were also members of staff who had wanted to continue face to face work and as such had put themselves forward for this work. There was a benefit to staff being able to work more flexibly and this had been reflected in the sickness figures as people had more options.

AGD reported that the Robertson Cooper staff survey was important so that the Trust knew how people had been feeling during this time. The Workforce and Remuneration Committee had agreed that there was the need to drill down and review the data that was emerging.

Action: Alan Davis

CJ stated that RW's report had concluded that we have a period of significant risk ahead of us. CJ wasn't sure the risk register reflected that, despite the increase in a couple of the risks and questioned if we had the overall balance right. CJ noted that it was then a question of how we prioritise our response to the risk, as there were a lot of risk actions in the document which was a huge workload for colleagues already under significant pressure.

Risk 1530 had been discussed previously and related to an increase in demand. There was a question as to whether this was purely a mental health focus or needed to address community health pressures as well and if there was any evidence that our new ways of working would help us manage a surge in demand.

CH stated that the new ways of working increased our capacity to respond to an increase in demand in the community. We could cover a larger number of people with virtual clinics. We would use what we had learned during Covid-19 to respond to this scenario. There was a current issue with the demand in inpatient services, and the out of area bed usage reflected this. Work was ongoing to be more pro-active to prevent people becoming acutely unwell and requiring inpatient stays.

CJ queried if there was an expectation that CAMHS referrals would increase when the schools reopen in September.

CH reported the discussion had taken place and it was yet to be determined whether the surge would be for CAMHS services or for the CAHMS workers in schools, but it was believed it would be with the latter. As such preparations were in place to put in support where we were not the main provider. CH reported that CAMHS had achieved some real success in working virtually over the Covid-19 period and resources were being reviewed to increase capacity in the right places.

KQ referenced the Covid-19 related risk 1531 which dealt with the impact of Covid-19 on people with protected characteristics. KQ questioned whether the risk needed to be broadened to include people experiencing deprivation and poverty and should this be part of the strategic Board discussion. AM added that this was a similar comment to those in relation to the BAF, and if it reflected those health inequalities.

TB reported that this was the focus of discussion in the Equality and Inclusion task group . The importance of our engagement approach was key. The next task group was in two weeks' time.

AM reiterated that in the Trust, working carers were considered to be a protected characteristics group.

Erfana Mahmood (EM) asked about Information Governance (IG) breaches and what the impact of new ways of working had been. The risk register showed that the risk was outside of the risk appetite and EM queried how we were looking to manage this.

MB responded that in quarter one there had been the highest number of IG breaches that the Trust had experienced for a couple years. Initial review suggested a number of issues had impacted on this.

The number of staff off work in April and May had resulted in roles being performed by different people. Absence and people working remotely meant people had not been peer

reviewing to the usual standard, which had resulted in information being sent to wrong addresses.

A Bluelight alert (a Trustwide communication about safety) had been issued and awareness is being raised through the communications team.

One team had recorded eight IG breaches and specific work had been carried out with that team to reinforce the importance of IG. The risk was reflected appropriately and was currently outside of the risk appetite.

The controls in place were appropriate but there was always further work to be done. The Trust ensured that IG was taken seriously and incidents usually came down to basic human error. There had been significant improvements over recent years. The last two incidents that had required reporting to the Information Commissioners Office (ICO) had both resulted in no further action being taken.

Sam Young (SYo), as chair of the Workforce and Remuneration Committee, reported there had been a lot of learning from different ways of working. What came out of the staff survey would need to be reflected into the actions going forward.

SYo stated that at the Committee there had been discussion about risk 1533: “Risk that as a number of key workforce activities have been suspended they could cause future problems around burnout and resilience, professional and personal development, staff and service safety”.

This risk had been defined quite early on in Covid-19 when the Trust didn’t know what the impact on the workforce would be. SYo stated she would take an action away for Workforce and Remuneration Committee to review risk 1533 and give more clarity as to the true nature of the risk.

Action: Workforce and Remuneration Committee

AM drew the discussion back to CJ’s point about overall risk and did the risk register reflect this correctly. AM stated there was no heat map or total risk score, with trends over time, included with the board papers, as there would usually be.

MB reported the heat map and scores had been omitted in error and would be circulated after the meeting.

MB confirmed a cyclical approach to reviewing risks had continued throughout the Covid-19 pandemic and had in fact increased in frequency. They had been subject to significant scrutiny at EMT, including the scoring, and in NED meetings, as well as in Trust Board Committees. Therefore the scoring of the risks had been subject to robust challenge and the members of EMT and Committees were confident the ratings were appropriate when they were decided.

The current risk register was completed three to four weeks ago and there had been some subtle changes since the papers were circulated due to the dynamic situation in relation to Covid-19. The out of area bed risk had increased quite substantially over the last two to three weeks. The financial risk had also increased significantly given previous comments regarding income uncertainty.

MB reported that, other than those items, he was unable to say where he thought scores were over and above what had been reported in the risk register but accepted that other Board members may have different views.

CJ responded to say that the risk from his perspective was the overarching risk that there were a lot of risks. That, added to the level of uncertainty and pace of change, was where

RW had got his headline from. The question was how the Trust prioritised the management of risks and whether EMT spent some time debating that.

CJ continued that it could become very "process centric" to review a list of risk actions and was the Trust reviewing whether actions had actually been carried out. Was the expectation too much that people manage individual risks given the overarching organisational risk that was present.

TB reported that there was a forthcoming EMT time out session. The agenda would include risk prioritisation and management and refreshing objectives and strategies in light of Covid-19. This would then feed into the Strategic Board session in September.

Action: EMT

AM asked for the risk register appendices to be circulated.

Action: Aimee Willett

AM thanked MB and his team for the very thorough review of all the risks.

It was RESOLVED to 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. The Board had DISCUSSED if the target risk levels that fall outside of the risk appetite are acceptable or whether they require review.

TB/20/50c Infection, Prevention and Control Board Assurance Framework (agenda item 8.3)

TB reported the item was to be taken as read and was self-explanatory. The internal work carried out had been reviewed by Care Quality Commission (CQC) and their response was noted within the paper.

LC asked for an explanation in relation to findings on page 3 – no gaps in assurance other than in domain 3.

TB explained that this related to the anti-microbial work that had been ongoing to make sure that the pharmacists link data to individuals. This had been occurring manually but the new electronic prescribing system would carry out this function which would make it easier to understand if people were using the right medication. The CQC in their review concluded we had no gaps in assurance, and this was something we identified ourselves and reported back to them.

It was RESOLVED to RECEIVE the IPC Board Assurance Framework as assurance that the appropriate standards are in place and NOTE that the CQC have reviewed and confirmed that.

TB/20/51 Business developments and collaborative partnership working (agenda item 9)

TB/20/51a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)

- AGD updated that the Health Executive Group (HEG) was in a transitional state from responding to the pandemic to working towards the reset and having a stronger focus on planning arrangements.
- There had been a good workshop around equality and inclusion. Experience had been shared from the West Yorkshire & Harrogate ICS within the South Yorkshire and Bassetlaw ICS.
- A single site for Covid-19 patients was discussed, there had been a large amount of work carried out on this and this continued.

- There was a stronger focus moving forward on the reset, how to increasingly restore clinical services and how to link in with the private sector and contractors.
- SYa updated in relation to the Barnsley ICS. The mental health, learning disabilities and autism programme board had been re-established as part of planning for recovery and there will be a further prioritisation process across South Yorkshire and Bassetlaw in regard to this programme.
- The integrated care partnership in Barnsley had resumed and was overseeing the re-prioritisation and five key critical priorities had been agreed, which were in the paper. One of these was financial sustainability across the system and an executive group including finance directors and operations directors was to be established to oversee efficiency improvements.

It was RESOLVED to NOTE the update from the SYBICS and Barnsley integrated care developments.

TB/20/51b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.2)

- SYa asked that the paper was taken as read. The ICS across West Yorkshire had allocated funding as part of delivering its ambitions and targets around reducing health inequalities. It had targeted BAME communities and those with protected characteristics.
- Voluntary Action Calderdale was one of the projects that had been successful in its bid. The Trust were key partners in this project and Creative Minds would be supporting it. It was focused on one of the most deprived areas in Calderdale.
- To help people who have experienced complex bereavement issues and associated mental health difficulties, a helpline had been set up.
- The Trust continued to lead the suicide prevention work on behalf of the ICS.
- The commissioned work on race equality being led by Professor Dame Donna Kinnair had started and was to conclude in autumn with recommendations

AM asked what the process would be to share to the outcome of the independent review of race inequalities by Professor Dame Donna Kinnair across the ICS and how individual trusts across the ICS would receive the recommendations.

SYa stated that she understood the final editing rights remained with the chair and that she would clarify how the Trust would receive a copy of the outcome.

Action: Salma Yasmeen

It was RESOLVED to RECEIVE and NOTE the updates on the development of the West Yorkshire and Harrogate Health and Care Partnership and place based arrangements in response to Covid-19 and recovery and reset planning.

TB/20/51c West Yorkshire Adult Secure Lead Provider Collaborative - update (agenda item 9.3)

- Sean Rayner (SR) highlighted that the context of the paper was a revised timetable following Covid-19 which had been published by NHSE&I approximately two weeks ago.
- For our track of the collaborative, the go live date remained 1 April 2021 so the majority of the work would now be pushed into a shorter timeframe.
- Inevitably processes would become transactional and focus on contracting, finance, risk and benefits. This was understandable given the timeframe and the governance arrangements involved.
- SR drew the Board's attention to the reason why we were becoming the lead provider in the collaborative noted in section 4 of the clinical model paper, which highlighted the purpose was to "provide care closer to home in the least restrictive setting and care being individualised to a person's needs".
- SR highlighted the Board's requirements would be business case approval in October 2020 and the governance framework that would need iteration going forward as per

section 11 of the report. SR was to bring the business case and governance structure for Lead Forensic Provider Collaborative to Trust Board in October 2020 for approval.

Action: Sean Rayner

AM stated it was a very good and detailed paper and clearly highlighted some of the risks we were facing. AM asked for any comments or questions.

EM posed a question about the risks. The report outlined that as the lead provider we would be carrying most of the risk and responsibility. EM queried how this would be managed through partnership working and if some of the risks in terms of delivery may sit with partners.

SR stated that behind this paper was a substantial amount of NHSE&I transitional guidance particularly in terms of quality and monitoring of those services provided by our partners on the collaborative.

On the financial and contracting side of the work a risk sharing agreement was required and there was a similar need on the CAMHS tier 4 project, which had similar financial risks, although maybe not as great in scale as this collaborative. We would be part of that collaborative in terms of signing the partnership agreement, albeit as a partner rather than the lead provider.

A framework was under development within which we would need to quality assure the services that the Trust was accountable for and make sure there was a line of sight on those risks to the Board.

EM asked if the framework would reflect financial risk as well or would the Trust have to carry all the financial risks?

SR replied that this was one of the key facets that the financial risk share would need to cover and this was beginning to be developed with partners.

MB started by saying this was a significant challenge. To put things in perspective, four months of due diligence work had been lost due to the pandemic and a business case was required to be agreed by all partners by October.

MB reported the Trust made a deficit on forensic services as did other NHS providers. Each Board for these organisations will need to sign up to a risk and gain sharing agreement. Potential benefits will need to be clear and evidenced in order to provide Boards with appropriate assurance regarding the financial implications on their own statutory organisations.

In the next couple of months intensive work was required, as it was not just about risk, but gain as well and how to make this a success with a series of services we can run more efficiently and effectively.

The aim was to have some basic financial due diligence completed by the end of August. A sub group looking at what a risk sharing agreement would look like had been established.

This contract was worth over £50 million. We do need to consider such matters as exceptional packages of care which can arise from time to time and can be very costly. We have all these factors to work through over the next few weeks to come to a position where we can ensure each Board is fully informed.

MB suggested that it would be helpful to inform the Members' Council of progress being made with regard to the forensics lead provider collaborative programme of work

Action: Sean Rayner / Angela Monaghan

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AM noted that this had been discussed at Committees in Common. There were significant issues to be addressed. There was a very strong collaborative partnership between the NHS providers which would help. It would be discussed further at Committees in Common before it came back to Trust Board.

Action: WYMHLDAC Committees inCommon

CJ stated this was more complex than he had initially thought having read the report. CJ reported he had read into it there was a financial downside to be managed through the risk share but couldn't see the financial upside. He asked for focus on potential benefits and for consideration of reputational risk and the CQC perspective. For example when they inspect services is that going to appear on our reports, and how are we going to manage this?

SR stated, regarding the upside, evidence within West Yorkshire suggested that in relation to CAMHS tier 4 beds (young people detained under the MHA) there was a significant number of children placed in OOA beds and there were significant savings to be made. A similar approach is being assessed with regard to forensics. Further work around financial due diligence was required to provide assurance that financial upsides are possible.

In relation to the CQC, those processes would still be in place irrespective of the collaborative arrangements. The added layer that needed to be brought in was the additional commissioning arrangements we would have in West Yorkshire for all the collaboratives.
As lead provider we needed to make sure we receive early warning of any quality issues that were of concern. This was a risk we would have to manage and ensure our framework was fit to do this.

AM reported that the assurance and governance arrangements presented were quite complex with provider collaboratives and queried if there were any opportunities to streamline things without losing any control.

AM reported her understanding was that the mental health investment standard didn't apply to specialist commissioning and this had been discussed at Committees in Common. AM queried if this was something we should be taking up with NHSE&I and national mental health programmes.

MB reported it was national instruction and it didn't apply to forensic or learning disabilities. AM commented it seemed wrong the standard didn't apply to these specialised mental health services and we should continue to challenge this.

It was RESOLVED to RECEIVE and NOTE the update on the Adult Secure Lead Provider Collaborative including the revised timetable, to NOTE the current governance framework, which will be kept under review and the Board apprised of any changes, to NOTE the requirements for Board Assurance as part of the Provider Collaborative approval process, outlined in appendix 1, and to NOTE comments made within the discussion.

TB/20/51d Receipt of Partnership Board Minutes (agenda item 9.4)
It was RESOLVED to RECEIVE the minutes from partnership boards.

Prior to item 10 Andy Lister (AL) confirmed the missing Appendix from item 8.2 had been circulated during the break to Board members by e-mail.

TB/20/52 Performance reports (agenda item 10)

TB/20/52a Update on arrangements in place for the management of Covid-19 (agenda item 10.1)

- AGD highlighted the understanding of our OPEL (operations pressure escalation level) compared to other organisations across the area. It was consistently under review and

silver command was developing a more sophisticated model in terms of indicators which would determine whether we moved up or down the scale.

- A lot of work continued in relation to staff risk assessments and to date 2800 self-assessments had been completed. This was up 1300 since the report was circulated to Board.
- All BAME staff risk assessments are complete, a couple of shielding staff were outstanding, pregnant staff risk assessments are complete and the team were working through the older staff group.
- Around 68% of staff have now completed a risk assessment. Compared to other Trusts this put us in a strong position. The Trust is required to report our final position this coming Friday.

EM stated that the risk assessments had been positive and asked if there was any way of looking at these for volunteers or governors.

AGD reported that volunteers would need a risk assessment if they come into the Trust. There may be issues if there were a number of complexities and referrals into occupational health were required but the protection of anyone on our site was paramount and the Trust had a duty of care. AM clarified that governors were volunteers and so they would fit into that group.

KQ stated it had been a really good piece of work and was testament to a lot of hard work.

It was RESOLVED to NOTE the contents of the update on arrangements in place for the management of Covid-19.

TB/20/52b Integrated performance report (IPR) month 3 2020/2 (agenda item 10.2)

TB clarified that each director would pick up their routine section of the IPR and anything from the Covid-19 section that related to them.

- TB reported that at the last Board meeting it was agreed to look at the Covid-19 section as some of the headings and domains had become outdated given the dynamic nature of the pandemic response. Those domains had now been updated and TB was happy to take feedback in relation to those.
- The workforce information included in the summary on page 5 was noted and identified some positive trends.
- Testing – a significant number of staff had been tested, there had been a small increase in the number of positive tests but no positive patient tests at that time.
- There had been no need to bring a cohort ward into use during June. This was significant in terms of the pandemic changing and as previously mentioned the outbreaks tended to be outside of health and social care settings and are more work based currently.
- The positive increase in the number of compliments was noted.
- Safer staffing –TB reminded the Board that the information in the IPR relates to inpatient information (community metrics would be reported again from September). It was a generally positive picture but there were a number of students formerly employed by the Trust during this time and the “back to work” scheme had resulted in some higher than expected staffing fill rates.
- Incident reporting – moderate levels were up again, a lot of this was due to pressure ulcers and this had been monitored for last couple of months but there were no obvious themes or trends.
- Self-harm and suicide numbers continue to be under close review. There has been no change in the suicide figures but the number of self-harm incidents had gone up in the last 4-6 weeks.
- A task force in relation to the impact of self-harm had been set up to look at service users, our staff and the carers involved.

- The Infection Prevention and Control (IPC) team continue to manage guidance in relation to Covid-19.
- The Personal Protective Equipment (PPE) supply remains under constant review but the Trust is in a good place. A transparent mask source was being trialed for use with learning disability clients locally.
- Race equality – a revised delivery and governance structure, important messages and decision making processes are in place and the Equality Impact Assessment tool is available.
- There has been an increase in admissions under the Mental Health Act (MHA) which requires review by the MHA Committee to understand the reason behind the increase.
- Quality metrics were standing up well but acuity was significant and continues to be monitored.

LC noted incidents of non-compliance with social distancing was an increasing trend and asked how the Trust could respond to this.

TB suggested that there had been no upsurge in cases of Covid-19 and this perhaps created the perception it was not as important. TB added that the Trust continued to reinforce the messages about social distancing and hand washing, and the need to manage the cultural message regarding scrubs and PPE, and continues to promote the message that this has to be taken seriously. In the inpatient environment we still have to apply the 2m rule.

LC noted the CAMHS referrals to treatment times and queried if this was a new trend. CH clarified on the graph it had been highlighted that "waits for assessment" had been moved. The waits of Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) had been previously included in the figures. The graph now reflected the date after which these "waits" were removed and noted that the change from July 2019 was highlighted on the graph with the blue square on the blue line. LC questioned if this was an improving trend and CH confirmed it was.

CD reported she was pleased to see the review on self-harm following the discussion at the last Board meeting. CD asked for some assurance around training in relation to Reducing Restrictive Practice and Interventions (RRPI) and stated she could see we were within the expected levels, which was good but noted increasing acuity and pauses in training due to Covid-19 and queried how this was being managed by the Trust. CD then raised homelessness in the wider context and queried if there had been some positive management of this issue within our area.

TB responded that in relation to RRPI, originally the Trust had to suspend training due to Covid-19 but that training was now resuming as of 21st July. The refresher period had been expanded to maintain compliance.

Those not previously trained would be given priority, this related to both substantive and bank staff, and then to clear the backlog with people whose training would expire first. This had been the subject of national discussion in terms of management.

CH reported that more information would be reported through CGCS Committee on how we were working with homeless people in the community but there had been challenges in the inpatient setting. Some of the services that we would normally provide for the homeless had not been operating in the same way which had resulted in extended periods of stay. CH would provide a report to update the next CGCS committee.

Action: Carol Harris

KQ stated in relation to restraint the report mentioned bank staff but not agency staff. KQ stated that she believed there were no national standards for agency staff and that they may use different restraint methods to our staff which could be problematic. KQ queried if the Trust provided training for our agency staff.

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TB reported that some agency staff were trained to the right level and there wasn't a national standard as KQ had pointed out, but there was some work being done by the ICS around this issue. The proposal was to have a system-wide approach that was quite ambitious because everybody was linked to their own system. As such, a set of value-based standards were being developed for everyone to work to which would provide some consistency across the system.

KQ then commented about IAPT and service users dropping out of treatment due to virtual treatments. KQ questioned the impact on recovery rates and asked if service users were re-emerging in services since having dropped out, and if there was an increase in anxiety and depression and if so how this was managed.

CH reported this was impacting on recovery rates and there had been a drill down in the Calderdale and Kirklees data (awaiting figures from Barnsley). In Calderdale and Kirklees the reporting showed a number of people had dropped out of treatment due to the virtual work and other factors which meant they did not want to engage with services at the time.

Covid-19 was having an effect on overall wellbeing, which had been having a negative impact on recovery rates. Face to face IAPT work had been stepped back up giving people the option to be part of a virtual group or wait for a face to face group. Staff were providing contact details so that service users could access support while they were waiting or those that had discharged themselves knew they could make contact to re-engage. There was also a regional helpline available.

Barnsley commissioners have been looking at renegotiating IAPT targets but this was ongoing and what remained important was continuing to provide the right level of service.

AGD updated on workforce:

- There were many positive workforce trends, staff absence was down but the Trust needed to examine why that was and look at the reasons for absence. Whilst absence overall has gone down for non Covid-19 related sickness there had been a 22% increase in stress and anxiety, nursing had seen a decrease, whereas Healthcare Support Workers had seen an increase and these figures needed to be explored. More detailed reports were going to be taken into the Operational Management Group (OMG) to look at this.

Action: Alan Davis

- Next week shielding was going to be paused and the Trust had been working on risk assessments and how to bring shielded staff back to work safely if they can't work from home.
- Staff turnover looked good but information suggested there was a pause in posts being advertised nationally. The Trust was looking at how to recruit and have a detailed campaign on recruitment. The last healthcare support worker recruitment drive had been very positive.

AM asked if there were any comments or questions.

SYo commented the number of staff receiving supervision within policy guidance was a downward trend and it was felt that this was really important currently.

TB agreed supervision was fundamental and there were issues around recording of supervision and there was a piece of work going back into CGCS Committee in September. Supervision had been on a downward trend prior to Covid-19 and it had improved but checks needed to take place to demonstrate this was continuing.

Action: Tim Breedon

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CJ queried what the general approach was for home working going forward. AGD identified this was one of the big issues coming out of the reset and recovery work. Before Covid-19 happened the Trust had promoted agile working. The current position remains if staff can work from home they should do.

AGD commented that the learning was that some people may want to stay at home but it was not suitable to their role. For example, 60 shielded staff had been unable to have other work to do from home during Covid-19.

AGD stated returning to the situation where everyone was in the office for a full week at work was unlikely. What support mechanisms were required needed to be established. Leadership and supervision also needed to be looked at.

MB updated on national metrics:

- There are now some metrics not rated as green (meeting target). This included the 18-week referral time and six-week diagnostic time, largely because of capacity at acute hospitals and what services they were able to provide at the moment.
- The Trust has been able to maintain performance in other areas. MB acknowledged that this report didn't show the current out of area (OOA) bed issues which had increased in July.

CD queried what the position was with OOA beds and what the financial position was. MB reported there were 17 OOA beds last week, which was down to 12 last Friday. At those levels the spend was around £300k a month.

CH updated that a detailed discussion had taken place at the OOA partnership board and, while there had been a spike, the Trust had held the numbers from 12th July and were looking to get people back into area and strengthen the work on the pathways again. Only one person had been placed out of area since 12th July.

There had been an increase in acuity on the wards, and the length of stay and some discharge issues resulting in increased lengths of stay. Information was being scrutinised to establish whether these issues were Covid-19 related, pre-admission, in that people hadn't been receiving the normal services as a result of the pandemic, but information gathering was still ongoing. CH reported we were still managing a number of OOA beds, we had high levels of occupancy and were using leave beds and that the situation was still very challenging.

AM noted the percentage of clients in employment was rising and that was encouraging, noting the data quality issues.

CH summarised the locality section of the report:

- Barnsley general community – continued to deliver the refined service offer, recovery plans were in place and being worked on across the partnerships. There was already an increase in demand for face to face visits in neighbourhood nursing and community rehabilitation services and we were seeing more complex end of life pathways.
- The Trust had been able to open the stroke early support and discharge service which was now operational with clients on the caseload, providing priority face to face visits where required and also using virtual technology where appropriate
- The Health Integration team in Urban House were continuing to work closely with the Director of Public Health in relation to maintaining a safe environment.
- Standard operating procedures and clinical pathways for cohort wards for Covid-19 patients had been reviewed in light of new guidance.
- The Willow Ward had been accredited under the Royal College of Psychiatrists under the Quality Network for older adults mental health services (QNOAMHF).

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- A workshop in West Yorkshire with local authority partners had taken place. With the three local authorities working together with the Trust some priorities had been agreed and action plans were in place for review in the next six months.
- Community teams are continuing to use technology for work and also supervision.
- The "virtual visitor" with the iPad on the ward was proving very popular and is something we were looking to continue.
- Forensic, learning disability and ADHD services had seen a reduction in referrals at the start of the outbreak but these were now returning to normal levels.
- ADHD and ASD services carried out a survey in relation to remote appointments and there had been some really positive results and we are looking at how we learn from those results.
- Forensics - the Covid-19 cohort ward was being held in case it was required again in the future.
- Barnsley mental health services – the crisis support arrangements were simplified at the start of Covid-19 working and, with the adult intensive home based treatment team (IHBT), they now provide an all age single point of access (SPA) function out of hours.
- Detailed discussions had taken place with Barnsley Clinical Commissioning Group (CCG) following the cancellation of the CAMHS procurement process. CAMHS had agreed a governance process which would then lead into discussions about ways of working in the future.
- CAHMS – ASD and ADHD "waiting for assessment" numbers continued to increase despite further commissioned activity work and the Trust submitted business cases to the CCG to obtain the resources to manage this. This will be looked at further in CGCS Committee.

Action: Carol Harris

AM passed on the board's congratulations to the stroke service in Barnsley, Willow ward and the team that implemented the virtual visitor work.

SYa updated on priority programmes:

- There had been a focus on improvements in our forensics services and CAMHS and that work would continue.
- Evidence of digital contact was still increasing and we were capturing evidence to support this.
- There was a focus on reset and recovery in each of our Business Delivery Units (BDUs) and that work continued.
- SYa asked to highlight the work from communications team and equality and inclusion team and the amount of work taking place. There was a summary in the report and the work had been both internal and external.

AM noted how good the communications had been and the engagement had been good, and the Board would continue to challenge and promote this work.

MB updated with the financial headlines:

- The financial arrangements to allow the Trust to continue to break even were still in place at least for another month until August. In June a requirement to have an increased retrospective top up payment was noted, the Trust was spending more money than we had in previous months.
- Pay costs in June were £1.6 million more than the average monthly pay last year. This was due to the pay award, investment in services through the mental health investment standard and the additional staff added for the Covid-19 response combined with low levels of turnover.
- There could be a financial challenge when the current financial arrangements end.
- The Trust is paying 83% of invoices within 7 days compared to 36% nationally.

CJ reported, as chair of FIP Committee, that the Trust continued to break even at the moment, which was the requirement, and had good sight on the extra costs and understood

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where they were. There were challenges due to not being funded for all our activities currently, but things were being well controlled. Some assumptions were made in the financial plan for this year and we have been really successful on one level but that may provide some challenges going forward.

AM reiterated a well done to the finance team on maintaining payments to suppliers within seven days.

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

TB/20/53 Strategies and Policies (agenda item 11)

TB/20/53a Digital Strategy (agenda item 11.1)

- MB reported this was a deferred paper from March / April 2020 which provided updates from 2019/20 but also included comment on the Covid-19 response and he would take the paper as read.
- There had been progress on Windows 10 replacement and the e-mail platform change.
- There had been a presentation yesterday at FIP Committee on the progress on the business intelligence and the Trust dashboard which provides us with a wide range of information including internal benchmarking by teams.
- Progress on cyber security largely driven by the capital plan.
- SystmOne became more embedded last year.
- The Trust did well on our data protection and security toolkit.
- The Trust is working within both ICSs.
- The Digital Strategy is due a refresh and is to be updated in January.

AM commented this was an excellent paper showing great progress.

LC questioned what Microsoft Sharepoint was, what it did and asked if there was some text missing on page 6 of the report. LC also commented that digital developments for the clinical side of business would likely be developed outside of NHS trusts and asked therefore how we would get insight into what technology was best and how we integrate it into our strategy.

SYa responded saying there was an internal digital strategy group which had really strong engagement from clinicians. The group used themed conversations and received presentations from external companies demonstrating the evidence base of where they were using the new equipment, what the impact may be and what that may mean in terms of the Trust strategy.

Externally, members of the Yorkshire & Humber Academic Health Science Network, were involved in a significant piece of work with one of the national quality bodies where they were looking at learning and evaluation of digital progression.

The Trust is also part of conversations with the alliance for health service development across the Yorkshire and Humber region, which is a multi-million pound initiative which would inform policy at national and government level and again there was an opportunity to be part of research there as well.

MB stated Sharepoint helped the Trust share information and it serviced the intranet. The Trust is very well represented within the ICS digital groups and like any network, it allowed us to see what was working in other organisations and nationally as well.

We were well placed in our access to benchmarking. All the Covid-19 staffing information that has been seen today was from Sharepoint and given its level of use, especially in relation to the intranet, it requires upgrade.

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SYa clarified that the Trust was part of the Yorkshire and Humber shared healthcare record work taking place across the region, RW is the chair of that board and Paul Foster (PF) is linked in to South Yorkshire and West Yorkshire networks of Chief Information Officers (CIOs) and there is the opportunity for funding through these groups as well.

MB added a challenge is the level of recurrent funding now required given the increased number of laptops, licences and different platforms that had been invested in during the pandemic. The actual cost was not yet known as some products had introductory free periods before the payment started but MB estimated an additional recurrent cost of £1 -1.5 million each year.

AM asked for clarification on the missing wording at the bottom of page six page 6.

MB stated that the internal audit this year would include work on our digital strategy including how it compared to the others, if we were approaching it in the right manner and if we had a good process to evaluate performance against it. The work had just started and this would take place over the course of the year.

CD queried engagement and asked if there had been wider engagement than clinicians internally as this work needed to be led by the whole organisation.

SYa reported that the Trust was trying to use clinically-led change but there was representation across the board and it was an organisation-wide group.

MB referenced the level of engagement in the implementation of SystmOne and this represented the level of engagement that the Trust utilised with all its system changes.

CD asked how ambitious did the Trust want to be in relation to the digital strategy? It would be useful to know at the strategic board what, if any, constraints were preventing the Trust achieving its goals in relation to the Digital Strategy.

Action: Mark Brooks

AM reported it would be likely that the ambition of the Digital Strategy would form part of the conversation at Strategic Board in early September. AM reported the importance of having a digitally skilled and enabled workforce has grown since Covid-19, including the Trust Board. There had been an offer from NHS Providers to carry out bespoke Board development sessions on the digital agenda and this might be something that was worth looking at as part of this work. AM to liaise with MB regarding this.

Action: Angela Monaghan

AM reported that SYa had mentioned earlier the CIO network – it was confirmed that MB is the Trust CIO, and that, at present, our Trust doesn't have a Chief Clinical Information Officer (CCIO). MB explained that this appointment had been delayed as a result of Covid-19. Discussion had been held with both TB and Subha Thiyagesh (STh) and it had been decided that an appointment needed to be made.

Action: Tim Breedon / Subha Thiyagesh

SYa reported that digital literacy was being picked up through the ICSs to look if there was a standardised way of doing it. Healthwatch organisations are interested in where there may be a digital literacy gap that contributes to health inequalities. The way in which the Trust is supporting people to work in an agile manner had been strengthened during Covid-19 and we were developing a best practice guide.

AM acknowledged that, on page 2, the report notes that the increase to three thousand virtual private networks (VPNs) to allow staff to work from home would not have been possible had the work not taken place in the last three years to improve the digital infrastructure. AM gave thanks and recognition for the team involved.

MB noted that the level of risk had been significantly higher three years ago and this had been well managed year on year through the capital programme.

It was RESOLVED to NOTE the achievements made in respect of the 2019/20 milestones and the digital enabled reaction as part of the Trust's response to the pandemic.

TB/20/54 Governance matters (agenda item 12)

TB/20/54a Interim Governance Arrangements – update (agenda item 12.1)

MB updated to take the paper as read.

No comments or questions were raised, AM reported she thought this was a good summary of the current position in relation to governance matters which was under continuous review.

It was RESOLVED to RECEIVE the update to the interim governance arrangements as outlined in the paper.

TB/20/54b Board Development Proposal (agenda item 12.2)

- AGD updated that, having had some constructive discussion with the national leadership team around board development and building leadership for inclusion, they had put together a board development programme that the Trust was very interested in and was due to be part of pilot.
- A business case had been put together for it to be fully funded through the scheme if the Trust wanted to proceed.
- It had been initially agreed that the Trust would need sight of what the programme included, especially since Covid-19, but this had not yet been made available.
- As a result the Trust had decided to keep dialogue with the national programme but also explore other options.
- Conversations had been taking place with the Kings Fund.
- Inclusion would be at the heart of the programme whatever option was pursued.
- A firm proposal should be in place by September Board, either from the leadership academy or through our own bespoke board development programme.

Action: Alan Davies

It was RESOLVED to NOTE the update in relation to the Board Development Proposal.

TB/20/55 Assurance and receipt of minutes from Trust Board Committees (agenda item 13)

AM asked the chair of each Committee to provide an update where appropriate:

Audit Committee – LC reported that one of the risks that had been discussed was around the need to prioritise activity. This was in line with discussions in today's Board meeting about initiatives, potential initiatives, strategic planning and reset and recovery. There was a large challenge around the increased volume of work required, and as such there was a new risk arising around the need to prioritise work and look at what we do first.

LC also cited the new finance and procurement system which, echoing the earlier conversation around the need for engagement, is not just a finance system so it was important the right feedback was fed in. SBS was a well-established system within the NHS but how it was implemented was very important and LC highlighted the need for inclusion across the Trust.

Minutes were received from 14 April 2020 and 2 June 2020.

Finance, Investment and Performance Committee – CJ updated that FIP Committee had taken place yesterday and most of the issues to be brought to the Board's attention had already been discussed. There had been a good presentation on internal benchmarking and productivity, noting that some of the work had been paused as a result of Covid-19, but was due to return shortly.

Minutes were received from 26 May 2020

West Yorkshire Mental Health, Learning Disability & Autism Collaborative Committees in Common – AM updated this had started to return to business as usual but not completely. A detailed status update had taken place on each of the collaborative's programmes. There was a very clear picture of what had been paused, what had been resumed, repurposed, continued or initiated during Covid-19 and starting to be clear on where the priorities were going to lie going forward.

There was an update on the ongoing work to reconfigure the assessment and treatment units (ATUs) across West Yorkshire and also on complex rehabilitation services. There was some good mutual aid work going on across the organisations in relation to ATUs and this was reflective of the positive collaborative work going on.

There was a detailed review of the Committee's effectiveness and also a review of the Terms of Reference now that the Committee had been in operation for two years and those would now go out to each of the trust Boards to approve.

There was a discussion around early learning since Covid-19 and a proposal in relation to the piece of work TB had mentioned earlier around a shared approach to RRPI which was seen as a priority. The Tier 4 CAMHS unit was in progress, it was currently on time and on budget.

Workforce and Remuneration Committee – SYo reported that many of the issues discussed in the Committee had been the focus of Board discussion and wished to highlight clinical excellence awards. There would be an even distribution of the funds to all eligible consultants this year, rather than the usual application process. There was concern expressed that a number of doctors were automatically excluded from this distribution, as they would not normally be eligible for clinical excellence awards. We have therefore asked AGD to go back and check if those that have been previously excluded remain so under the rules this year.

In relation to the Organisational Development Strategy and Workforce strategy there was to be a joint discussion between the Workforce and Remuneration Committee and the Equality and Inclusion Committee. The discussion was look at these strategies against the Equality strategy in October before it came back to board in November.

Minutes were received from 11 February 2020.

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

TB/20/56 Trust Board work programme (agenda item 14)

The Board noted the changes to the work programme. AM noted there were some items that needed amending:

- The serious incidents quarterly report had been received.
- Annual reports deferred in June needed new dates for when they were going to Board.
- Check that health and safety, customer services, and serious incidents annual reports have been received.

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- The equality and diversity and medical appraisal annual report were due in this Board meeting and so new dates were required.
- The Constitution and Scheme of Delegation were due to be taken today also and so they required new dates.

Action: Andy Lister

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

TB/20/57 Date of next meeting (agenda item 15)

The next Trust Board meeting held in public will be held on Tuesday 29 September 2020.

TB/20/58 Questions from the public (agenda item 16)

No questions were received. AL confirmed that no questions had been received and in the circulation of the Board papers on the Trust website a request had been made for members of the public and governors to submit any questions in writing prior to the meeting.

Signed: **Date:**

DRAFT

South West Yorkshire Partnership NHS Foundation Trust

TRUST BOARD 28 JULY 2020 – ACTION POINTS ARISING FROM THE MEETING

= completed actions

Actions from 28 July 2020

Min reference	Action	Lead	Timescale	Progress
TB/20/45	Charlotte Dyson (CD) reported that a conversation had taken place at June Board where Chris Jones (CJ) and CD were going to have a discussion about Children and Adolescent Mental Health Services (CAMHS) and this hadn't been logged as an action. CD asked that it was noted that she and CJ would be discussing how to manage CAMHS between Clinical Governance and Clinical Safety Committee (CGCS) and Finance, Investment and Performance (FiP) Committee. CD identified that this conversation was documented at page 18 of the minutes under Finance, Investment and Performance Committee.	Andy Lister	July 2020	Complete.
TB/20/49	TB stated that the LeDeR report provided some similar messages to previous and that EMT would look at the report and recommendations and ensure there were plans in place to manage the recommendations that applied to the Trust. The report would be reviewed as part of the CGCS Committee agenda in September.	Tim Breedon	September 2020	
TB/20/50b	Risk 1528 was to be reviewed in CGCS committee in September 2020 to ensure that all new models of care included service user, carer and public understanding of the impact of different communication types on patient experience and quality of care.	Tim Breedon	September 2020	

With all of us in mind.

TB/20/50b	Update actions for risk 1528 to include the review Health Watch reports and the ICS work that has taken place to evaluate services with the public.	Salma Yasmeen	October 2020	
TB/20/50b	AGD reported that the Robertson Cooper staff survey was important so that the Trust knew how people had been feeling during this time. The Workforce and Remuneration Committee had agreed that there was the need to drill down and review the data that was emerging.	Alan Davis	October 2020	
TB/20/50b	SYo stated that at the Committee meeting there had been discussion about risk 1533 "Risk that as a number of key workforce activities have been suspended they could cause future problems around burnout and resilience, professional and personal development, staff and service safety". This risk had been defined quite early on in Covid-19 when the Trust didn't know what the impact on the workforce would be. SYo stated she would take an action away for the Workforce and Remuneration Committee to review risk 1533 and give more clarity as to the true nature of the risk.	Workforce and Remuneration Committee	October 2020	
TB/20/50b	TB reported that there was a forthcoming EMT time out session. The agenda would include risk prioritisation and management and refreshing objectives and strategies in light of Covid-19. This would then feed into the Strategic Board session in September.	EMT	October 2020	
TB/20/50b	AM asked for the risk register appendices to be circulated.	Aimee Willett	28 July 2020	Complete.

TB/20/51b	AM asked what the process would be to share the outcome of the independent review of race inequalities by Professor Dame Donna Kinnair across the ICS and how individual trusts across the ICS would receive the recommendations. SYa stated that she understood the final editing rights remained with the chair and that she would clarify how the Trust would receive a copy of the outcome.	Salma Yasmeen	September 2020	
TB/20/51c	SR highlighted the Board's requirements would be business case approval in October 2020 and the governance framework that would need iteration going forward as per section 11 of the report. SR to bring the business case and governance structure for Lead Forensic Provider Collaborative to Trust Board in October 2020 for approval.	Sean Rayner	October 2020	
TB/20/51c	MB suggested that it would be helpful to inform the Members' Council of progress being made with regard to the forensics lead provider collaborative programme of work	Sean Rayner / Angela Monaghan	October 2020	
TB/20/52b	CH reported that more information would be reported through CGCS Committee on how we were working with homeless people in the community but there had been challenges in the inpatient setting. Some of the services that we would normally provide for the homeless had not been operating in the same way which had resulted in extended periods of stay. CH to provide a report to update the next CGCS committee.	Carol Harris	September 2020	

TB/20/52b	There were many positive workforce trends, staff absence was down but the Trust needed to examine why that was and look at the reasons for absence. Whilst absence overall has gone down for non Covid-19 related sickness there had been a 22% increase in stress and anxiety, nursing had seen a decrease, whereas healthcare support workers had seen an increase and these figures needed to be explored. AGD to provide a more detailed report into the Operational Management Group (OMG) to look at this.	Alan Davis	October 2020	
TB/20/52b	SYo commented the number of staff receiving supervision within policy and guidance was a downward trend and it was felt that this was really important currently. TB agreed supervision was fundamental and there were issues around recording of supervision and there was a piece of work going back into CGCS Committee in September. Supervision had been on a downward trend prior to Covid-19 and it had improved but checks needed to take place to demonstrate this was continuing.	Tim Breedon	September 2020	
TB/20/52b	CAMHS – ASD and ADHD "waiting for assessment" numbers continued to increase despite further commissioned activity work and the Trust submitted business cases to the CCG to obtain the resources to manage this. This will be looked at further in CGCS Committee.	Carol Harris	September 2020	
TB/20/53a	CD asked how ambitious did the Trust wanted to be in relation to the Digital strategy? It would be useful to know at the strategic board what, if any, constraints were preventing the Trust achieving its goals in relation to the Digital Strategy.	Mark Brooks	September 2020	

TB/20/53a	AM reported it would be likely that the ambition of the Digital Strategy would form part of the conversation at Strategic Board in early September. AM reported the importance of having a digitally skilled and enabled workforce has grown since Covid-19, including the Trust Board. There had been an offer from NHS Providers to do bespoke Board development sessions on the digital agenda and this might be something that was looking at as part of this work. AM to liaise with MB regarding this.	Angela Monaghan	September 2020	
TB/20/53a	AM reported that SYa had mentioned earlier the CIO network. At present our Trust doesn't have a Chief Clinical Information Officer (CCIO). MB explained that this appointment had been delayed as a result of Covid-19. Discussion had been held with both TB and Subha Thiyagesh (STh) and an appointment process will take place	Tim Breedon / Subha Thiyagesh	September 2020	
TB/20/54b	AGD updated that having had some constructive discussion with the national leadership team around board development and building leadership for inclusion they had put together a board development programme that the Trust was very interested in and was due to be part of pilot. A firm proposal should be in place by September Board, either from the leadership academy or through the Trusts own bespoke board development programme.	Alan Davis	September 2020	

TB/20/56	The Board noted the changes to the work programme. AM noted there were some items that needed amending: • The serious incidents quarterly report had been received. • Annual reports deferred in June needed new dates for when they were going to Board. • Check that Health and Safety, Customer Services, and Serious Incidents annual reports have been received. • The Equality and Diversity and medical appraisal annual report were due in this Board meeting and so new dates were required. • The Constitution and Scheme of Delegation were due to be taken today also and so they required new dates.	Andy Lister	July 2020	Complete.

Actions from 30 June 2020

Min reference	Action	Lead	Timescale	Progress
TB/20/32	The Executive Management Team (EMT) had looked at the indicators that were in the IPR. Work still needed to be completed, but had been on hold due to Covid-19. This would be completed and included in the IPR when business was fully restored. It was agreed by the board that the action could be closed. Rob Webster (RW) went on to explain that this fitted into a wider piece of work around what the board was taking as assurance. It was agreed that the Finance Investment and Performance (FIP) Committee should review the IPR against each phase of Covid-19 and make sure that the indicators were part of that work.	FiP Committee	September 2020	The new action would need to be refreshed regularly and be current. It should be at the top of matters arising to maintain the right assurance for the Board.

TB/20/35a	The patient testing numbers being discussed in the IPR did not include all the work in Barnsley in relation to care home testing. The outbreak support work to the care home sector continues to be considerable and our community visits have been in the region of 1700 a day. TB stated that in future reporting further clarity would be provided as to what the numbers included.	Tim Breedon	July 2020	Action from Trust Board 28 July 2020: Tim Breedon (TB) identified there was an action requesting further clarity. The point being made in the action was in relation to a significant number of care home interventions and these swabbing tests not being included in Trust numbers. TB reported as such the matter was already clarified. It was agreed that the final sentence "TB stated that in future reporting further clarity would be provided as to what the numbers included" would be removed from the minutes at page 7 along with the associated action. Minutes updated and action removed.
TB/20/35a	AM raised a query regarding the table on p26 of the IPR – 'Covid-19 incident reporting' – that showed 30 patient deaths to be suspected Covid-19 related. She was questioning the apparent discrepancy between these figures and the one death reported in the summary dashboard on p5. TB agreed to review and provide an explanation.	Tim Breedon	September 2020	Update from Trust Board 28 July 2020: TB clarified that the Covid-19 incident reporting table showing patient deaths, still included deaths that had been registered in error by community teams but that this would be amended through incident reporting and would be reflected in the next IPR. These should have been linked to primary care services. TB reported it would take some time to clean the data and that's why there was a discrepancy.
TB/20/35a	There followed a discussion about the rise in the level of self-harm and TB noted that the increase was linked to a number of individuals within the Trust and there was no current evidence that the increase was Covid-19 related. It was also identified that there was specific work taking place through teams to monitor carers and the next step would be to monitor performance in relation to helping carers who were identified as particularly vulnerable through the task group.	Tim Breedon	July 2020	Complete – discussed as part of the IPR item at Trust Board 28 July 2020.
TB/20/35a	**See above action** : AM reported this needed to be a focus for the Equality and Inclusion Committee.	Angela Monaghan	September 2020	Complete – to be included on September EIC agenda.

TB/20/35a	MB confirmed that the Trusts performance against national metrics was holding up well. National metrics are performance targets that all NHS Trusts have to achieve. It was noted there had not been any significant increase in referrals to Increasing Access to Psychological Therapy (IAPT). RW asked that we follow up on whether the reductions in recovery rates for IAPT were an issue concerning the mode of delivery. Switching to a digital mode of delivery may not suit individuals.	Carol Harris	September 2020	Update Trust Board 28 July 2020 – to be reported at Board in September 2020.
TB/20/35a	It was acknowledged that the locality report showed how much work had been done by CH's team. It was explained that advocacy had been available to service users via iPads on the wards and further details on this would be provided to the Mental Health Act committee. Subha Thiyagesh (SThi) reported that this was being looked at with the engagement team.	Subha Thiyagesh	August 2020	Complete – scheduled on the MHAC agenda August 2020.
TB/20/35d	The Trust-wide equality impact assessment (EIA) needs to be continually updated as progress is made.	Tim Breedon	September 2020	
TB/20/35d	Chris Jones (CJ) asked whether other protected characteristics were going to be risk assessed. For example, were any actions raised as a result of working-age men being identified as high risk. TB acknowledged that this had been identified as an action but work on this had not yet started.	Tim Breedon	September 2020	
TB/20/35d	RW stated that the Business Intelligence Team would support the development of the Integrated Performance Report (IPR) to reflect equality impact, and this needed to be used as tool to seek assurance that we were managing our organisation accordingly. This was the lens that the IPR needed to be viewed through.	Salma Yasmeen	September 2020	

TB/20/36c	A key message is that, as an organisation, we should not go back to old ways of working pre Covid-19, but go forward with changes from that had been learned during the pandemic. There were key messages emerging around governance and decision making and the thematic analysis was to be shared with Committee leads.	Salma Yasmeen	September 2020	
TB/20/37d	It was agreed that MB would send the self-certification to NHS England and NHS Improvement (NHSE&I) for completeness.	Mark Brooks	July 2020	Complete – MB confirmed the report has been submitted to NHSEI.

Actions from 28 April 2020

Min reference	Action	Lead	Timescale	Progress
TB/20/24b	AM noted that there has been a delay in completing the first annual review for the West Yorkshire Committee-in-Common due to Covid-19. AM added that this would follow the same structure as other Committees, and that the review will be considered by the Audit Committee once finalised for completeness.	AM	TBC	Complete – confirmed at Board 28 July 2020 that the Committee review has taken place and the Terms of Reference would be submitted to Board in September 2020.

Actions from 28 January 2020

Min reference	Action	Lead	Timescale	Progress
TB/20/09a	AGD noted that following an evaluation of the estates strategy, the Trust has done what was previously agreed, however it was noted to review if it worked out and achieved the goal. What is the learning and how do we feed back into the strategy.	AGD	September 2020	
TB/20/09a	Timetable: AGD stated that the strategy should be ready for Q1. Conversations required regarding how to review the strategy going forward. It was noted that further detail and engagement is required from Board before it is submitted for approval. The strategy will be	AGD	September 2020	

Min reference	Action	Lead	Timescale	Progress
	discussed in March by EMT, and a draft brought back to the Board in April with a commitment to sign off the final version in September.			

Actions from 26 November 2019

Min reference	Action	Lead	Timescale	Progress
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	September 2020	Plan to pilot nationally recognised staffing judgement across four community teams has been postponed due to Covid-19. Position will be reviewed by CG&CS September meeting. Noted in the report at agenda item 7.3.

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	September 2020	This will be considered in the next versions of the Board Assurance Framework and risk register the Board receives. Delayed due to Covid-19. Discussed at May Strategic Board. BAF will be further reviewed in September Strategic Board..
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	September 2020	This will be considered in readiness for the next versions of the Board Assurance Framework and risk register the Board receives. Delayed due to Covid-19. Discussed at May Strategic Board. BAF will be further reviewed in September Strategic Board.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 7

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:	We continue to monitor effective communications during this period of transition. We are looking to refocus our internal comms imminently. At present a weekly staff briefing continues and the latest monthly briefing for all staff is attached at **[Annex 1]**. At the time of writing, the Government's threat level from Coronavirus has been adjusted from a level 3 to a level 4. This means that the virus is increasing exponentially with community transition fuelling the pandemic. We already have two of our council areas facing local restrictions, namely Calderdale and Kirklees alongside Bradford, with Leeds receiving enhanced support. The NHS has confirmed that, despite the change in the Government's level of threat, the incident remains at a level 3 incident, managed regionally rather than nationally. In this context: • **The Prime Minister announced new restrictions across England on 22 September 2020** including: o Penalties for not wearing a mask or gathering in groups of more than six will increase to £200 on the first offence o Office workers are being told to work from home again if possible o From Thursday 24 September 2020, all pubs, bars and restaurants will be restricted to table service only. Takeaways can continue o From Thursday 24 September 2020, hospitality venues must close at 10pm o The planned return of spectators to sports venues will now not go ahead from 1 October 2020 o Face coverings must be worn by shop staff, taxi drivers and passengers o Customers in indoor hospitality venues will also have to wear

masks, except when seated at a table to eat or drink
- Exemptions to the "rule of six" will be cut back, meaning indoor team sports such as five-a-side football matches will end.

We are considering how this impacts upon our services and face to face work.

- **The Department of Health and Care's test and trace programme, provided by a range of independent sector providers, has increased capacity but has failed to meet demand.** Work continues nationally to increase supply. In the meantime, there have been shifts in the messaging on testing to encourage people to access tests if they have symptoms or are directed to do so.

- **We continue to plan for the next six months of service restoration and delivery** in partnership within our Integrated Care Systems (ICS). We have submitted our activity and people plan and this is being discussed at the Board. This will need to respond to changes to the impact of Covid-19 and the end of the transition period following Britain's exit from the EU.

- **Financial arrangements** have very recently been set out and we are working with local partners to understand how we collectively manage the arrangements within our ICSs. Organisational plans will be signed off by 22 October 2020. There are clearly risks and issues in the new financial regime which the Board will need to consider and agree handling.

- **The wellbeing of staff has been measured through the Robertson Cooper Survey** which demonstrates how different teams, services, professions and directorates are coping. This is covered on the agenda and includes some invaluable insights, including positive responses from staff of a BAME heritage and general concerns about the impact of Covid on mental and physical wellbeing.

- **Work on strengthening the work we do for staff and populations from a BAME heritage** is nearing conclusion in West Yorkshire and Harrogate ICS. There are four emerging themes including mental health support and services. Papers are available to view online here, and the report will be published on 22 October 2020. Our Trust and our BAME network have played into the development of the report.

- **The Trust continues to deliver well against key targets** with challenges remaining in acute and psychiatric intensive care, maintaining recovery on CAMHS and autism assessments, and IAPT performance.

- **We have seen some increase in the absence of staff due to Covid-19** including test and trace absences where staff cannot guarantee they have complied with social distancing and PPE rules. We are working hard to ensure appropriate guidance is available and is adhered to, including new ways of ensuring this remains the case.

	• We are gearing up for the **flu campaign** and expecting to exceed last years' coverage which was over 80%. The national target is to vaccinate all eligible staff and we will be supporting delivery in the community or 75% of vulnerable people. • **The Annual Members' Meeting on Monday 28 September 2020** is an opportunity to cover positive steps taken in 2019/20 and to set out our priorities as a Trust for the rest of this year. The meeting is another example of how we are operating virtually using digital tools during this period.
Recommendation:	**Trust Board is asked to NOTE the Chief Executive's report.**
Private session:	Not applicable.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The Brief

27 August 2020

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

With **all of us** in mind.

Today's brief

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Welcome to the Brief being delivered through Microsoft Teams.

Please put your device on mute so that background noise is limited and turn your camera off unless you are speaking. You can ask questions throughout the presentation using the chat function. Questions will be collated and shared so if we don't get time to answer all of them online we will make sure a response is sent out to you.

Thank you for joining us for our Brief broadcast.

With **all of us** in mind.

Our mission and values

NHS
South West Yorkshire Partnership
NHS Foundation Trust

During challenging times is it important we focus on our 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

Staff at Johnson Ward in our forensic service worked with their service users to hold a scarecrow festival. This scarecrow honoured the famous aviator Amy Johnson. The festival was followed by an afternoon tea.

With **all of us** in mind.

Coronavirus

Keeping informed, acting responsibly

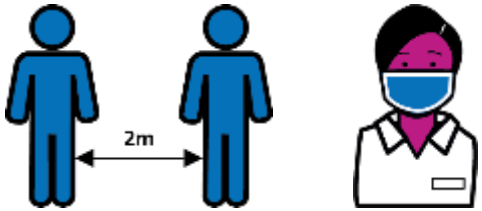
NHS South West Yorkshire Partnership NHS Foundation Trust

We need to stay focused and keep up to date by reading the official guidance and information on the Public Health and NHS England websites.

We continue to update guidance and information our Coronavirus intranet section as well as providing resources to help you. Make sure you visit the intranet for the latest news.

The national situation means we have gone from being in alert level 4 to alert level 3. This means that while the virus is reducing in numbers, localised and regional outbreaks are likely to occur. We are starting to see this play out in some of our local areas.

We need to continue to follow the official guidance; and ensure good hygiene, social distancing, wearing face masks, and limiting unnecessary contact with other people.



With **all of us** in mind.

Coronavirus

Our day to day approach

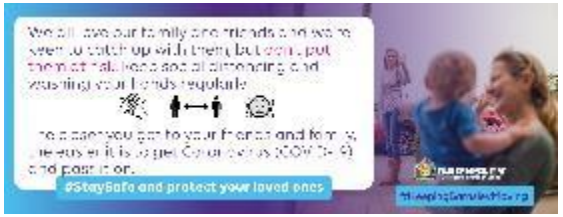
NHS
South West Yorkshire Partnership
NHS Foundation Trust

Our approach in each area is still based on our **business continuity plans** which has helped us to maintain safe and effective services and stay coronavirus free on our inpatient wards.

Our **Gold** and **Silver** command now meet once a week. **Bronze** meetings continue to take place in operational and corporate services.

We are also working in each of our local areas as part of **outbreak management measures**. We are a part of Gold, Silver and Bronze meetings in every area and are working with partners on localised approaches.

We continue to keep our **intranet** up to date with all the new coronavirus guidance, resources and support.



With **all of us** in mind.

Contain Framework Local Authority Watchlist

Year: 2020 **Week: 34**

NHS South West Yorkshire Partnership NHS Foundation Trust

Table 1: Local Authority Watchlist areas

Lower Tier Local Authority	Individuals tested per day per 100,000 population (7 day moving average)	Trend	Incidence per 100,000 population (weekly)	Trend	Contain Framework Watchlist Status – week beginning 17 August 2020	Change in Watchlist Status from previous week	Area with household mixing prohibited?
Oldham*	215.7	↓	103.1	↑	Intervention	→	YES
Blackburn with Darwen**	204.9	↓	95.3	↑	Intervention	→	YES
Pendle*	257.6	↓	75.5	↓	Intervention	→	YES
Leicester	235.8	↓	60.5	↑	Intervention	→	YES
Bradford*	130.7	↓	54.7	↓	Intervention	→	YES
Manchester*	153.5	↓	47.3	↑	Intervention	→	YES
Rochdale*	200.6	↓	42.7	↑	Intervention	→	YES
Hyndburn*	150.6	↓	42.1	↑	Intervention	→	YES
Calderdale*	122.7	↓	40.9	↓	Intervention	→	YES
Preston	154.2	↓	40.9	↑	Intervention	→	YES
Burnley*	138.6	↓	37.3	↓	Intervention	→	YES
Kirklees*	120.1	↑	34.6	↑	Intervention	→	YES
Salford*	144.8	↓	32.2	↓	Intervention	→	YES
Tameside*	162.4	↓	29.8	↓	Intervention	→	YES
Bury*	132.4	↓	29.5	↓	Intervention	→	YES
Trafford*	152.3	↓	27.1	↑	Intervention	→	YES
Bolton*	133.7	↓	25.6	↓	Intervention	→	YES
Stockport*	198.6	↓	23.3	↓	Intervention	→	YES
Northampton***	195.1	↑	125.3	↑	Intervention	↑	NO
Birmingham	100.2	↑	30.2	↑	Enhanced Support	↑	NO
Luton	179.5	↓	26.6	↑	Enhanced Support	→	NO
Swindon	125.0	↑	41.9	↓	Concern	→	NO
Newark and Sherwood	178.7	↑	32.1	↑	Concern	→	NO
Sandwell	98.8	↓	28.4	↑	Concern	→	NO
Oadby and Wigston	124.2	↓	24.5	↑	Concern	→	NO
Slough	113.7	↓	22.8	↑	Concern	↑	NO
Wakefield	113.3	↓	21.4	↑	Concern	→	NO
Peterborough	97.1	↓	16.4	↑	Concern	→	NO
England	**107.7**	↓	**11.9**	↑			

Data for specimens taken between 07 August and 13 August as extracted on 18 August
*Local authority is part of an area in which overall infection rates are high, with household transmission a key infection pathway.
**Within this Local Authority the interventions have been restricted to the Blackburn wards.
***Northampton's increase in incidence is almost solely down to a workplace outbreak at the Greencore Factory
Trend arrow indicates whether there has been an increase, decrease or no change between this week and last week

With **all of us** in mind.

Improving Health:
West Yorkshire and Harrogate

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Please note that this data is sensitive and unvalidated. Please do not share further.

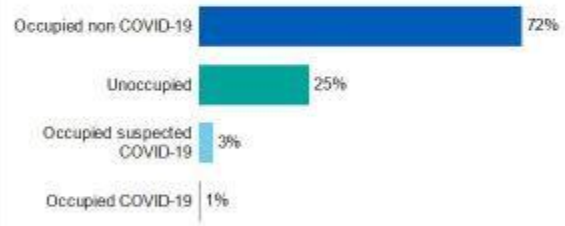
Refreshed at: 18 August 2020 13:50

NHS or ISP	Region	STP	Organisation type	A&E type 1	Organisation	Site	MHLDA split
NHS trust	North East and Yorkshire	West Yorkshire And Harro...	(All)	(All)	(All)	(All)	(All)

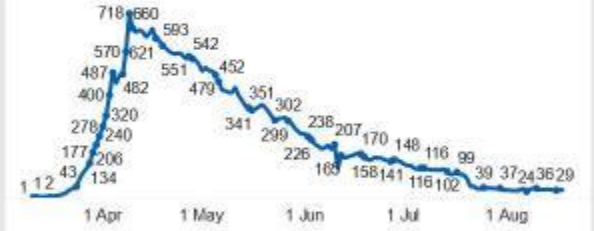
The Mental Health, Learning disability and Autism (MHLDA) collection in now included in this dashboard. It contains a MHLDA filter for some questions so users can see at lower levels of aggregation. However, this split is only available for certain questions and so filtering on this may remove data from graphs. To see all MHLDA data, uncheck "Acute collection", to see only Acute collection data, check only "Acute collection". If you wish to see questions linked to a group, select *all* relevant fields (e.g. if you want to see everything relating to MH, LD and A, please check the 3 splits of "MH, LD and A", "MH" and "LD"). The Data table tab contains all information and will provide information from the specialised commissioning question.

Number of open beds reported	Number of beds occupied by confirmed COVID-19 cases as of 8am	HDU/ITU beds occupied by confirmed COVID-19 cases as of 8am	Inpatients diagnosed with COVID-19 in past 24 hours	New admissions with COVID-19 in past 24 hours	Patients currently awaiting swab results as of 8am	All discharges	Of these discharges to usual place of residence	Staff - All Absences	Of these COVID-19 related absences
5,936	30	6	5	4	381	17	14 (82%)	3,311	890 (27%)

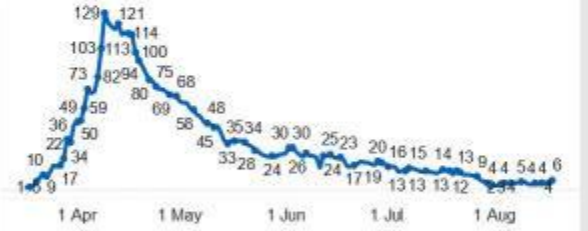
Number of beds occupied by COVID-19, suspected COVID-19, occupied by non COVID-19 and unoccupied



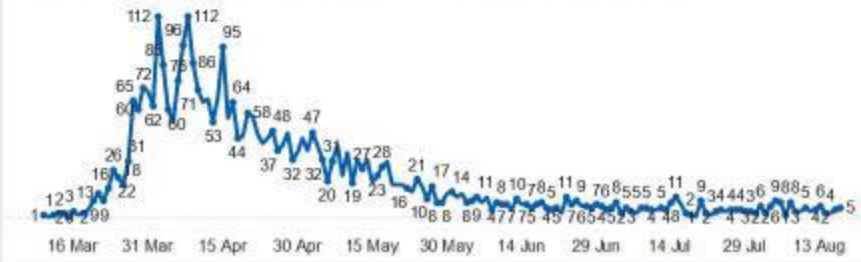
Number of confirmed COVID-19 patients occupying beds as of 8am



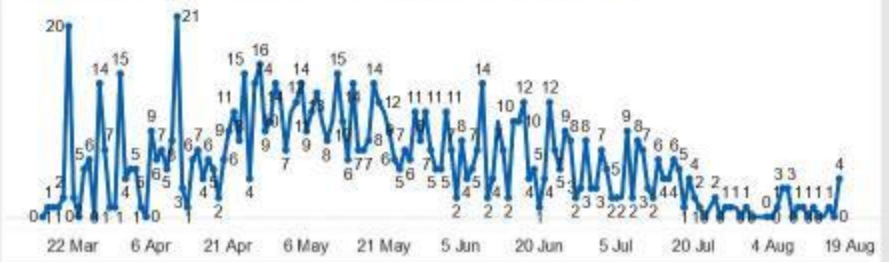
Number of confirmed COVID-19 patients occupying HDU/ITU beds as of 8am



Inpatients diagnosed with COVID-19 in past 24 hours in hospital setting



New admissions with COVID-19 in past 24 hours in hospital setting



Our priorities for 2020 - 2021

Response to Covid-19

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Improve health

- Work with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield and West Yorkshire to develop a joint response to Covid-19
- Develop innovative offers to help people in their own homes through Creative Minds and recovery colleges

Improve care

- Patient Safety in response to Covid-19, testing and PPE to keep people safe
- Provide all care as close to home as possible and support discharges from hospital
- Deliver improvements particularly in CAMHS and forensic services

Improve resources

- Spend money wisely to support COVID response
- Accelerate the use of digital technology introducing new ways of virtual working to help support service users and staff

Make this a great place to work

- Support the wellbeing of #allofus through key conversations to help people cope & connect
- Develop a workforce hub

#allofusimprove and be outstanding

Underpinned by #allofusimprove to make sure that we learn from the organisational changes that have taken place

With all of us in mind.

Improving Health:
Joining up the response in every place

West Yorkshire and Harrogate Health and Care Partnership

South Yorkshire and Bassetlaw Integrated Care System

NHS South West Yorkshire Partnership NHS Foundation Trust

Integrated care systems continue to refocus their work to ensure system support for:

- Increased critical care
- Better discharge from hospital
- Protection for vulnerable people in communities
- The safety and wellbeing of staff
- Business continuity and mutual aid
- Moving to recovery and a new way of working

West Yorkshire and Harrogate ICS has launched a new resource to help people talk about end-of-life care. The resources include info for patients, carers, families and professionals to help them record future wishes in the form of an advance care plan. It is available on their website.

Both ICS' continue to support the regional response to coronavirus, including testing, the supply of PPE and in partner support around outbreaks. We are an active participant in both ICS'.

South Yorkshire and Bassetlaw has launched a citizen's panel giving local people the opportunity to have their say on local health issues. You can sign up through the South Yorkshire and Bassetlaw ICS website.

Improving Health:
Joining up the response in every place

NHS South West Yorkshire Partnership NHS Foundation Trust

We continue to attend coronavirus response meetings in every place, as well as helping to develop services:

Barnsley
Outbreak management measures are in place following an outbreak in Wombwell, linked to social gatherings. We are supporting partners in providing advice on how people can stay safe and protected. We are carrying out **care home testing** in Barnsley. Preparations are under way for Winter planning, including flu jabs with our children's immunisation team

Calderdale
Calderdale has seen an increase in infection rates resulting in them being named as a place of interest by the Government. We are working with partners to understand the reasons behind the increase in infection rates and supporting the mitigations put in place.

Kirklees
Kirklees has seen **outbreaks** resulting in the area being designated by government as needing extra intervention. Our role in Gold and Silver command meetings, and in supporting borough wide communications has helped see a recent fall in infection rates.

Barnsley, Doncaster Rotherham and Sheffield
Partners continue to work on the **QUIT programme**, aiming to end smoking on all South Yorkshire hospital sites, including Kendray.

Wetherby
Following a suspected outbreak of coronavirus our forensic CAMHS team worked with partners on outbreak management and supporting service users

Wakefield
Our **health integration team** in Wakefield were recognised for their work in helping Urban House through a recent outbreak. The team were thanked by the Urban House managers for their "invaluable professional health support" and their "significant impact" during the pandemic.

Improving Care:
Safety and quality

NHS
South West Yorkshire Partnership
NHS Foundation Trust

In July we had:

- 1241 incidents – 1060 rated green (no/low harm)
- 170 rated yellow or amber
- 11 rated as red
- There were 3 reported serious incidents this month.
  1 apparent suicide, 1 category 3 pressure ulcer, and 1 self harm with suicidal intent

It is important that we continue to monitor all incidents where **coronavirus** is noted in the Datix entry. This is so we can identify any themes and trends that require action. This helps us to keep safe and means our service users can have safe care and a positive experience.

There were **25 confidentiality breaches** in July, significantly up from the 14 we saw in June. The Trust has a duty to assure the public that any information we hold is in safe hands. Everyone has a part to play.

Our **LGBT+ staff network** will shortly be distributing rainbow lanyards. The wearing of a rainbow lanyard can help service users open up about their sexuality and/or gender and make them more comfortable talking about personal issues.

With **all of us** in mind.

Improving care
Information governance (IG)

NHS
South West Yorkshire Partnership
NHS Foundation Trust

We've had a big spike in incidents of correspondence going to the wrong postal or email addresses since April

If you need help or advice contact Rachael Smith 07584 331791 or rachael.smith@swyt.nhs.uk

Autofill must not be used when inputting email addresses

Letters and emails must be created and existing ones must not be overtyped or copied and pasted into new ones

Letters and emails going outside of the Trust must be second-checked for accuracy

Think. Check. Share.

With **all of us** in mind.

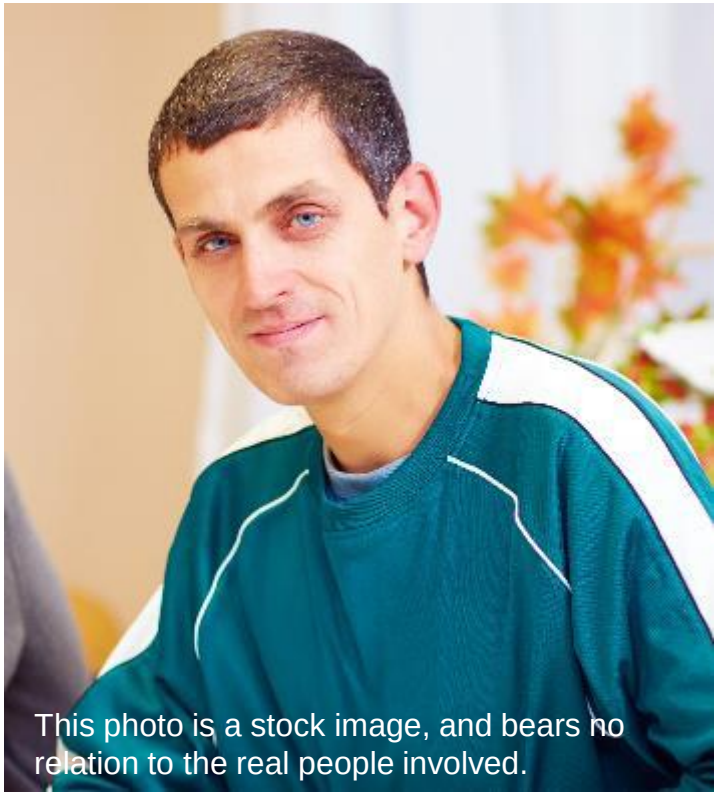
Information governance (IG)

A real-life service user's story

NHS
South West Yorkshire Partnership
NHS Foundation Trust

I'm HIV positive but my family don't know. I asked the Trust never to send letters to my house as someone else always opens my post and I don't want them finding out.

The Trust sent a letter to my home address anyway. It was opened by my Dad who threw me out of the house. I can live with HIV, but a careless administrative mistake ruined my life.



This photo is a stock image, and bears no relation to the real people involved.

Think. Check. Share.

With **all of us** in mind.

Information governance (IG)

A real-life service user's story

NHS
South West Yorkshire Partnership
NHS Foundation Trust

My partner abuses me. It was a big step when I was persuaded to get mental health support. I asked for letters to be sent to my work address, as my partner opens my post and would be angry if he knew I was seeking help.

A letter was sent to my home address and opened by my partner. He made me immediately disengage from services. Now I have no one to turn to and have lost faith that the NHS can help me.

This photo is a stock image, and bears no relation to the real people involved.

Think. Check. Share.

With **all of us** in mind.

Improving care:
Our performance in July

NHS
South West Yorkshire Partnership
NHS Foundation Trust

- **163** inappropriate out of area bed days
- **100%** of people recommend our community services
- **85%** of people recommend our mental health services
- **1%** delayed transfers of care
- **46.3%** referral to treatment in CAMHS timescales
- **0** people under 18 admitted onto adult inpatient wards
- **80%** of prone restraint lasted less than 3 minutes
- **188** restraint incidents
- **87.8%** of people dying in a place of their choosing
- **49.7%** of people completing IAPT treatment and moving into recovery

We had 35 falls in July, down from 46 in June. We continue to investigate all falls so that we can learn lessons and reduce risks.

We had **30** attributable pressure ulcers, down on the 34 from last month. We are reviewing pressure ulcer incidents to better understand the position and identify themes and learning.

We're introducing new functionality into our service user records on SystmOne to allow **electronic prescribing of medication**. **EPMA** will be rolling out across our wards in the next few months, so make sure you have your Smartcard ready to access the system.

With **all of us** in mind.

Improving care:
Our coronavirus related performance

NHS
South West Yorkshire Partnership
NHS Foundation Trust

As of 26 August:

- **There are currently 31 members of staff absent or working from home due to coronavirus.** This is **0.6%** of the Trust workforce.

- **23 members of staff are absent and 8 are working from home.** Of those absent, **none** are shielding, **42%** are symptomatic, **23%** have household symptoms, and **6%** have been advised to isolate by occupational health

- **We've processed 2,228 swab test results for staff and household members**, with **151** of these testing positive and **2,077** testing negative.

As of 24 August:

- **109 service users have been tested** on the wards. This is **5** more than last month. **29** of which were positive. Of these, **28** have since recovered**.**

Speech and language therapy in learning disabilities hosted the Trusts first fully virtual student placement for four students from Sheffield University this month. Therapists from across all 4 areas came together to provide online sessions and a virtual induction.

With **all of us** in mind.

Improving resources:

Our finances in 2020/21

Performance Indicator		Year to Date
1	Surplus / (Deficit)	
	Covid-19 reimbursement	£2.1m
	Top Up	£1.2m
	Reported position	£0m
		Year to Date
2	Agency Spend	£2.1m
3	Cash	£55m
4	Capital	£0.3m
5	Better Payment	
	30 days	97%
	7 days	86%

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The Trust continues to report a breakeven position for April to July 2020. To achieve this additional national funding is required for both reimbursement of coronavirus costs incurred and additional top up. For July this equated to £678k and £354k respectively.

The current way of working has been extended to September 2020, at which point the Trust will have a confirmed financial target to deliver for the rest of the year. Further guidance is expected shortly.

In times of uncertainty it remains important that teams must continue to demonstrate financial control and value for money in all decisions.

Agency costs continue to be monitored with £0.6m spent in July. This is the fourth consecutive month where agency spend has increased.

Our **Better Payment** results show that 86% of invoices have been paid within 7 days. 97% of all invoices are paid within 30 days.

Improving care:

Book your FIRM risk assessment training

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The Trust is aiming for all services to move from the Sainsbury risk assessment tool on SystmOne to the formulation informed risk management (FIRM) tool from 28 September.

CAMHS services have acted as an early adopter for the FIRM tool; piloting the tool to share their learnings to support a Trust-wide roll-out since the beginning of July.

To support the Trust roll-out of FIRM we will have FIRM champions in all services alongside a user guides, FAQs and e-learning resources. It has been agreed to provide training prior to the roll-out of the FIRM tool too.

Training will begin virtually from 24 August until 25 September on Microsoft Teams. The training is not mandatory, it is there to support anyone wanting a refresher on risk assessment, formulation or the FIRM risk approach.

Please book onto a FIRM virtual training session via ESR.

Those who experience technical difficulties or those who work in integrated teams and do not have access to ESR, can book onto the training manually by contacting Jill Shaw or the SystmOne optimisation team

More information is on the intranet or by contacting the SystmOne optimisation team.

A great place to work
The NHS People Plan

South West Yorkshire Partnership NHS Foundation Trust

NHS England have published the **People Plan for 2020-21** called **'We are the NHS'.** It sets out what everyone can expect from the NHS – including leaders, national organisations and from each other. It focuses on **More People, Working Differently** in a compassionate and inclusive culture**.**

The People Plan aligns very closely with the work commenced last year in making our Trust a great place to work. It will support the development of the Trust's new Workforce Strategy 2020-2023, which will be agreed by Trust Board in November. A further series of staff engage and listen events will be run over September and October as part of developing the Trust's new workforce strategy.

The plan recognises the transformation that has taken place during the pandemic and supports Trusts to build on this to create long standing improvements.

The NHS People Plan contains commitments focused on:

- **Looking after our people**
- **Belonging in the NHS**
- **Tacking inequalities**
- **New ways of working and delivering care**
- **Growing for the future**

Join the conversation #OurNHSPeople #WeAreTheNHS and find out more at england.ournhspeople@nhs.net.

Staff wellbeing and engagement has been a strategic workforce goal for the Trust and the People Plan recognises this. The plan will help the Trust to continue to improve its health and wellbeing offer to staff.

A great place to work
Priority updates

NHS
South West Yorkshire Partnership
NHS Foundation Trust

This month general staff sickness is **3.9%**. Turnover is **8.4%.** Remember there's support for **#allofus**

E-appraisals
Our new e-appraisal system will open on the 1 September. It helps managers and staff have much better quality discussions. The process is led by the employee and completed at their own pace. The review meeting between appraisee and appraiser can be done virtually so can be completed remotely and by teams working agilely.

Flu – Every Contact Counts
With the risk of flu and Covid-19 co-circulating, having your flu jab this year will be essential to protecting you, your loved ones and our service users, and supporting our health and care system.
We'll be offering the vaccine to all our staff and hope that you will choose to have it. Keep an eye out for more information coming soon.

Long service awards
If you are celebrating 25 or 40 year's NHS service this year then don't forget to put in your application for a special recognition award.

Trust Board
We are pleased to welcome Mike Ford to our Trust Board, who will be joining us as a new non-exec director on 1 Sept. Mike brings with him extensive finance experience, including as a senior executive at the BBC.

A great place to work
Wellbeing at work survey

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The Trust is committed to supporting your health and wellbeing before, during and after the pandemic. Our wellbeing at work survey ran between from 7 July to 3 August to help us do this.

Over 2,000 Trust employees completed the survey, alongside 90 bank only staff (this is 300 more responses than our 2018 survey). Thank you for taking the time to share your views.

Initial feedback from Robertson Cooper shows that levels of well-being across the Trust are similar to other organisations that were surveyed before the pandemic

Concerns around psychological and physical well-being are higher but this is expected given the pandemic. Trust wide results suggest these health concerns are explained by the pandemic itself rather than specific work related issues.

The full results from the survey will be shared in September and all services are being asked to review their feedback and consider local actions.

With **all of us** in mind.

All of us improve

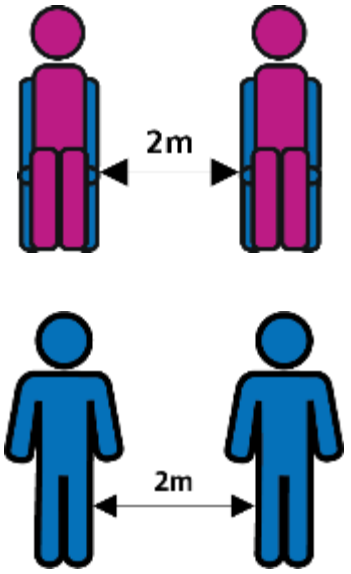
Stabilisation and recovery

Supporting service user appointments

South West Yorkshire Partnership NHS Foundation Trust

As we move towards the recovery phase of the coronavirus pandemic we are now able to support more face to face appointments where it is clinically needed, taking into account both patient and staff safety and the wishes and needs of the service user.

Risk assessments must be conducted for all locations where staff are returning to on site working. Details on risk assessments can be found on the intranet.



Remember during all visits to stay 2m apart where you can as social distancing has been proven to slow the spread of coronavirus. And don't forget hand hygiene. Please also consider how you will manage people entering and exiting our buildings as well as safety during the appointment.

Read the full statement from our executive trio on the intranet.

With **all of us** in mind.

All of us improve

Phase 3 of the NHS coronavirus response

#allofusimprove and be outstanding

NHS South West rkshire Partnership NHS Foundation Trust

We have received the phase 3 letter from NHS England on how the system will reset and recover. This details what the priorities for the NHS are in its response and recovery as the emergency response to the coronavirus pandemic eases.

The letter states that the UK's overall alert level has reduced but the virus remains in general circulation with localised outbreaks likely to occur. This means we are in a strong position to reset and recover, meaning more NHS services can return and that we can focus on supporting our service users and their carers.

Phase 3 focuses on:

- Accelerating the return to near-normal levels of non-Covid health services
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further spikes
- Doing the above in a way that takes account of lessons learned during the first peak
- A focus on inequalities, mental health, and patient initiated follow ups.

We are reviewing the letter and what is means for us and working with it as part of our reset and recovery work.

With **all of us** in mind.

All of us improve
Stabilisation and recovery
Our change principles

#allofusimprove and be outstanding

NHS South West Yorkshire Partnership NHS Foundation Trust

We will use the best of the past and the learning from coronavirus to continuously improve our services safely. This includes working with staff, service users, carers and partners to focus on how we safely restore and deliver services, and support improvement wherever we can.

The principles of change are:

- In line with our integrated change framework
- Underpinned by quality improvement and involving people close to the front line
- Evidence, insight and data driven:
  - Identifying and addressing inequalities
  - Continuing to focus on staff wellbeing
  - Supporting digital advances
  - Reshaping our relationships with our communities
- Remain open, curious and flexible
- Maintain pace

With **all of us** in mind.

All of us improve
Our learning so far

#allofusimprove and be outstanding

NHS
South West Yorkshire Partnership
NHS Foundation Trust

#allofus should...	...because we've learnt
Use technology more	Virtual meetings help us stay connected to colleagues
	It means less travel and increased attendance
	We can stay in touch through texting, group chats and video calls
Offer digital alternatives to service users	We can offer extra contact to people via text and phone calls
	We can deliver more of our offer digitally
	We can safely decide which interactions could be done digitally
Work in a more agile way	Some staff like working more from home
	Some staff like the increased flexibility
	It can improve work/life balance
Use digital tools to support our work	It's easier for people to access
	It can be quicker and more focused
	We can use them for training, recruitment and workshops
Use our regular communication methods for key messages	We get one version of the truth
	People know where to go for the latest news
	Messages are delivered consistently and regularly

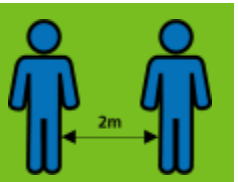
Coronavirus update

What you can do to help

#allofusimprove and be outstanding

NHS South West Yorkshire Partnership NHS Foundation Trust

Make sure you follow **social distancing** rules at work and in your day to day life (even during down time and when you are wearing a mask). Under **Test and Trace** rules any breaches in social distancing, handwashing or not wearing PPE correctly could lead to one of our units being put out of action. To avoid this make sure you follow the rules at all times.



If you, or someone you are close to develops **symptoms** book a test as soon as you can. You can find details of local and national testing on the intranet.

Support your own health and wellbeing by taking **annual leave** and **socially distanced breaks** whenever you can. Giving yourself time to rest and recharge is important for all of us.

Keep yourself **up to date** by visiting the coronavirus pages on the intranet and download our Staff App to get updates on your phone.

Continue to **wash your hands** as often as you can, and use hand sanitizer when you need to.

With **all of us** in mind.

A great place to work
Support when you need it

#allofus
our wellbeing at work

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Remember that we have support available for all of us.

Our **occupational health** team have a dedicated phone line for general advice around coronavirus. You can contact the team on **01924 316036** (Monday-Friday, 8am - 4pm). Counselling is also available for self referral on **01924 316031**.

Our HR **telephone helpline and email account** for coronavirus enquiries is open Monday-Friday between 8.30am-5pm. The number is **07824 801649** and email is **COVID19-HR@swyt.nhs.uk**

Book your staff health check and start your journey to better health
Occupational health is resuming their staff health check programme with strict safety procedures in place. More details are on the intranet.

Our **pastoral and spiritual care service** have a confidential phone line for patients, carers and staff. It is available Monday to Friday between 9.30-10.30am and 2-3pm. The number is **01924 316341.**

You can also contact the national **#OurNHSPeople** phone line on 0300 131 7000 (7am – 11pm). There are online resources available https://people.nhs.uk/

With **all of us** in mind.

Take home messages

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

Help to stop the spread of the virus. Practise good hygiene, wear a face mask and practise social distancing.

Be careful when dealing with data and information. Check all information before you send it out.

Book a place on the SystmOne FIRM virtual training session.

As part of our reset and recovery we are supporting face to face visits and appointments. Make sure risk assessments are in place and practise social distancing.

Look after your health and wellbeing. Access support when you need it.

Visit the intranet regularly to keep up to date and informed.

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

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Thank you to everyone for your response so far.

Keep doing the right thing.

With **all of us** in mind.

Cascading the Brief

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Thank you for joining us for the Brief broadcast.

Cascade of the Brief face to face is not possible in your teams at this time. Please use the technology available and be creative.

Thankyou!

With **all of us** in mind.

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Trust Board September 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 Finance, Investment & Performance Committee with the Integrated Performance Report (IPR) for August 2020.
Mission/values/objectives	All Trust objectives
Any background papers/ previously considered by:	• IPR is reviewed at Trust Board each month • IPR is reviewed regularly at the Finance Investment & Performance Committee (FIP) • IPR is reviewed at Executive Management Team (EMT) meeting on a monthly basis
Executive summary:	The IPR for August has been prepared in line with the framework discussed at the March Trust Board meeting so as to focus on: • Covid-19 response • Other areas of performance we need to keep in focus and under control • Locality reports that focus on business continuity • Priority programmes report that focus on those programmes supporting the work on Covid-19 The Covid-19 response section has been updated to reflect the current phase of the pandemic **Quality** • Majority of quality reporting metrics continue to be maintained during pandemic • Safer staffing for inpatients has been maintained, high acuity remains. • Incident reporting is within expected range • Enhanced clinical risk scan continues to monitor impact of Covid-19 on mental health, the increase in self-harm behaviour is continuing and a response developed • Complaints response times performance reduction to be reviewed • Covid-19 guidance regularly updated in response to emerging directives and advice. **NHSI Indicators** • Three young people under the age of eighteen were admitted to an adult ward in August for a total of eight days

	• Inappropriate out of area bed usage reduced in too 224 in August from 336 in July, although they remain higher than the target agreed with NHS England & Improvement. Given the nature of the placements these were high cost • Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery remained above target at 54.4% • Whilst above target the early intervention in psychosis (two weeks clock stops) decreased to 79.5% • The percentage of service users seen for a diagnostic appointment within 6 weeks remains below target at 34.0% as a direct consequence of Covid-19 • Typically performance against nationally reported targets is holding up well **Locality** • Urban House remained close for a deep clean before planned re-opening in September. We continued to support clients in their alternative accommodation. • Barnsley community health services have continued to provide discharge to assess services and are working with Barnsley hospital to model service requirements for the winter period • All IAPT activity in Barnsley has been undertaken virtually with some face to face set to resume in October • Work has commenced with Barnsley CCG on the redesign of the model of care for CAMHS • Waiting numbers for ASC and ADHD in Kirklees and Calderdale are increasing • Continued high demand for inpatient beds across the Trust with occupancy at full capacity and acuity levels remaining high • Community mental health services continue to provide assessment, care and interventions utilising a range of innovative means including face to face where it is deemed as clinically required • Focus is being applied across all localities to the reset and restoration of services • Work on assessment and treatment units reconfiguration for learning disabilities across West Yorkshire continues **Priority Programmes** • The Trust continues to work with partners on the Covid-19 response with focus currently applied to drafting plans to meet the requirements set out in the phase 3 response to the pandemic letter • Pressures on bed usage have continued. New processes have been established for admissions to PICU beds • Progress for full implementation of all age liaison in Barnsley and Wakefield continues with go live anticipated later September/early October

- A comprehensive organisational development plan has been developed for forensic services.
- The majority of services are planned to go live with the formulation informed risk management (FIRM) tool on SystmOne at the end of September

Finance

- Interim financial arrangements in place for April through to September.
- £407k of costs identified as being reasonably incurred as part of the Covid-19 response, which is the lowest amount claimed this financial year.
- In month 5 there was a deficit recorded pre final top-up of £937k, which is the highest value all year. It has been assumed this will be reimbursed to enable the Trust to break-even. The main issues continue to be lack of income in the block and increasing pay costs with the Trust now paying for in excess of 200 more staff than it was in March 2020.
- Taking the above into account a break-even position has been reported (follows instructions in the national guidance)
- Agency staffing costs came to £0.6m in August, which was in line with the previous month
- Out of area bed costs amounted to £253k in month, which is a reduction compared to July, but higher than our original plan. In addition there is a substantial overspend on locked rehab bed usage in Barnsley.
- The cash balance remains healthy at £55.8m
- Capital expenditure remains low at £0.5m. The forecast for the full year will be updated by the half year
- 84% of all third party invoices were paid within 7 days of receipt of goods or services, with 98% paid within 30 days.

Workforce

- As at September 22nd there were 82 staff off work as a result of Covid-19 which compares to 26 one month earlier
- Non Covid-19 sickness reduced to 3.8% in August
- Staff turnover increased to 9.1%, which remains below the level of recent years
- Compliance with training targets is reported again this month and is typically positive

Covid-19 response

In addition to the points identified in the sections above:

- Sufficient PPE remains in place although the continuing increase in demand for masks is resulting in a reduced level of stock. Supplies of medium size gloves are being supplemented by additional orders over and above national deliveries
- The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in
- Work on the flu campaign is underway

	• All volunteers are being risk assessed using the staff risk assessment tool prior to re-introduction back into Trust services • The Trust Opel level remains at 2 • Refresh of the Equality, Inclusion and Involvement strategy is underway and work progresses on the eight action actions on inequalities • Enhanced support to care homes continues to be provided by the general community team in Barnsley • Increased demand modelling taking place to support work on reset and restoration • National guidance continues to be monitored, reviewed and adopted
	Trust Board is asked to NOTE the Integrated Performance Report and COMMENT accordingly.
Private session:	Not applicable

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Integrated Performance Report
Strategic Overview

August 2020

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for August 2020. As agreed at the March Trust Board interim reporting arrangements are in place during the course of the Covid-19 pandemic. The aim is to provide a report that provides information on:
• The Trust's response to Covid-19
• Other areas of performance we need to keep in focus and under control
• Priority programmes in so far as they contribute to the Trust response to Covid-19
• Locality sections in terms of how business continuity plans are operating

This approach has necessitated a review of the sections and metrics reported previously. Following that review a number of changes have been made to the executive dashboard to add in key metrics related to the Covid-19 response and suspend the appearance of some other metrics whilst the focus has moved to managing the Covid-19 outbreak.

A separate new section for the Covid-19 response has been added. The structure of this section has been updated this month to reflect the current phase of the pandemic and focuses on:
• Managing the clinical response
• Supporting our staff and staff availability
• Supporting the system
• Standing up services
• Restoration and reset

It must also be recognised that given the focus of all staff on responding to Covid-19 and the increased level of staff absence not all the normal information is necessarily readily available for the report.. The quality section remains largely unaltered given the need to ensure the Trust retains focus on the provision of its core services. The report on national metrics is again unaltered as national reporting requirements remain unchanged. Other sections remain in place with typically reduced content. The more comprehensive workforce performance metrics have been reinstated in the report. Consideration is also being given with regard to how performance against service reset and restoration can be provided. Some additional activity information is provided in this report and can be developed in the coming months. It should be emphasised that the majority of services have continued to be provided during the pandemic, although in some cases in a different manner such as less face to face contact and in some cases referrals have been lower than historical averages.

With reference to key information relating to Covid-19 where possible the most up-to-date information is provided as opposed to the August month-end data. This will ensure that Trust Board can have a discussion on the most current position available as opposed to the position four weeks earlier. Given the fact different staff provide different sections of the report there may be some references to data from slightly different dates.

It is worth reminding the reader of the report of the Trust's four strategic objectives against which our performance metrics are designed to measure progress. These 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:
• Executive summary
• Covid-19 response
• Quality
• National metrics
• Priority programmes
• Finance & contracting
• Workforce

Our integrated performance strategic overview report is publicly available on the internet.

This dashboard represents a summary of the 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 in 2019/20. Any change in requirement for 2020/21 will be reviewed in the coming weeks. Given the outbreak of the Covid-19 pandemic, a number of additional metrics are included in this report. These relate to the actual data as at 22nd September as opposed to the end of August. A small number of metrics have been removed from the dashboard to enable greater focus on the Trust response to Covid-19. It should be noted that as well as these specific metrics many of the standard metrics used will be strongly influenced by the impact of Covid-19.

KPI	Target	Feb-20	As at 23rd April 2020	As at 19th May 2020	As at 17th June 2020	As at 22nd July 2020	As at 24th August 2020	As at 22nd September 2020	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19									
No of staff off sick - Covid-19 not working [7]	N/A	N/A	**154**	**204**	**112**	**48**	**26**	**82**	
Shielding			54	59	52	37	0	0	
Symptomatic			69	118	46	5	14	31	
House hold symptoms			26	24	13	4	7	29	
OH Advised Isolation			5	1	0	0	1	1	
Test & Trace Isolation			0	0	0	0	0	0	
Other Covid-19 related			0	2	1	2	4	21	
No of staff working from home - Covid-19 related [8]			**125**	**136**	**107**	**90**	**7**	**53**	
Shielding			76	78	72	71	0	0	
Symptomatic			13	28	13	5	1	14	
House hold symptoms			29	23	13	1	0	26	
OH Advised Isolation			7	6	7	3	0	1	
Test & Trace Isolation			0	0	0	7	0	0	
Other Covid-19 related			0	1	1	3	6	12	
Number of staff tested [9]			89	783	1798	2038	2162	2294	Cumulative
No of staff tested positive for Covid-19 [10]			23	103	128	130	133	149	Cumulative
No of staff returned to work (including those who were working from home)			683/962 = 71%	921/1246 = 73.9%	1183/1393 =84.9%	1310/1448 =90.5%	1498/1531 =97.8%	1547/1681 =92.0%	
No of staff returned to work (not working only) [13]			445/599 = 74%	609/807 =75%	800/908 =88.1%	872/928 =94.0%	952/979 =97.2%	992/1079 =91.9%	
No of staff still absent from work who were Covid-19 positive [12]			Data Unavailable	27	11	2	1	5	
No of Service users tested (ward)			41	65	103	104	109	125	Symptomatic
No of service users tested positive (ward)			9	10	29	29	29	29	Cumulative
No of service users recovered			8	9	28	28	28	28	One patient died not in SWYFT care and one patient has recenlty tested positive and is still within the isolation period.
Additional number of staff enabled to work from home			900	900	937	1003	1024	1043	Cumulative
Calls to occupational health healthline			178	576	921	1230	1450	1536	Cumulative
Making SWYPFT a great place to work	**Target**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Forecast**
Sickness absence	4.5%	5.0%	3.8%	4.0%	3.5%	4.0%	3.8%	3.9%	
Staff Turnover	10%	11.3%	11.9%	8.5%	7.9%	9.8%	8.4%	9.1%	
Actual level of vacancies	tbc	12.2%		8.7%	6.9%	6.0%	6.8%	7.4%	
Improve people's health and reduce inequalities	**Target**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Forecast**
% service users followed up within 7 days of discharge	95%	81/85 =95.2%	105/107 =98.1%	90/92 =97.8%	102/102 = 100%	105/105 = 100%	110/110 = 100%	84/85 =98.8%	1
Out of area beds [1]	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	362	350	167	108	140	336	224	2
IAPT - proportion of people completing treatment who move to recovery [4]	50%	52.4%	55.7%	51.4%	49.1%	42.8%	50.0%	*54.4%*	1
Delayed Transfers of Care	3.50%	1.8%	1.9%	2.0%	1.7%	1.4%	1.0%	0.7%	1
Improve the quality and experience of care	**Target**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Forecast**
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) [3]	trend monitor	23	20	34	36	42	38	34	
IG confidentiality breaches	<=8 Green, 9 -10 Amber, 11+ Red	12	6	15	20	14	25	17	
Total number of Children and Younger People under 18 in adult inpatient wards	*TBC*	0	2	1	2	1	0	3	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [2]	trend monitor	38.1%	40.6%	41.1%	46.2%	47.8%	47.4%	46.3%	
Improve the use of resources	**Target**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Forecast**
Surplus/(Deficit)	In line with Plan	(£49k)	(£968k)	-	-	-	-	-	
Agency spend	In line with Plan	£581k	£613k	£469k	£507k	£518k	£558k	£606k	
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green

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 - Out of area beds - From April 18, in line with the national indicator this identifies the number of inappropriate out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for inappropriate admission to adult acute and psychiatric intensive care unit mental health services only.
2 - 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 20 each month. Excludes ASD waits and neurodevelopmental teams. 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.
3 - 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.
4 - 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.
5 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other
6 - Data taken from the Trusts Covid-19 sickness absence recording system as at 22nd September broken down by those staff that are reported as being absent from work and being either symptomatic, shielding or household symptoms
7 - Data taken from the Trusts Covid-19 sickness absence recording system as at 22nd September. Staff not working due to Covid-19 related issues.
8 - Trusts Covid-19 sickness absence recording system as at 22nd September. Staff working from home but recorded as having either symptomatic, shielding or household symptoms.
9 - Count of tests undertaken for staff and/or staff family member up to and including 22nd September.
10 - Number of staff and/or family member tested positive for Covid-19 out of those that have been tested.
11 - Number of staff that have returned to work who were reported as being off work due to Covid-19 related issues as at 22nd September.
12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 22nd September.
13 - Number of staff who have returned to work who were unable to work during their absence.

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
• Majority of quality reporting metrics continue to be maintained during pandemic
• Safer staffing for inpatients has been maintained, high acuity remains.
• Incident reporting is within expected range
• Enhanced clinical risk scan continues to monitor impact of Covid-19 on mental health, the increase in self-harm behaviour is continuing and a response developed
• Complaints response times performance reduction to be reviewed
• Covid-19 guidance regularly updated in response to emerging directives and advice.

NHSI Indicators
• Three young people under the age of eighteen were admitted to an adult ward in August for a total of eight days
• Inappropriate out of area bed placements amounted to 224 days in in August. This is a decrease from 336 in July. Following communication with NHS Digital we have reassessed the reporting of inappropriate bed days and adjusted to reflect the inclusion of gender specific placements.
• Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery remained above target at 54.4%
• Whilst above target the early intervention in psychosis (two weeks clock stops) decreased to 79.5%
• The percentage of service users seen for a diagnostic appointment within 6 weeks remains below target at 34.0% as a direct consequence of Covid-19
• Typically performance against nationally reported targets is holding up well

Locality
• Urban House remained close for a deep clean before planned re-opening in September. We continued to support clients in their alternative accommodation.
• Barnsley community health services have continued to provide discharge to assess services and are working with Barnsley hospital to model service requirements for the winter period
• All IAPT activity in Barnsley has been undertaken virtually with some face to face set to resume in October
• Work has commenced with Barnsley CCG on the redesign of the model of care for CAMHS
• Waiting numbers for ASC and ADHD in Kirklees and Calderdale are increasing
• Continued high demand for inpatient beds across the Trust with occupancy at full capacity and acuity levels remaining high
• Community mental health services continue to provide assessment, care and interventions utilising a range of innovative means including face to face where it is deemed as clinically required
• Focus is being applied across all localities to the reset and restoration of services
• Work on assessment and treatment units reconfiguration for learning disabilities across West Yorkshire continues

Priority Programmes
• The Trust continues to work with partners on the Covid-19 response with focus currently applied to drafting plans to meet the requirements set out in the phase 3 response to the pandemic letter
• Pressures on bed usage have continued. New processes have been established for admissions to PICU beds
• Progress for full implementation of all age liaison in Barnsley and Wakefield continues with go live anticipated later September/early October
• A comprehensive organisational development plan has been developed for forensic services.
• The majority of services are planned to go live with the formulation informed risk management (FIRM) tool on SystmOne at the end of September

Finance
• Interim financial arrangements in place for April through to September.
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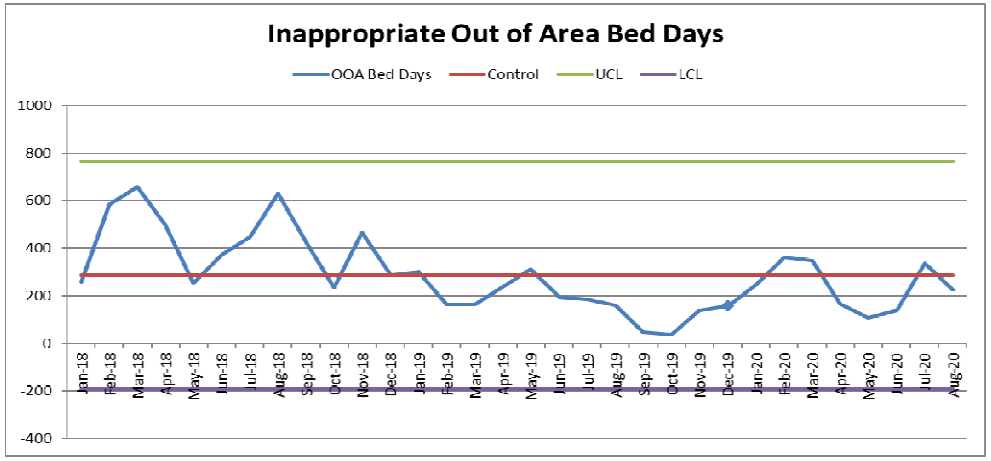
• Capital expenditure remains low at £0.5m. The forecast for the full year will be updated by the half year
• 84% of all third party invoices were paid within 7 days of receipt of goods or services, with 98% paid within 30 days.

Workforce
• As at September 22nd there were 82 staff off work as a result of Covid-19 which compares to 26 one month earlier
• Non Covid-19 sickness reduced to 3.8% in August
• Staff turnover increased to 9.1%, which remains below the level of recent years
• Compliance with training targets is reported again this month and is typically positive

Covid-19
In addition to the points identified in the sections above:
• Sufficient PPE remains in place although the continuing increase in demand for masks is resulting in a reduced level of stock. Supplies of medium size gloves are being supplemented by additional orders over and above national deliveries
• The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in
• Work on the flu campaign is underway
• All volunteers are being risk assessed using the staff risk assessment tool prior to re-introduction back into Trust services
• The Trust Opel level remains at 2
• Refresh of the Equality, Inclusion and Involvement strategy is underway and work progresses on the eight action actions on inequalities
• Enhanced support to care homes continues to be provided by the general community team in Barnsley
• Increased demand modelling taking place to support work on reset and restoration
• National guidance continues to be monitored, reviewed and adopted

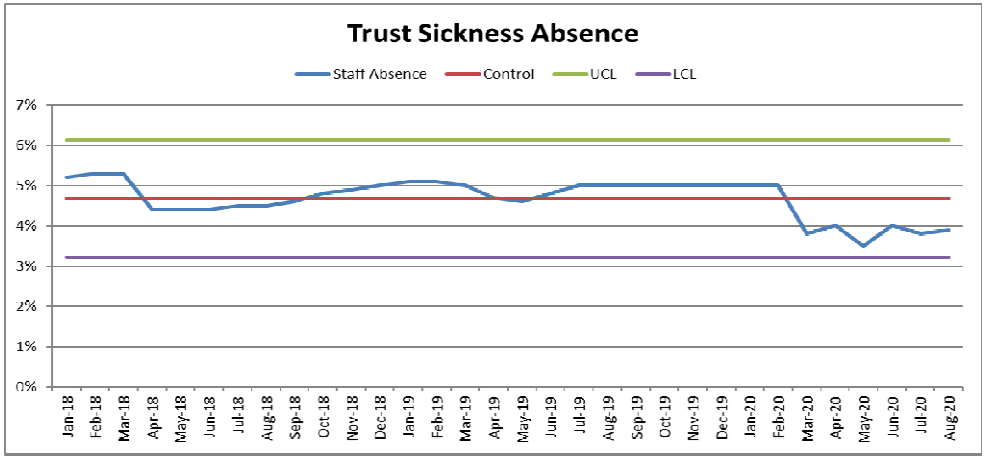
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

Inappropriate Out of Area Bed Days



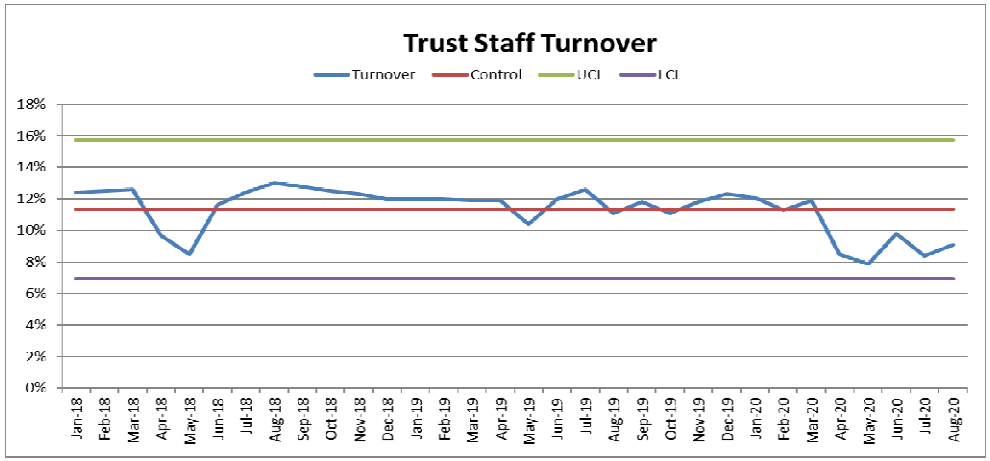
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2019 has been highlighted for this reason.

Staff Sickness Absence



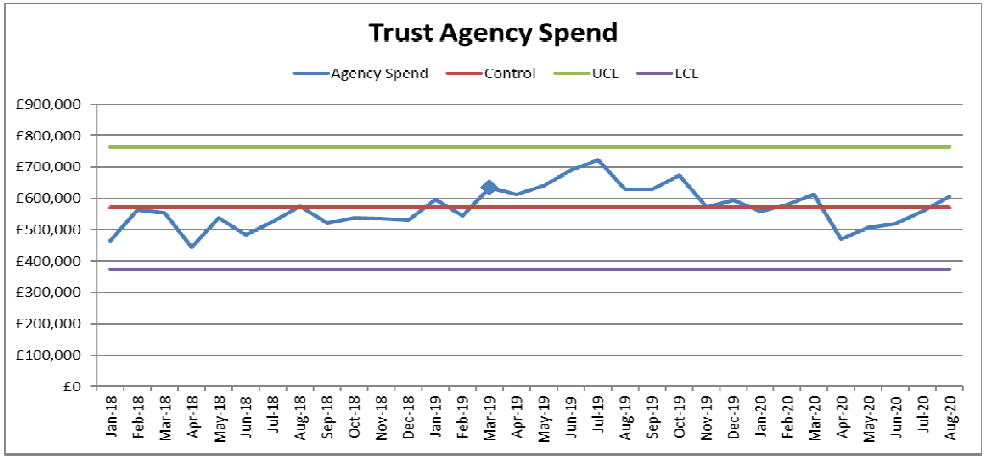
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that sickness levels are within the expected range.

Staff Turnover



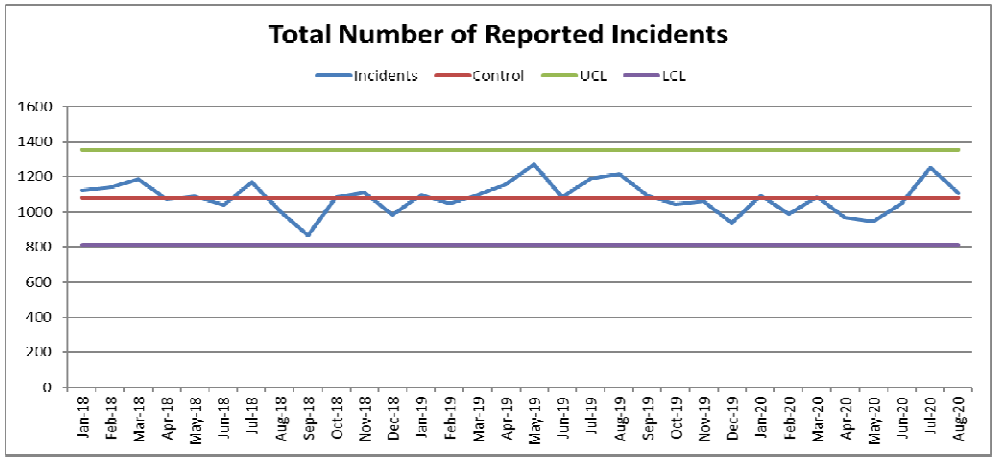
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that staff turnover levels are within the expected range.

Agency Spend



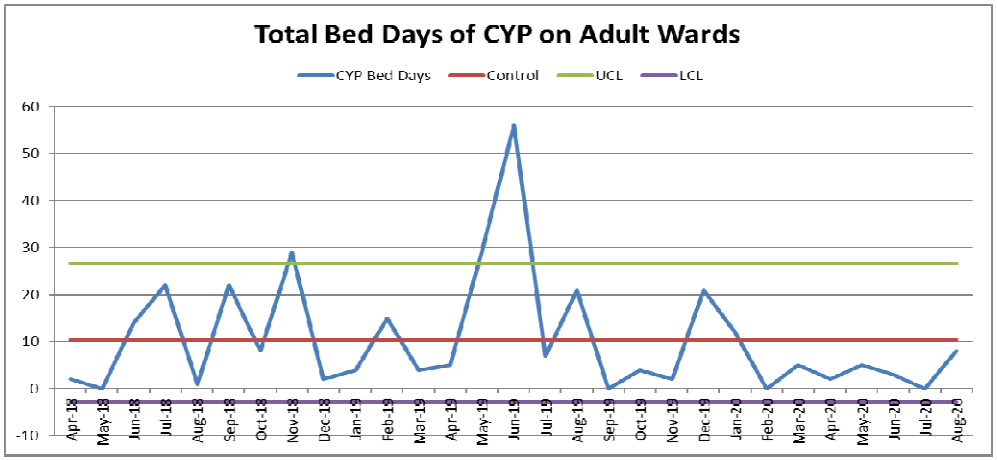
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in March 2019 has been highlighted for this reason.

Incidents



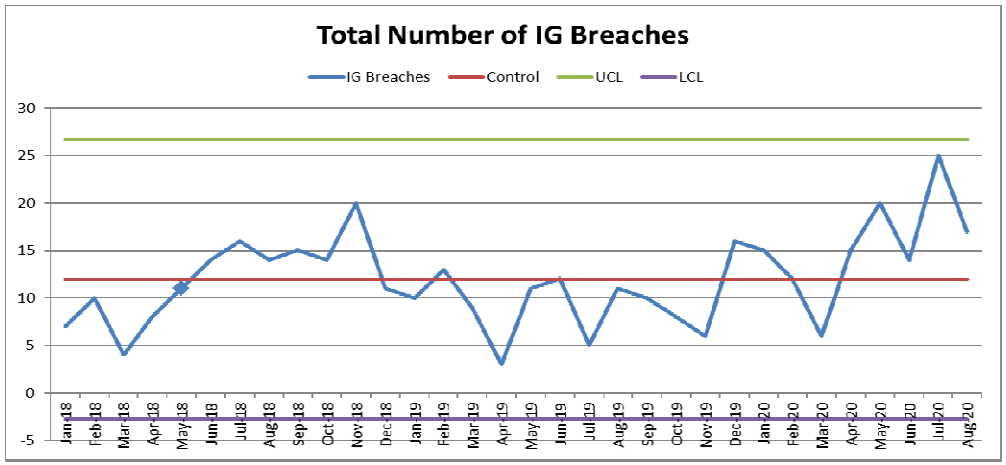
All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported incident levels are within the expected range.

Total bed days of CYP on adult wards



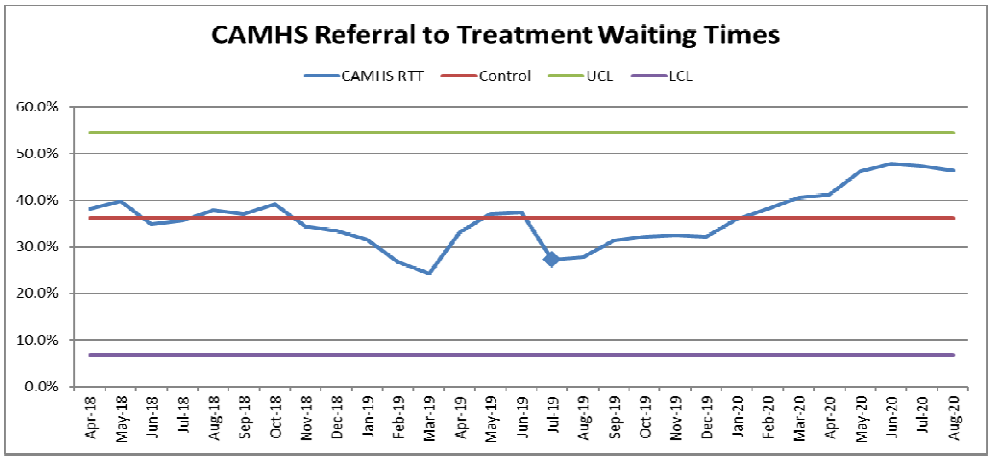
The majority of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that reported bed days are within the expected range with the exception of Nov-18 and Jun-19.

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 on GDPR.

CAMHS Referral to treatment waiting times



All of the data points remain within, and show random variation between, the upper and lower control levels. This therefore indicates that waiting times are within the expected range. The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards following a change in June 2020.

Covid-19 response

This section of the report identifies the Trusts repose to the Covid-19 pandemic and in particular the 6 items identified by Simon Stevens that are critical to being able to work through the national crisis.

Managing the clinical response

IPC response – guidance
IPC team continue to review and respond to guidance issued which is then implemented via silver command.

Patient testing & pathway/Outbreak response & management
Symptomatic patient testing is being undertaken - One inpatient symptomatic July and four sysmptomatic in August all results negative.
No outbreaks

Covid-19 clinical risk scan
Please refer to the Covid-19 related incident reporting section in the quality report

PPE position
• A delivery of a new type of FFF3 masks has taken place. Confirmation is awaited that they can be used
• Over 1,000 FFF3 masks remain in quarantine due to expiry dates and issues with smells
• Demand pressure continues for medium sized gloves and we boost our supply by separately ordering additional product via NHS Supply Chain

PPE Levels	Approx days stock as at 14-Jul	Approx days stock as at 17-Aug	Approx days stock as at 15-Sep
Surgical masks	30	22	12
Respirator masks	80	23	39
Aprons	11	8	20
Gowns	95	132	119
Gloves	28	26	24
Visors	100	115	156

Supporting our staff and staff availability

Testing approach
Current position
Patients:
• Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
• Asymptomatic takes place on admission, 5-7 day post admission and discharge (to adult care facilties) testing is being undertaken. Also testing for service users prior to going for a planned operation/ treatment/ procedures testing being undertaken through Pillar 1.
• Outbreak and hotspot management testing is provided through an internal testing route, with adequate capacity from local labs.
• Testing some mental health and general health community patients if they require admission to adult care home, or admission to hospital.
• Swabbing for outbreaks in care homes - SOP produced and commencement date to be finalised.

Staff
• Swabbing for symptomatic testing - access via pillar 2 or through internal testing route. Testing staff per and post-operative and procedures
• Hotspot outbreak management testing is provided through internal testing route, with adequate capacity from local labs.
• Trust committed to the national SIREN study, which will include fortnightly swabbing and antibody testing.
• Barnsley BDU staff that visit Over 65s carehomes are subject to weekly antigen testing.

Staff testing report – current position
All staff requiring a test continue have their details taken and are contacted to ensure a test has been sought and monitor when result received.

Results
Most of the results have been returned within one day from testing, no one has waited longer than 72hrs or their test resuts.

Future plans for testing staff
• Remain with staff testing through the national route.
• For Trust infection prevention & control (IPC) staff have oversight of the staff absence as a result of Covid-19 so they can monitor results and advise as necessary.
• Any member of staff who is unable access a national test will be considered for local testing via the nursing, quality and professions directorate

Covid-19 response

Supporting the system

The Trust continues to fully engage with the Covid-19 response in all places and systems it provides services in.

Care home support offer
- Significant support to care homes is provided from the general community team in Barnsley.
- Support includes testing (for both staff and residents), training and advice. This requires significant capacity, especially where there have been clusters/outbreaks.
- Support also includes direct care from community staff including our specialist palliative care teams , District Nurses and matrons and our out of hours nurses.
- SWYPFT is part of the mutual aid response to care homes to ensure they have adequate PPE
- Mental Health and learning disability support has also been provided into care homes across the whole of the Trust footprint to support the residents

ICS stress test and outbreak support
- SWYPFT were part of ICS stress testing workshops in both South Yorkshire & West Yorkshire as part of the place based response
- We continue to work closely with partners in outbreak support response in each of our four places
- Strong leadership from the Infection Prevention & Control (IPC) team continues so we ensure appropriate IPC measures are in place
- We provide input and support in to the communication and engagement cells in each of our places to support the covid management and outbreak response.

Standing up services

A number of areas have been highlighted in the NHS repsonse to phase 3 of the covid-19 pandemic. The Trusts position on this has been highlighted in the appropriate sections below:

Trust activity and demand (phase 3 response)
- Contact activity and referral infomration for Trust services is now included in the report for the period January 2020 to August 2020 (see pages 13 to 16). The charts at the end of this section shows activity pre covid-19, during period where the pandemic was at its peak and year to date. The Trust is generally seeing an increase in referrals back to pre-covid-19 levels across the majority of areas. Some work is being undertaken in the Trust to look at forecast surpressed demand and to review the impact this may have on services.
- This section of the report will be developed over the next few months.
- The information shown can be broken down further by individual service line. Feedback of what would be useful for Trust Board and comittee would be welcome so as to inform future reporting development.

Targets associated with meeting the mental health investment standard (phase 3 response)
The report already includes key performance indicators for improving access to psychological therapies(IAPT) and early intervention in psychosis (EIP). Work will be undertaken in the October version of the report to outline the Trusts position against the mental health investment standard incuding IAPT, EIP and perinatal services.

IAPT targets
- A number of metrics are already reported in the locality section of the report.

Chidren and Young People access measures
- Work is taking place to validate the local data related to this - it is anticipated data will be avalable in next months report.

8 urgent actions to address inequalities
The Trust is identifying means of determining how it can report progress against the eight urgent actions for addressing inequalities, recognising that a step-change in recording of information and both interpreting and reporting is required. The eight urgent actions focus on:

1. Protecting the most vulnerable from Covid-19 with enhanced analysis and community engagement
2. Restoring NHS services inclusively
3. Developing digitally enabled care pathways in ways which increase inclusion
4. Accelerating preventative programmes which pro-actively engage those at greatest risk of poor health outcomes
5. Particularly supporting those who suffer mental ill-health
6. Strengthening leadership and accountability
7. Ensuring datasets are complete and timely
8. Collaborating locally in planning and delivering action

A number of activities are already in place and other actions have been identified in order to meet these priorities. A group has met to identify which data sources already exist and where additional information is required, either internally or externally. This group will meet again early October, with the aim of providing more information in the IPR with regard to how we are performing against each of the actions. Tim Breedon is the confirmed executive director lead. In addition to the work being carried out internally the Trust is working with partners in all places to respond to this challenge.

Staff Health & Well Being
- To ensure the health, safety and wellbeing of our workforce a comprehensive risk assessment has been completed for all BAME colleagues, pregnant staff, staff who have been shielding and over 70s. All Trust employees and bank only colleagues have been offered a risk assessment. A self-assessment questionnaire has been circulated to all staff which indicates their personal risk level, those in medium/high risk levels are offered a full risk assessment . Over 4000 colleagues have completed either a full risk assessment or a self assessment. In addition, we have maintained contact with all shielded staff via Trust managers and an Occupational Health well-being check. We also have a working from home/MSK risk assessment process.
- To accelerate preventative programmes for our workforce who are at greatest risk of poor health outcomes we have established a BAME health and wellbeing taskforce and have invested in our Occupational Health service by appointing a Health and Wellbeing practitioner for the BAME workforce. We also offer our colleagues support to maintain a healthy weight and offer smoking cessation support. There is a robust plan for this year's flu vaccination in place and the Trust has met its targets for vaccinations in previous years. The Trust has conducted our wellbeing at work survey with Robertson Cooper to inform our planning. We have a number of staff networks which support the Trust to address health inequalities and improve staff experience.
- To support our colleagues who experience mental ill health we have an in house Occupational team including advisors, mental health nurse and an Occupational Therapist. We also provide an in house staff counselling service providing a range of therapies.

Flu vaccinations
- Work on the Flu campaign is undeway within the Trust. Uptake figures will become available as soon as the immunisation programme commences.

Volunteers
- All volunteers are being risk assessed using the staff risk assessment tool prior to reintroduction back into Trust services
- Currently we have 176 volunteers, 7 are active and a further 47 are waiting to be processed or have been placed on hold

Operational services delivery update
Please refer to the localities section of the report

Workplace risk assessments
- Environmental risk assessments have been carried out across the Trust, including the identification of Covid secure locations

EPRR update inc Opel levels
- The command structure remains in place with a number of weekly meetings reflecting the current phase of the pandemic
- The Trust remains at Opel level 2

Covid-19 response
Restoration and reset

Key priorities and progress made

- Review and revise governance systems in light of learning from covid. Learning from Covid has been pulled together and shared with each subcommittee of the Board
- Progress the identified clinical priority areas for restoration and reset
- Evaluate estate requirements and capacity in light of health & safety restrictions
- Work with partners in each place as well as both ICS systems to support restoration and recovery in each place
- Evaluate the new clinical models and digital approaches that we have used during the pandemic. Recovery planning toolkit developed, agreed and now being used
- Continue work to ensure this is great place to work
- Deliver the requirements in the phase three planning guidance. Work has been undertaken to analyse and plan for the requirements in phase three
- Review the priority programmes for the next phase and develop scopes and key metrics. Priority programmes reviewed and proposals developed for the next phase. These have been shared with EMT and will be discussed with the Board in September

Race equality response

- Our refresh of the Equality, Inclusion and involvement strategy and Trust Approach is already underway - Integrated systematic approach underpinned by involvement since October 2019
- Leadership and Stronger governance /delivery structure
  - Board leadership
  - E&I committee and Task Force
  - BAME workforce Task Force
  - BAME Network participation in Task Force
- Strengthened our processes to capture insights, data, impact and informed decision making
  - WRES/WDES/EDS2 – Action Plans currently being updated based on NHSE/I requirement templates
  - Covid19 Trust wide EIA and action plan
  - Covid19 Trust wide intelligence tool
  - EIA quick decision tool to support decision making and change
  - EIA form and intelligence supported decision making in Silver command structure
  - Equality and Engagement team as advisors in silver command – Latter from July 2020
  - EIA and insight work from strategy refresh to inform Priority programmes and planning as part of stabilisation and recovery
  - Mapping representation in meetings (awaiting data)
- Targeted and accessible communications, messaging and materials
  - Translation services promoted – translated COVID19 materials
  - Use of easy read materials developed and promoted
  - Website and intranet tools
  - Targeted messages to communities

Digital response

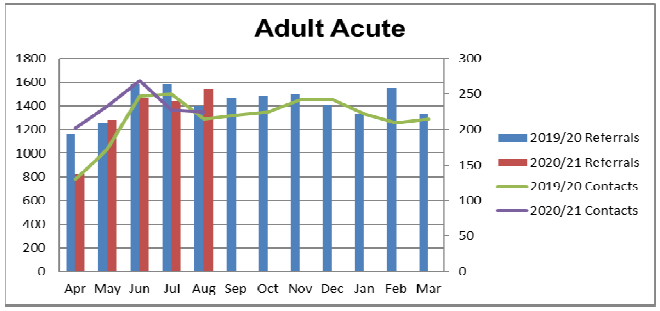
- Service desk calls back to operational BAU levels following Covid-19 increased volumes
- Over 1,000 additional VPN licences provided to enable staff to continue to work remotely
- High continued usage of Microsoft Teams across the Trust
- The number of video consultations taking place each week remains above 150, with the vast majority taking place via AccuRX
- The average number of VPN connections taking place each day during August reduced by almost 400, suggesting an increase in the number of staff returning to the workplace and the impact of the summer holiday season.

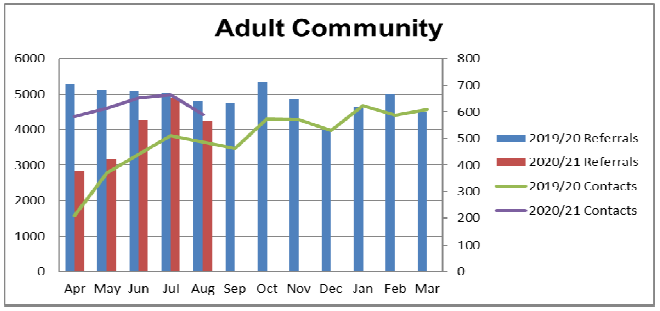
Digital - Summary Metrics	Apr	May	Jun	Jul	Aug
Total numbers of tickets logged with service desk:	5,914	4,186	4,424	4,849	4,539
Total phone calls to service desk:	2,733	1,644	1,744	2,176	2,503
Number of SystmOne tickets (day to day system requests/amendments):	321	320	298	381	375
Number of smartcard related tickets:	367	308	296	407	251
Additional VPN licences since March	888	937	1,003	1,024	1,043
Average number of daily VPN connections	2,674	2,430	2,731	2,347	1,958
Microsoft Teams - meetings participated	10,535	7,201	15,450	14,604	14,701
Airmid video consultations (average/week)	54	187	15	5	1
AccuRX video consultations (average/week)	0	146	111	148	164

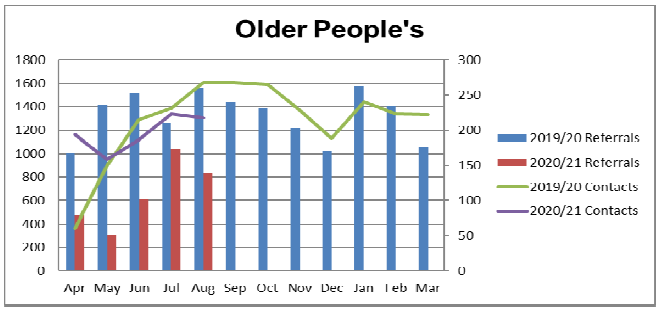
Trust activity and demand (phase 3 response)

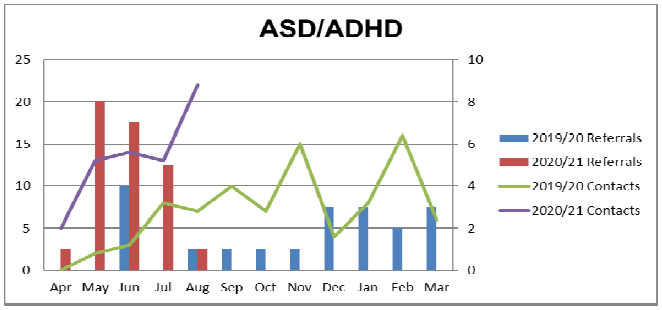
This section identifies historic and recent referral and contact information to help demonstrate better the impact of Covid-19 and progress against restoration and reset of services. Similar information is provided for each of the main places in which we provide services. What is evident in most services to varying degrees is the reduced level of referrals and contacts at the outset of the pandemic, building up again as the year progresses. Separate work is taking place to better understand supressed demand and how that may impact on resources and service delivery in the coming month.

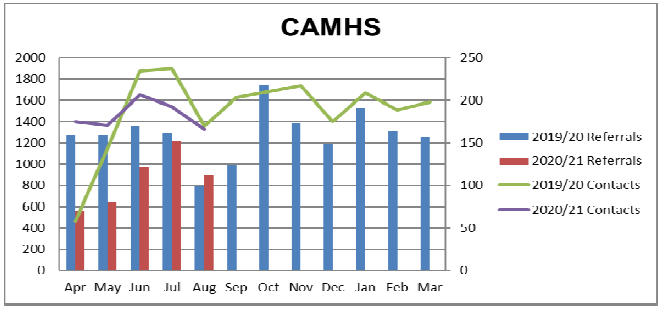
Barnsley Activity

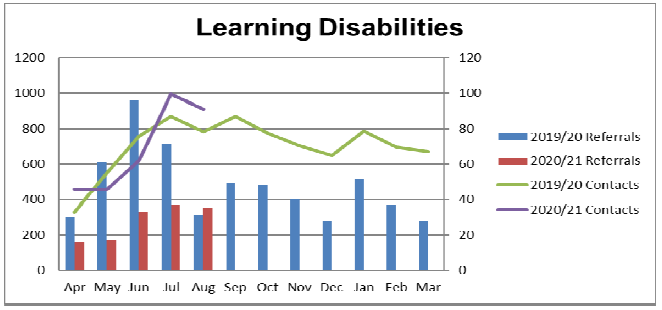


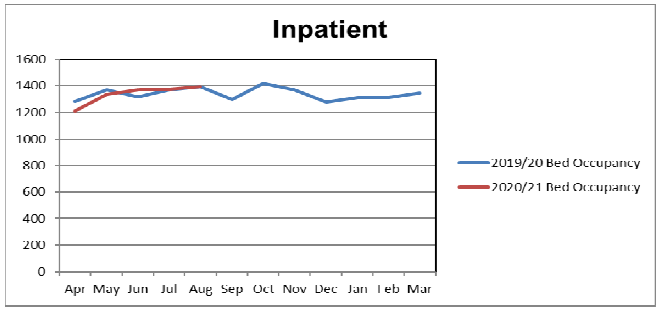


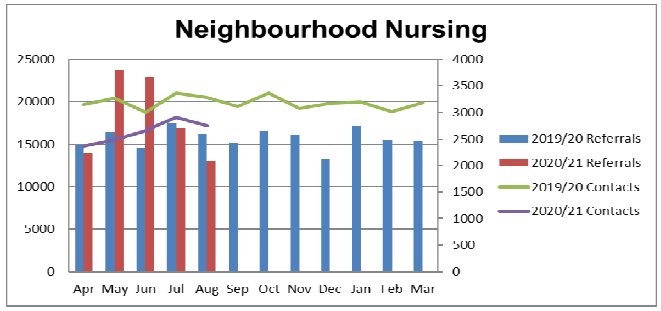






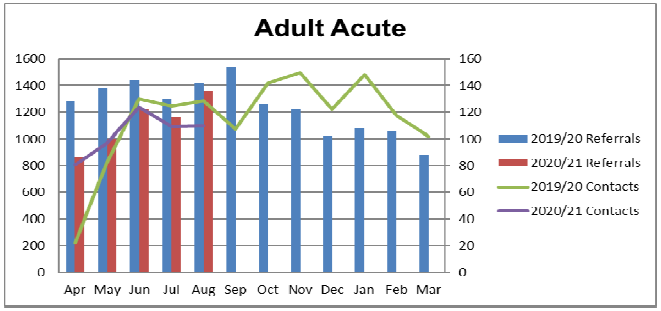


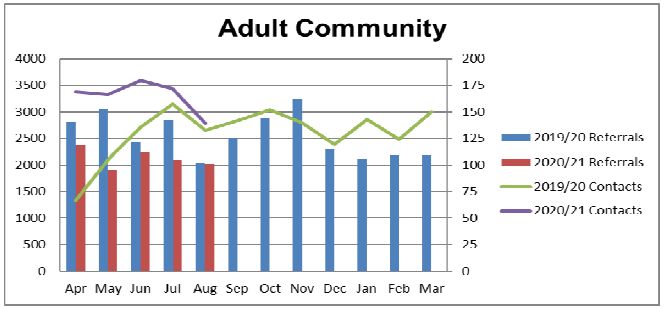


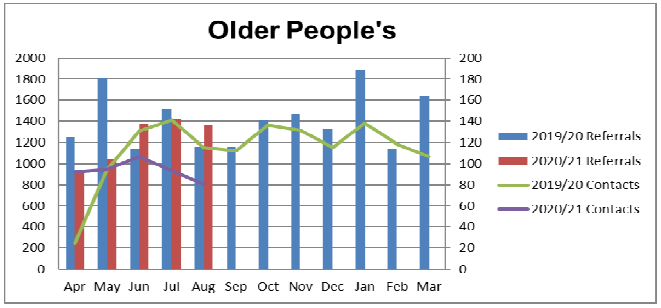


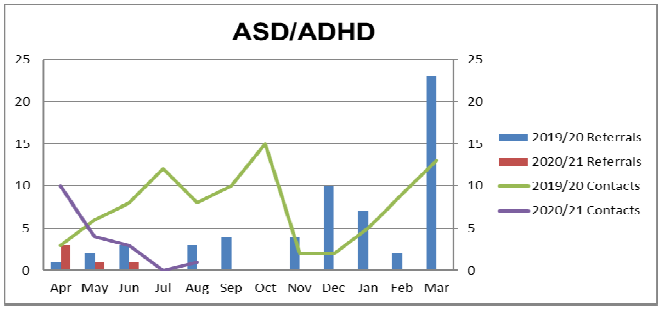
Trust activity and demand (phase 3 response)

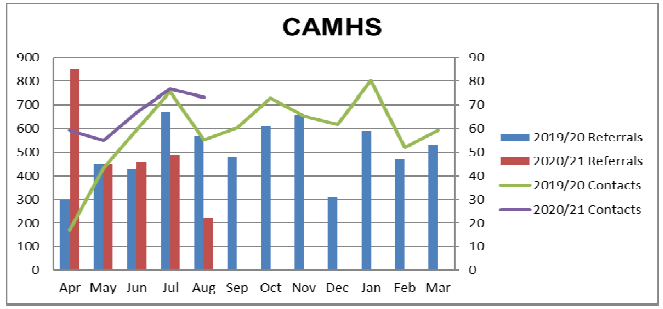
Calderdale Activity

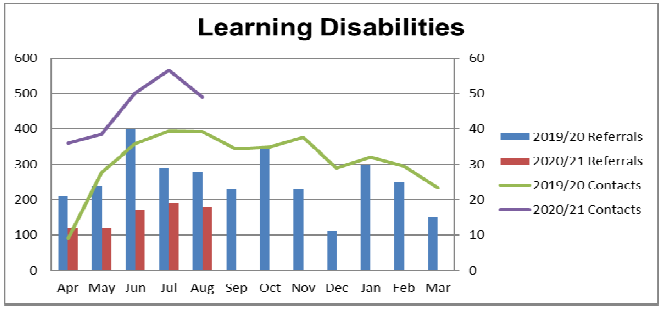


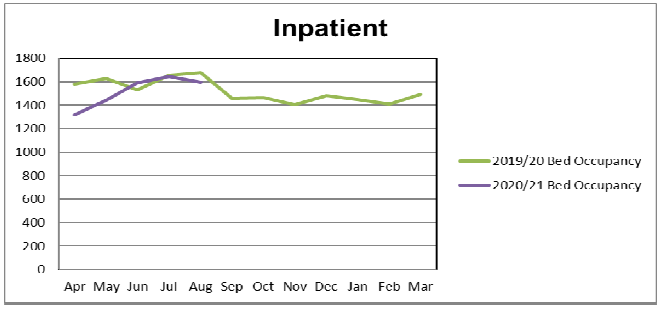






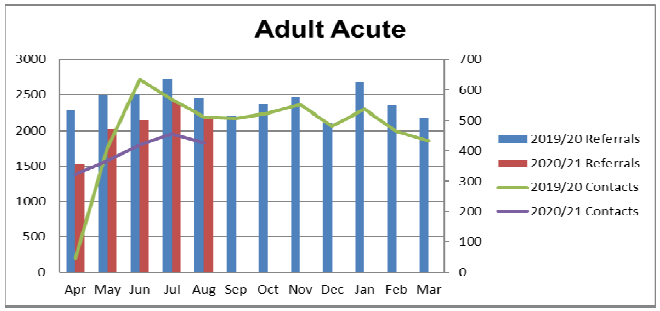


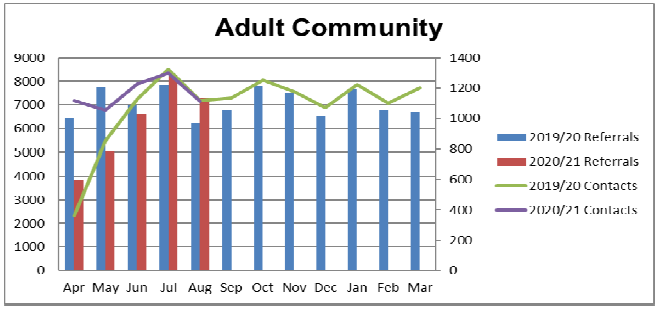


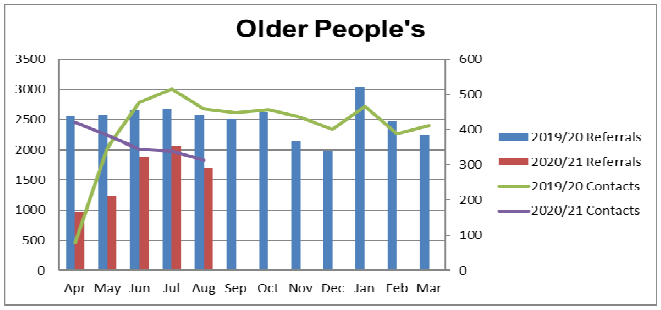


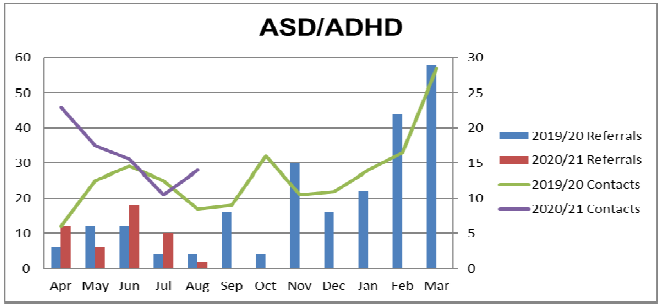
Trust activity and demand (phase 3 response)

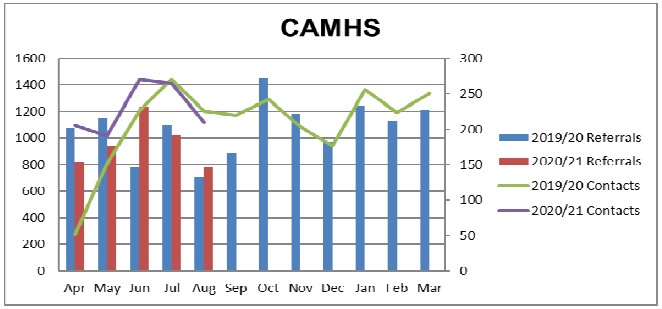
Kirklees Activity

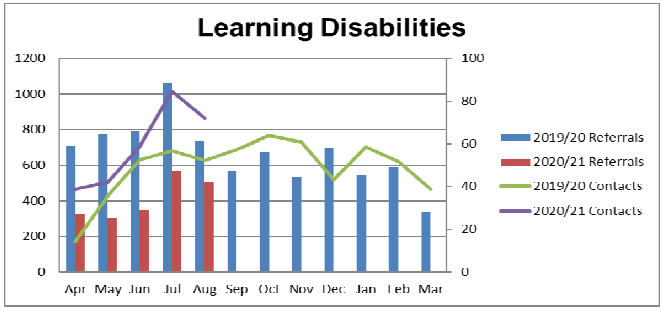


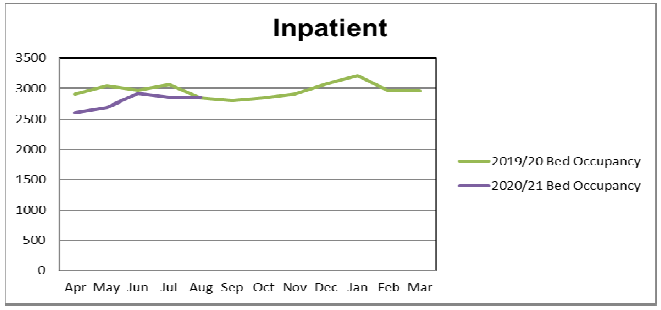








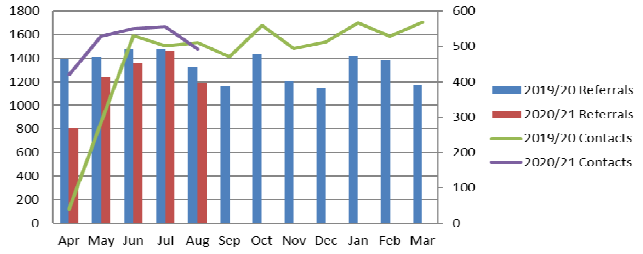




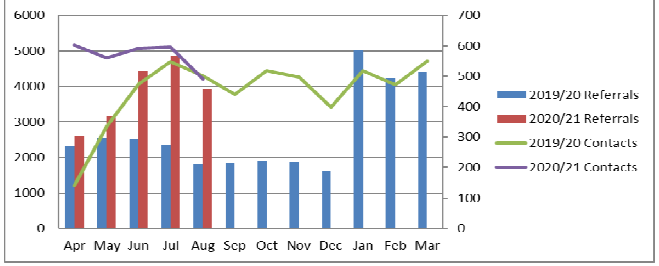
Trust activity and demand (phase 3 response)

Wakefield Activity

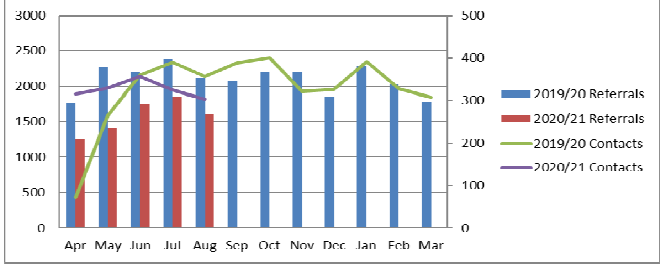
Adult Acute



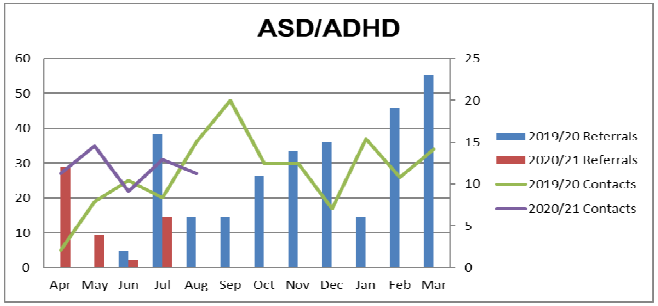
Adult Community



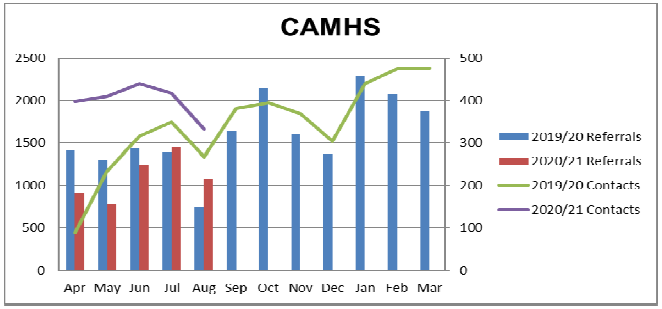
Older People's



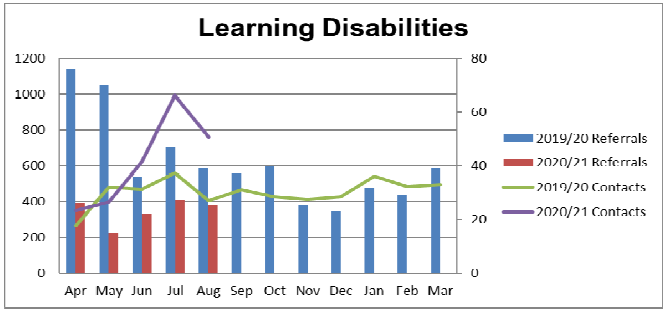
ASD/ADHD



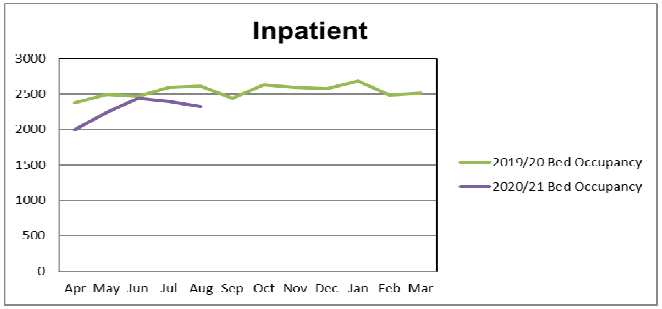
CAMHS



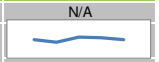
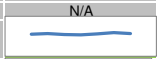
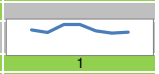
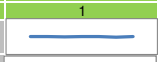
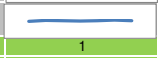
Learning Disabilities



Inpatient



Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Improving Health	Responsive	CH	TBC	38.1%	40.6%	41.1%	46.2%	47.8%	47.4%	46.3%	N/A
Complaints	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	18% 4/22	15.0%	10.0%	0% 0/14	17% 5/29	12% 3/25	30% 8/27	1
	Number of compliments received	Improving Health	Caring	TB	N/A	17	11	13	13	41	34	18	N/A
	Number of Duty of Candour applicable incidents [4]	Improving Health	Caring	TB	trend monitor	19	295 incidents during 19/20	39	33	20	52	Due Oct 20	
	Duty of Candour - Number of Stage One exceptions [4]	Improving Health	Caring	TB	trend monitor	11		2	2	1	2		N/A
	Duty of Candour - Number of Stage One breaches [4]	Improving Health	Caring	TB	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	12	6	15	20	14	25	17	2
	Delayed Transfers of Care [10]	Improving Care	Effective	CH	3.5%	1.8%	1.9%	2.0%	1.7%	1.4%	1.0%	0.7%	1
	Number of records with up to date risk assessment - Inpatient [11]	Improving Care	Effective	CH	95%	81.5%	82.7%	90.4%	91.5%	89.4%	84.3%	Due Oct 20	N/A
	Number of records with up to date risk assessment - Community [11]	Improving Care	Effective	CH	95%	69.8%	83.9%	71.2%	83.3%	79.1%	70.0%	Due Oct 20	N/A
Quality	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	990	1086	968	945	1047	1254	1107	
	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	15	17	32	27	30	25	24	
	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	4	1	1	3	3	7	4	
	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	4	2	1	6	9	6	6	
	MH Safety thermometer - Medicine Omissions [15]	Improving Care	Safety Domain	TB	*17.7%*	18.0%	11.6%	No longer available					2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	108.0%	109.9%	115.1%	119.4%	123.3%	120.5%	118.0%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	89.4%	88.9%	95.7%	94.3%	93.9%	90.9%	88.6%	
	Number of pressure ulcers (attributable) [1]	Improving Care	Safety Domain	TB	trend monitor	36	31	46	46	34	30	32	
	Number of pressure ulcers (avoidable) [2]	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less [8]	Improving Care	Safety Domain	CH	80%	94.5%	94.5%	93.0%	91.5%	90.0%	80.0%	94.5%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	47	44	38	45	46	35	48	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	97	147	121	111	137	188	138	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	83.9%	90.0%	95.3%	91.5%	90.2%	87.8%	84.4%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1

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

1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. Target only applicable to breaches.
5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.
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 e.g. 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.
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.
15 - The medicine omissions data was taken from the NHS Safety thermometer tool. This data collection ended at the end of March 20 and therefore data for this metric is no longer available.

Quality Headlines

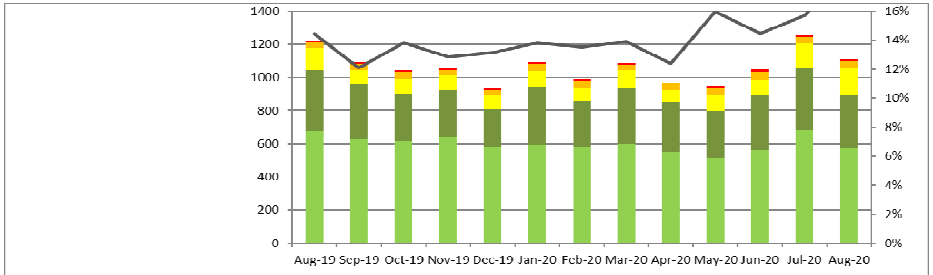
Please see the points below for indicators that are performing outside expected levels or where additional supporting information is available.
• Number of restraint incidents - the number of restraint incidents during August reduced to 138 from 188. Further detail can be seen in the managing violence and aggression section of this report.
• NHS Safety Thermometer - medicine omissions. It has been decided by NHS Improvement that the safety thermometers are to cease being used and they are currently working on a replacement. Therefore staff no longer need to collect monthly data or input onto the national site. Alternative patient safety measures are being explored.
• Number of falls (inpatients) – An increase in reported incidents in August compared to July increasing from 35 to 48 . All falls are reviewed to identify measures required to prevent reoccurrence and more serious falls are subject to investigation.
• Staffing fill rates are provided for the last 2 months where new planned staffing in acute mental health wards is included and fill rates measured against these.
• Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances.
• Duty of candour - there were no breaches

NHS Improvement consultations and developments for the NHS patient safety strategy have been suspended.
Guidance has been received from NHS Improvement regarding changes to patient safety activity during Covid-19.
During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received significant assurance. A number of actions have been identified and an action plan is in development. The actions are summarised below and focus on clarifying:
• Responsibilities for completion of the degree of harm field and timeliness of reviewing incidents
• Policy terminology and definitions to ensure they align with Datix (e.g. closed date, near miss definition, Green1 (no harm) severity)
• Investigation timescales for incidents of all grades, and where relevant, how we manage investigation extensions.
• Level of performance information in clinical risk reports for Operational Management Group (OMG).

Safety First

Summary of Incidents August 2019 - August 2020

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



	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
Red (should not be compared with SIs)	4	10	9	12	14	11	13	11	5	9	13	11	9
Amber	34	39	41	31	26	47	41	30	35	41	48	41	38
Yellow	138	83	94	93	83	93	80	110	80	101	90	145	165
Green	365	331	284	283	229	347	276	338	301	280	336	373	317
Green no harm	676	629	616	639	584	596	580	597	547	514	560	684	578
Total	1217	1092	1044	1058	936	1094	990	1086	968	945	1047	1254	1107
Percentage of total that are Red/Amber/Yellow *	14.5%	12.1%	13.8%	12.9%	13.1%	13.8%	13.5%	13.9%	12.4%	16.0%	14.4%	15.7%	19.2%

Degree of harm analysis:

Degree of harm will be updated when more information emerges. The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could potentially be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added the outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and the data was accurate at the time of extraction (09/09/20).
Deaths: of the 6 deaths recorded, there are 4 Deaths that are awaiting confirmation of cause of death for decision regarding level of review. The other 2 deaths are categorised as, Suicide (incl apparent) - community team care - current episode.
Severe harm: There were 4 severe incidents recorded. These are Administration/supply of medication from a clinical area (Yorkshire Smoke Free Team-Doncaster), Self-harm (actual harm) with suicidal intent (Ashdale ward), Child Protection – other (CAMHS Calderdale Team) and Pressure Ulcer - Category 3 (Neighbourhood Team - Penistone Barnsley)
Moderate harm: There have been a total of 24 incidents recorded for August 2020 as moderate degree of harm. These have been analysed and these are across a range of incidents, with no particular patterns or trends. Degree of harm will be updated when more information emerges and incidents are approved, so the position may change. Pressure ulcers continue to be the highest category of moderate harm incidents with 9 incidents (all Neighbourhood Nursing, Barnsley). There are no particular patterns or trend. There was 1 Tissue viability – other incident recorded for Neighbourhood Team - North (Barnsley).
There were 7 self-harm incidents (2 incidents recorded at Intensive Home Based Treatment Team Wakefield ops , 1 incident recorded by Core Team - Barnsley , 1 incident recorded by Single Point of Access (Kirklees), 1 incident recorded by Intensive Home Based Treatment Team, 1 incident recorded by Clark Ward – Barnsley and 1 incident recorded by Assessment and Intensive Home Based Treatment Team / Crisis Team – Calderdale.
1 Unconfirmed self-harm (reported by self/3rd party) incident recorded at Intensive Home Based Treatment Team (IHBTT) – Wakefield.
1 Mental Health Act incident recorded by Mental Health Act team and 1 unwell/illness incident recorded at Clark Ward - Barnsley
There was 1 Physical violence incident (contact made) against patient by patient. This was recorded at Melton PICU, Barnsley.
There were 2 Slip, trip or fall – patient incidents recorded In Clark Ward – Barnsley and Nostell Ward. There was 1 Assessment, treatment and intervention issues incident recorded Clark Ward – Barnsley.
Degree of harm will be updated when more information emerges and incidents.

** 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

	20/21 Q1	20/21 Q2 (July &Aug)	19/20 Q3	19/20 Q4	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20
Administration/supply of medication from a clinical area	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	2	0	1	0	0	0	0	1	0	0	0	0	0	0	2
Death - confirmed from physical/natural causes	1	0	1	1	0	0	0	1	1	0	0	0	0	1	0	0
Information disclosed in error	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Security - Other	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Self harm (actual harm) with suicidal intent	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Slip, trip or fall - patient	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
Substance Misuse	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0
Suicide (incl apparent) - community team care - current episode	3	2	4	8	3	2	1	1	4	2	2	0	2	1	0	2
Suicide (incl apparent) - community team care - discharged	1	0	1	0	0	0	0	1	0	0	0	0	0	1	0	0
Suicide (incl apparent) - inpatient care - current episode	0	1	0	1	0	0	0	0	1	0	0	0	0	0	1	0
Unintended/Accidental injury	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Physical violence (contact made) against staff by patient	0	0	1	2	0	0	1	0	1	1	0	0	0	0	0	0
Physical violence (contact made) against other by patient	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Pressure Ulcer - Category 3	2	1	1	0	1	0	0	1	0	0	0	0	0	2	1	0
Total	9	10	8	15	4	2	2	4	9	4	2	0	4	5	3	7

- Incident reporting levels have been checked and remain within the expected range.
- Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
- Reporting of deaths as red incidents in line with the Learning from Healthcare Deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
- All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.

See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx

- Risk panel meets weekly and scans for themes that require further investigation. Operational Management Group continues to receive a monthly report, the format and content is regularly reviewed.

Mortality

Learning: Planning to recommence thematic learning work during Q3.
Regional work: Northern Alliance meeting held virtually on 11 September 2020.
Reporting: Next reporting will be Q2 learning from deaths report within incident quarter 2 report. Learning from deaths summary included in annual incident report available on intranet. http://nww.swyt.nhs.uk/incident-reporting/Pages/Incident-management-annual-report.aspx
Structured judgement reviews: allocation on track

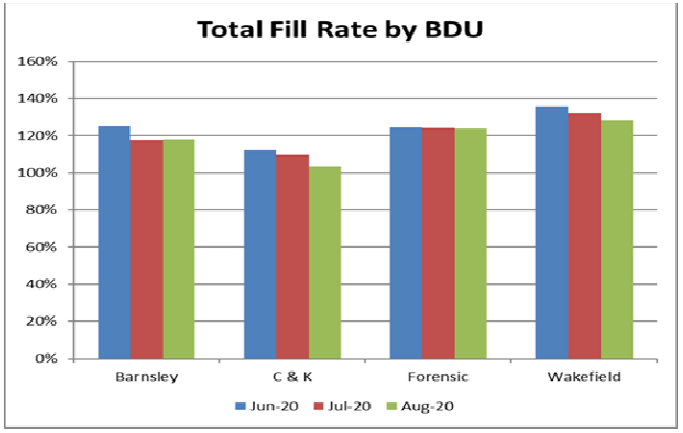
Safer Staffing Inpatients

In August 2020 we continued to return to the delivery of services that were temporarily curtailed due to the pandemic. BDU and team business continuity plans have remained resilient in the face of significant challenges. Staffs have been returning to their substantive roles and the continuation of their responsibilities. We continue to offer modified mandatory online training, ensuring staff are taking their annual leave as well as having access to a suite of wellbeing information and resources. We continue to utilise the temporary staffing workforce as well as overtime and time owing to cover our inpatient areas. As of 30/08 we have 683 bank staff of which 348 have been active in the last 8 weeks. We have also embarked on a new provider for all our Allied Health Professional locum needs which will be closely monitored. The next recruitment drive for bank is due to close at the end of September to try and reduce the number of agency staff being utilised.

Again, no ward has fallen below the 90% overall fill rate threshold in August. Of the 31 inpatient areas, 24 (76.8%), a decrease of three wards on the previous month, achieved greater than 100%. Indeed, of those 24 wards, 14 (an increase of one ward) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

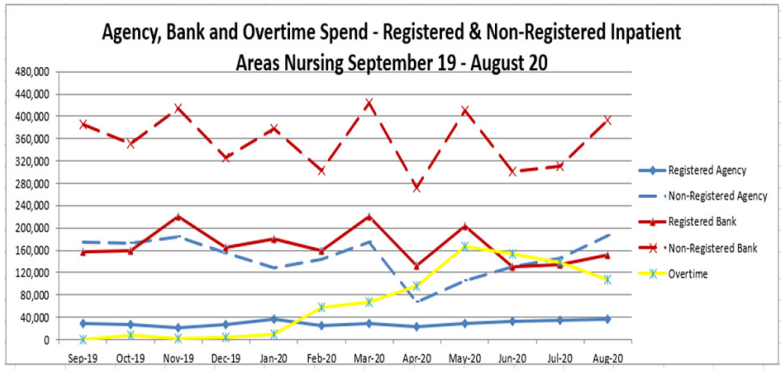
Registered on Days -Trust Total 80.5% (a decrease of 3.3%). The number of wards that have failed to achieve 80% registered nurses increased by two to 14 (44.8%). Eight wards were within the Forensic BDU, two in Wakefield, one in Barnsley and four in Calderdale and Kirklees. Although our overall fill rates remain high, all inpatient areas remain under pressure from a registered staffing perspective. This is often compensated by increasing the number of HCAs per shift. Contributory factors included high levels of acuity, high sickness/absence and existing vacancies. Tailored localised adverts are proving beneficial to recruitment of band 5 RNs with some success in both Calderdale and Kirklees. This will continue going forward with bespoke adverts for hot spot areas. We are expecting at least 45 new band 5 starters from September onwards which will positively impact the qualified fill rates.

Registered on Nights- Trust Total 96.7% (a decrease of 1.2%). Three wards (9.6%), an increase of one on the previous month, fell below the 80% fill rate in the month of August. Two were within the forensic BDU and the other. This was due to a number of reasons reflective of the reasons in the section above. The number of wards who are achieving 100% and above fill rate on nights decreased by three to 18 (57.6%). Two wards utilised in excess of 120% and again both were in the Forensic BDU. This had to do with them increasing the RN numbers to facilitate a team leader. Overall fill rate for registered staff reduced by 2.25 to 88.6%.



Ward Name	Jun-20 Average Fill Rate - All Staff (%)	Jul-20 Average Fill Rate - All Staff (%)	Aug-20 Average Fill Rate - All Staff (%)
Beamshaw	120.5%	111.4%	100.8%
Clark	99.5%	104.2%	122.7%
Melton Suite PICU	119.3%	123.8%	119.2%
Neuro Rehab Unit	112.9%	143.4%	118.3%
Stroke Rehab Unit	122.2%	120.2%	115.2%
Willow Ward	122.1%	105.5%	107.6%
Ashdale	102.1%	105.0%	101.1%
Beechdale	118.0%	153.7%	111.2%
Elmdale	105.8%	102.7%	97.5%
Enfield Down	100.7%	99.6%	97.7%
Lyndhurst	116.8%	108.0%	99.0%
Ward 18	130.4%	109.5%	102.5%
Ward 18 - Female	110.0%	100.0%	94.7%
Ward 18 - Male	116.8%	112.5%	101.1%
Appleton	98.3%	98.5%	93.2%
Bronte	136.2%	135.3%	129.0%
Chippendale	100.0%	98.8%	100.8%
Hepworth	160.2%	143.2%	162.6%
Gaskell	170.4%	174.7%	175.1%
Newhaven	108.3%	107.9%	91.9%
Priestley	99.8%	98.0%	92.2%
Ryburn	109.5%	104.0%	107.6%
Suzuki	136.5%	143.8%	129.1%
Thornhill	107.3%	114.9%	123.3%
Wharfedale	126.9%	123.2%	121.0%
Crofton	122.1%	108.7%	105.5%
Horizon	110.4%	116.5%	128.1%
Nostell	134.5%	127.2%	124.1%
Poplars	136.3%	144.0%	131.0%
Stanley	149.3%	152.3%	136.5%
Walton PICU	122.1%	127.0%	136.5%
All Wards	120.5%	120.3%	118.0%

Fill Rate Key for All Staff:	
	Less than 90% fill rate
	Greater than or equal to 120% fill rate



Throughout the last month the main wards where staffing was a raised concern were Ashdale, Ward 19, Bretton Centre and Newton Lodge. Shifts were picked up quickly and the fill rate of requested flexible staffing shifts remained high as can be seen in the figures below.

Categories	No. Of Shifts	Total Hours	Unfill Percentage
Registered	317	3,352.50	31.89%
Unregistered	324	3,572.50	10.08%
Grand Total	641	6,925.00	15.07

We are continuing to target the areas above within our recruitment campaigns, block booking and prioritisation within bank booking. However, this does vary on a weekly basis dependent on acuity and clinical need.

Financial Impact

Below shows the impact of an increase in the usage of bank/OT/excess hours on agency spend.

The overall spend, and usage of, bank and agency has increased in August with several things impacting on this figure including higher acuity being felt on the ward, staff taking their leave, sickness levels and vacancies.

Bank spend has increased by almost £100K, Overtime decreased by around £22K whilst agency spend has increased by approximately £14K.

Information Governance

The number of confidentiality breaches reduced from 25 to 17 month on month. This remains above historical levels. During the month the number of incidents where information was disclosed in error decreased from 17 to 12. Examples include letters for service users sent to different service users, personal data left unsecured, emails sent to the wrong addresses and verbal disclosures over the phone. An updated communications plan has commenced which highlights the impact on individuals when personal data breaches occur.

Commissioning for Quality and Innovation (CQUIN)

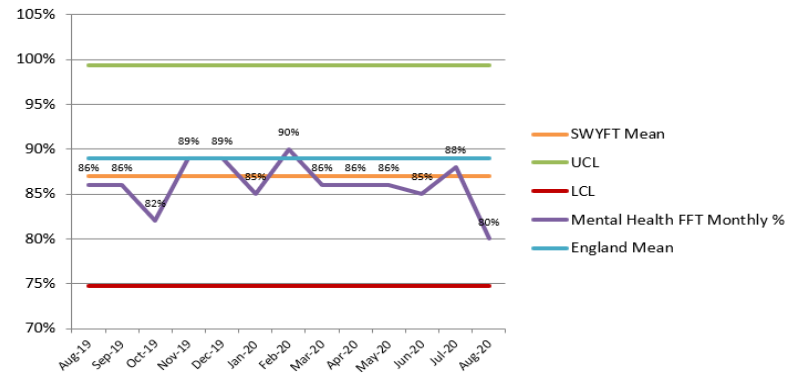
Schemes for 20/21 have been suspended during the Covid-19 pandemic period.

Patient Experience

Friends and family test shows

- 95% of respondents would recommend community services.
- 80% would recommend mental health services.

Mental Health Services



Community Services

- 87% (n=545) of respondents felt that their experience of services had been very good or good across Trust services.
- 95% (n=248) of respondents felt that their experience of community services had been very good or good across community services.
- 80% (n=297) of respondents felt that their experience of mental health services had been very good or good across mental health services.
- 28/297 respondents rated services as poor/ very poor. No themes were identified.
- Text messages provided 44% of the responses in July.

The Friends and Family Test launched new question in April 2020. This is our first moth reporting on the new question with its new responses:

Thinking about the service we provide. Overall, how was your experience of our service?
Very good, good, neither good nor poor, poor and very poor.

Care Quality Commission (CQC)

CQC inspection and MHA visits

CQC have not undertaken any routine inspections of our core services in line with their regulatory approach during the pandemic. They continue to focus on higher risk services using the Emergency Support Framework. However, they have made it clear that they could visit a service at any time if they had concerns. It is anticipated that the number of routine inspections will increase as the year progresses. During our recent engagement meeting with CQC we were also told that the identification and management of ligature risks will have more focus as part of well-led reviews, particularly in relation to facilities and estates.

CQC are continuing to carry out a number of MHA visits of our inpatient services via remote working.

CQC improvement plan

We are continuing to receive our monthly improvement plan updates. Teams have been made aware that some of the timescales for completion of the actions have been extended due to the pandemic.

We have also stood back up a number of quality improvement initiatives that are linked to the CQC 'must' do and 'should' do actions.

Recent monthly updates have shown that there are an increasing number of actions that have now been completed. A summary of how actions are progressing is outlined in the table below:

		August 2020	
		MUST (n =12)	SHOULD (n=37)
Blue		2 (17%)	18 (46%)
Green		10 (83%)	19 (51%)
Green	Amber	0	0
Amber	Red	0	1 (3%)
Red		0	0
Total		12	37

The amber/red issue was related to CAMHS and recording of clinical equipment checks. Within the September update it will show that this action has now been completed.

CQC engagement meeting

We are continuing to hold regular CQC engagement meetings via Microsoft Teams. We recently held one of these meetings on 9 September. During this meeting CQC explained there is an increased likelihood of site visits taking place, especially MHA visits. They acknowledged they would need to consider how they would do these visits in order to minimise any risks from COVID-19. For example, they discussed the possibility of looking at a sample of documentation in a separate area away from the ward to help to minimise any risks from spending time on the ward and to reduce the impact on staff time to assist the inspector whilst looking through the records. They also spoke about the possibility of using designated areas to interview people. It is unlikely CQC would conduct a tour of the environment unless there were specific concerns related to this. CQC also told us that in most cases visits will be announced, however, there may be occasions when visits are unannounced.

CQC also asked for our opinions on the shortened reports from MHA remote visits. We provided feedback that staff liked these reports and also spoke positively about the verbal feedback that the CQC MHA Inspector provides at the end of visits.

CQC strategy

CQC are doing some transition work in preparation for their new planned strategy which they are hoping to implement from May 2021. They have been speaking with service users, providers and other stakeholders to gain their views about how future regulation should look. CQC hinted that the new model would focus on a systems led approach and strong collaborative working. They also told us it is likely that future inspections will be smaller and targeted rather than being large comprehensive inspections that have happened in the past. Site visits will continue in the future as will regulation and the use of ratings.

Provider collaboration reviews

The CQC have undertaken 11 provider collaboration reviews on services for over 65's which has tested the approach. The next reviews will be around urgent and emergency care and then followed by:

- Cancer
- Learning disability and autism
- Mental health

All will look at inequalities with a focus on BAME within each review

Key lines of enquiry will be:

- People at the centre
- System leadership and governance
- Workforce
- Digital technology

The reports from these reviews will then be published.

Safeguarding

Safeguarding Children and Adults

Safeguarding has remained a critical service throughout the Covid-19 pandemic, all statutory duties have been maintained, data flow has continued in a timely manner and the team have continued to provide supervision. Level 3 Safeguarding adults and children training continues to be delivered virtually via Microsoft Teams. This has been positively received although further work to support interaction is being undertaken. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported above the 80% mandatory training target.
The team have been involved in internal service delivery improvement, with continued work with the FRIM risk assessment for community services and the work with the volunteer services.
External information gathering requests have been responded to and the team have continued to attend safeguarding practice review panels, safeguarding adult review panels, domestic abuse panel.
The team have supported clinical activity through attendance at multi-disciplinary meetings, professional meetings and best interest meetings.
The team have continued their professional development through attendance at virtual conferences and forums. The named nurse attended the prevent champions event through Wakefield communities. There was attendance at a safeguarding adults review learning lesson for a service user who died through self-neglect. This learning has been shared with the wider safeguarding practitioners via the weekly newsletter, the link professional's forum and the virtual training has been updated.

Infection Prevention Control (IPC)

- Ongoing work in response to Covid-19 Pandemic
- Annual report 2020/21, due November 2020
- Surveillance: August there has been zero cases of zero cases of C difficile, MRSA Bacteraemia and MSSA bacteraemia.
- Mandatory training figures are healthy:
- Hand Hygiene-Trust wide Total –98%
- Infection Prevention and Control- Trust wide Total –96%
- Policies and procedures are up to date.

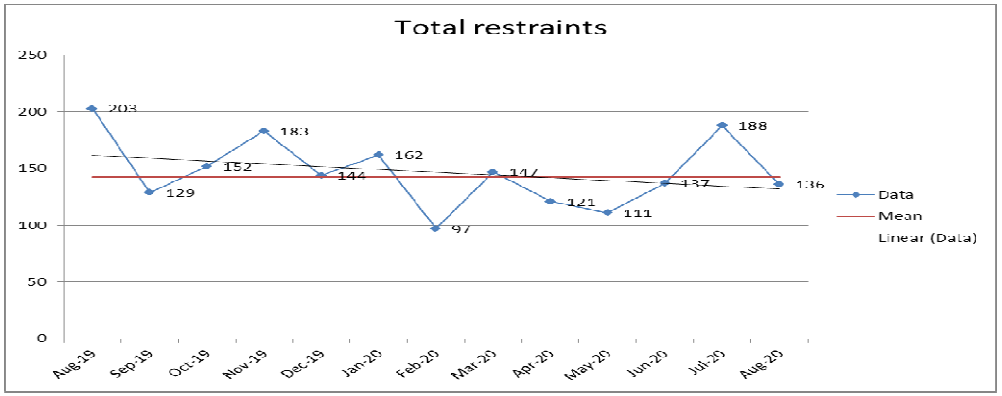
Complaints

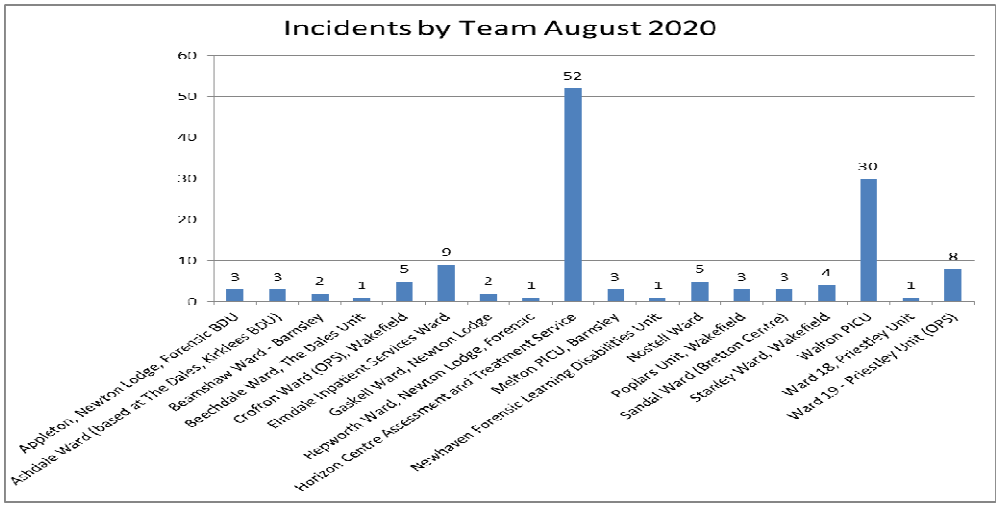
There were 27 new formal complaints in August 2020. Of these 2 have had timescales start, 10 have been closed as no consent/contact and 15 are awaiting consent/questions
30% of new formal complaints (n=8) had staff attitude as a primary subject
18 compliments were received
8 formal complaints were closed in August 2020 plus 2 reopened complaints. Of the 8, 5 (63%) were closed within 40 working days .
4.73WTE (Including a band 6 and 7)

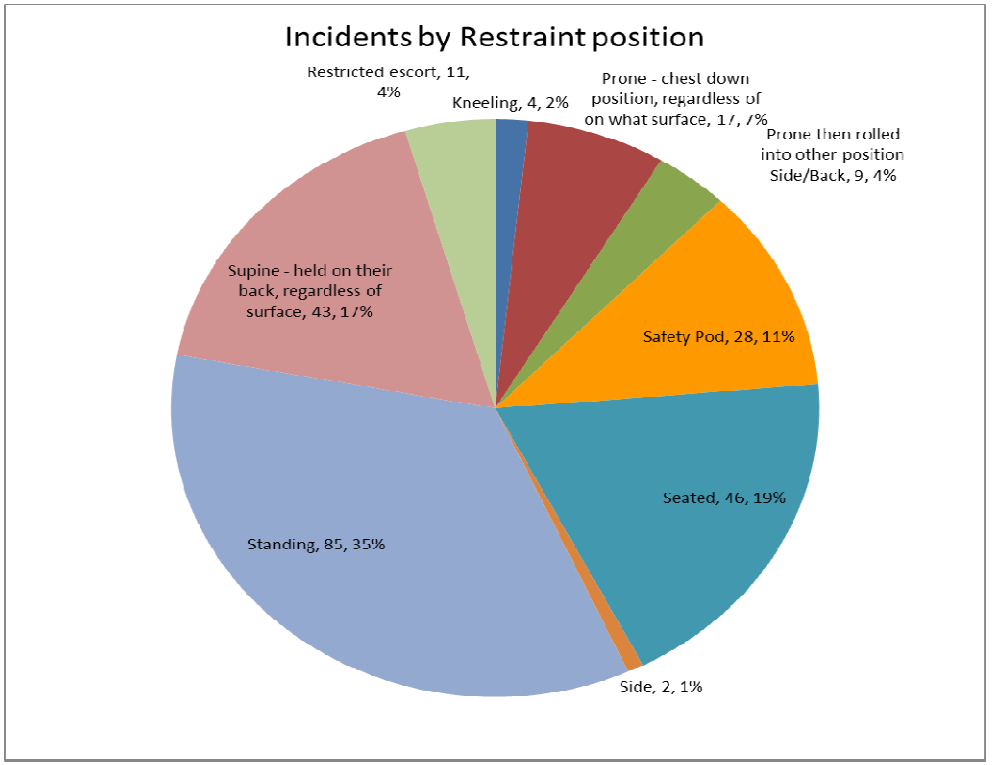
Please note customer services have logged as a risk that there may be challenges in continuing to meet the Trust's 40 working days timeframe for responding to complaints. Some of these challenges are a direct consequence of the coronavirus pandemic as clinical services have struggled to allocate resource to investigating complaints

Reducing Restrictive Physical Intervention (RRPI)

There were 136 reported incidents of Reducing Restrictive Physical Interventions used in August 2020 this is a decrease of 52 incidents since July 2020. Of the different restraint positions used in the 136 incidents, standing position was used most often 72 (38%) followed by seated restraints at 32 (17%). Some of the figures will be where multiple positions (standing to seated or prone to supine) have been recorded.
Prone restraint (including prone and immediate roll into supine) was reported 26 (11%) times in August 2020. Wakefield had the highest number of Prone Restraints with 12 forensic BDU had 2, Barnsley BDU had 1, Kirklees had 3 and Calderdale had 5 and Specialist services reported 3 Prone Restraint.
The figures were sourced from Datix where reporters indicated 'yes' to "was restraint used in this incident'.
The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In August the percentage of prone restraints lasting under 3 minutes was 94.5% and the target was subsequently achieved.
The average has increased by 14% despite variables such as a service user based in Low Secure services who has complex challenging behaviours resulting in several restraints to facilitate emergency medical treatment, Horizon centre has also reported a number of service users who require intensive support and specialist advisor support and the amber incident reported within the Wakefield BDU. It should be noted that whilst acuity remains high, the need for seclusion and use of Emergency Response Equipment has reduced since the last report.
The RRPI team suspended training from 23rd March 2020 due the Covid 19 outbreak. Refresher periods have increased temporarily to prevent staff falling out of date. Work has been ongoing to provide information, support and advice to staff on the wards. From 21st July 2020 the RRPI team have recommenced four day courses for ward based substantive and bank staff who have not previously received RRPI. These four day courses will continue each week until the backlog of untrained staff is cleared. This may take several months as the training venue can only accommodate eight participants and three instructors.

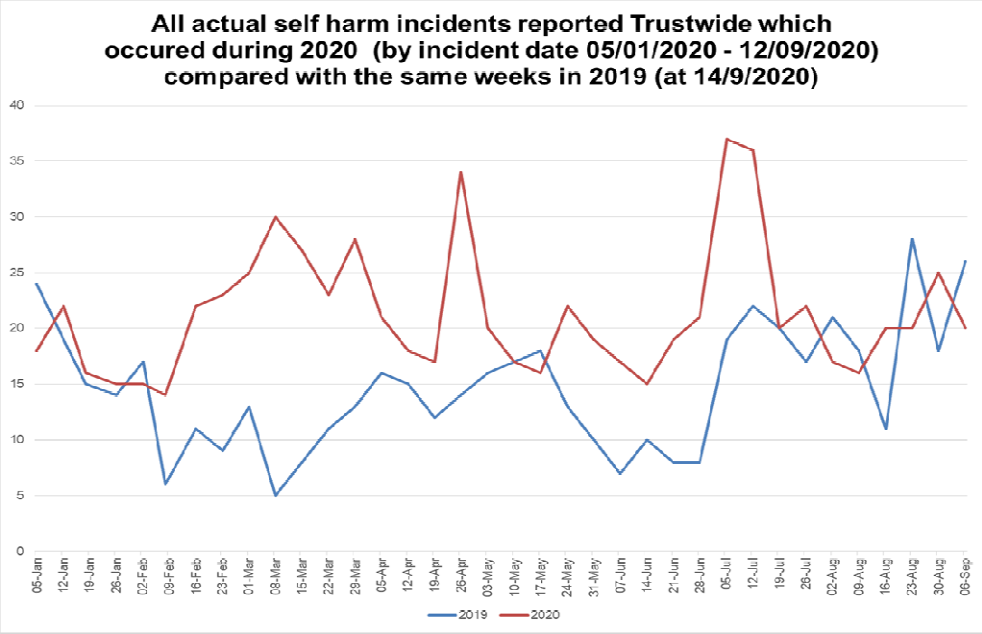






Self Harm

Actual self-harm incidents reported on Datix occurring between 05/01/2020 and 12/09/2020 at 14/09/2020, compared with incidents occurring in the same period in 2019



Actual Self Harm comparison

Week commencing	2019	2020
05-Jan	24	18
12-Jan	19	22
18-Jan	15	16
26-Jan	14	15
02-Feb	17	15
08-Feb	6	14
16-Feb	11	22
23-Feb	9	23
01-Mar	13	25
08-Mar	5	30
15-Mar	8	27
22-Mar	11	23
29-Mar	13	28
05-Apr	16	21
12-Apr	15	18
19-Apr	12	17
26-Apr	14	34
03-May	16	20
10-May	17	17
17-May	18	16
24-May	13	22
31-May	10	19
07-Jun	7	17
14-Jun	10	15
21-Jun	8	19
28-Jun	8	21
05-Jul	19	37
12-Jul	22	36
19-Jul	20	20
26-Jul	17	22
02-Aug	21	17
09-Aug	18	16
16-Aug	11	20
23-Aug	28	20
30-Aug	18	25
06-Sep	26	20
Total	529	767

Please note:

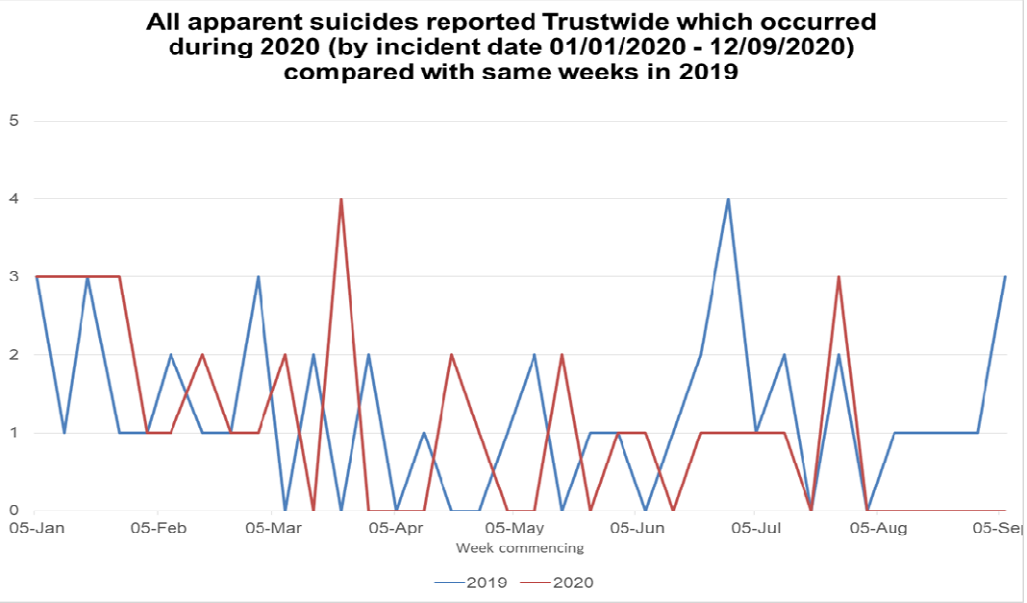
To ensure this data is as accurate as possible at the time of reporting, it has been adjusted to include all actual self harm incidents even where the incident has not yet been approved by managers. Figures may change as incidents are reviewed and approved.

The peak in July 2020 has been explored further and analysis has shown that between 1/7/2020 - 1/8/2020 there was a total of 135 incidents of actual self-harm.

Analysis of the data from 2020 shows that there are two subcategories of self harm that are higher than other methods. These are self strangulation, which is the highest subcategory of self harm incident (259 incidents), although this has reduced during August (total of 11) compared with the July where there were 64 incidents.

Apparent Suicide

Apparent suicides reported on Datix occurring between 05/01/2020 and 12/09//2020 at 14/09/2020, compared with incidents occurring in the same period in 2019



Apparent suicide comparison

Week commencing	2019	2020
05-Jan	3	3
12-Jan	1	3
18-Jan	3	3
26-Jan	1	3
02-Feb	1	1
08-Feb	2	1
16-Feb	1	2
23-Feb	1	1
01-Mar	3	1
08-Mar	0	2
15-Mar	2	0
22-Mar	0	4
29-Mar	2	0
05-Apr	0	0
12-Apr	1	0
19-Apr	0	2
26-Apr	0	1
03-May	1	0
10-May	2	0
17-May	0	2
24-May	1	0
31-May	1	1
07-Jun	0	1
14-Jun	1	0
21-Jun	2	1
28-Jun	4	1
05-Jul	1	1
12-Jul	0	0
19-Jul	2	1
26-Jul	0	0
02-Aug	2	3
09-Aug	0	0
16-Aug	1	0
23-Aug	1	0
30-Aug	1	0
06-Sep	3	0
Total	44*	38**

Please note:

**2020 figure includes 4 apparent suicides reported but which after initial review were not SWYPFT incidents.

*In comparison, the 2019 figure includes 6 apparent suicides of people who were not under SWYPFT care.

Covid-19 related incident reporting

Since the last report, there have been 23 further incidents reported. In total there have been 192 Covid-19 related different themes identified from the beginning of March.

163 Incidents	Mar	Apr	May	Jun	Jul	Aug	Total
Coronavirus or Covid 19 used in threat against patient	1	1	0	0	0	0	2
Coronavirus or Covid 19 used in threat against staff	3	2	1	0	0	0	7
Death of patient from suspected Covid 19 - no underlying health conditions	0	0	1	0	0	0	1
Death of patient from suspected Covid 19 - underlying health conditions	2	16	3	1	0	0	22
Death of patient from suspected Covid 19 related death - pending further info	0	7	5	3	1	0	16
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	3	0	2	29
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	1	2	3	12
Impact of Covid 19 on patients mental health	2	2	1	0	2	0	7
Issues relating to PPE equipment	1	1	1	0	0	2	5
Non-compliance with social distancing - inpatient area	1	7	4	8	3	3	26
Patient being nursed in isolation	5	4	3	4	2	4	24
Patient in contact with symptomatic person	0	0	2	0	0	0	3
Staff in contact with colleague displaying Covid-19 symptoms	0	0	0	0	1	0	2
Staff in contact with other person displaying Covid-19 symptoms	1	0	2	0	0	0	5
Staff in contact with patient displaying Covid-19 symptoms	2	8	5	3	2	2	24
Staff member on swabbing team exposed to Covid 19	0	1	0	0	0	0	1
Staff presenting with Covid 19 symptoms	1	1	1	0	2	0	6
Total	**25**	**57**	**40**	**23**	**15**	**16**	**192**

Mental Health Act

This section provides some key metrics related to performance against the Mental Health Act (MHA) requirements. Development of these has 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 from. The recording of who has been informed of the leave and the involvement of the service users is a requirement of the 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 continues to be a significant number of forms that have not been fully completed and require work. 1-1 training has been provided to the ward clerk who has been identified to review forms prior to being submitted to the MHA office. Training has been offered to nursing staff via Microsoft teams re the completion of the notification to the patient and carers.

It has been noted that there are some staffing pressures which is impacting on the ability to undertake the review of the leave forms within the forensic services. A Discussion has been held with the General Manager, 2 staff members who cannot work on the wards have been identified to undertake this role and relieve some of the pressures in this area.

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.

	Mar-20			Apr-20			May-20			Jun-20			Jul-20			Aug-20		
	Section 17 form			Section 17 form			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	Forms Received	Forms complete	% complete	Forms Received	Forms complete	% complete
Older people services Trustwide	23	22	95.7%	43	34	79.1%	58	49	84.5%	77	58	75.3%	33	30	90.9%	74	68	91.9%
Working age adult - Trustwide	240	168	70.0%	234	186	79.5%	247	210	85.0%	292	192	65.8%	203	169	83.3%	269	195	72.5%
Specialist Forensic services	63	35	55.6%	0	n/a	n/a	6	5	n/a	18	16	88.9%	11	11	100%	135	107	79.3%
Rehabilitation services - trustwide	32	32	100%	17	16	94.1%	24	24	100%	15	15	100%	20	20	100%	13	13	100%

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. We were anticipating this data to be available in last months integrated performance report but due to Covid-19 this has been delayed. A further update will be provided in next months report.

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 Trust's 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. One element of the framework relates to operational performance and this is be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are 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	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Data quality rating [8]	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.8%	98.2%	97.8%	90.0%	98.3%	97.8%	97.0%	95.6%	90.0%	94.9%	96.8%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	100.0%	29.0%	100.0%	100.0%	52.0%	32.1%	29.0%	30.0%	34.0%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	99.7%	97.9%	100%	96.0%	97.7%	99.0%	99.2%	100%	96.8%	96.4%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	344/354 97.2%	319/327 97.6%	269/279 =96.4%	297/299 = 99.3%	81/85 =95.3%	105/107 =98.1%	90/92 =97.8%	102/102 = 100%	105/105 = 100%	110/110 = 100%	84/85 =98.8%		
Data Quality Maturity Index [4]	Improving Health	Responsive	CH	95%	97.1%	98.3%	98.5%	*98.6%*	98.5%	98.6%	*98.5%*	*98.6%*	*98.6%*	*98.7%*	*98.7%*		
Out of area bed days [5]	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	390	335	958	792	362	350	167	108	140	336	224		
IAPT - proportion of people completing treatment who move to recovery [1]	Improving Health	Responsive	CH	50%	53.4%	53.6%	54.3%	46.6%	52.4%	55.7%	51.4%	49.1%	42.8%	50.0%	*54.4%*		
IAPT - Treatment within 6 Weeks of referral [1]	Improving Health	Responsive	CH	75%	77.5%	79.3%	85.3%	88.3%	83.7%	86.5%	86.3%	88.1%	89.7%	91.1%	*92.7%*		
IAPT - Treatment within 18 weeks of referral [1]	Improving Health	Responsive	CH	95%	98.3%	97.6%	98.9%	98.9%	98.5%	99.1%	99.3%	98.5%	98.9%	98.5%	*99..16%*		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	56%	84.0%	82.6%	85.6%	84.6%	84.4%	85.7%	70.7%	95.8%	92.3%	87.8%	79.5%		
% clients in settled accommodation	Improving Health	Responsive	CH	*60%*	89.4%	90.5%	91.3%	91%	91.3%	91.3%	91.3%	91.2%	91.2%	91.1%	*91.1%*	⚠	
% clients in employment [6]	Improving Health	Responsive	CH	*10%*	11.6%	11.8%	12.1%	12%	12.1%	12.3%	12.3%	12.3%	12.7%	12.6%	*12.7%*	⚠	
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 October 20												

Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Data quality rating [8]	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	28	27	17	10	0	5	2	5	3	0	8		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	*TBC*	2	3	3	4	0	2	1	2	1	0	3		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	*Trend Monitor*	183	206	180	258	180		258			Due October 2020			
Proportion of people detained under the MHA who are BAME [2]	Improving Care	Safe	CH	*Trend Monitor*	13.1%	11.2%	10.0%	14.7%	10.0%		14.7%						

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	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%	99.4%	98.8%	99.3%	99.1%	99.0%	99.7%	99.5%	98.7%	99.0%	99.3%	*100.0%*		
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%	99.9%	99..9%	99.9%	99.9%	99.9%	99.8%	99.9%	99.9%	99.9%	99.9%	*99.9%*		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.6%	98.7%	98.8%	98.7%	98.8%	98.9%	98.8%	98.7%	98.6%	98.6%	*98.5%*		

** 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.

Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks improved to 96.8% in August, remaining above the target threshold.
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains well below target at 34.0% . This is a consequence of the impact of Covid-19.
- Inappropriate out of area bed placements amounted to 224 days in in August. This is a decrease from 336 in July. Following communication with NHS Digital we have reassessed the reporting of inappropriate bed days and adjusted to reflect the inclusion of gender specific placements.
- During August 2020, there were 3 service users aged under 18 years placed in an adult inpatient ward. 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 consistently achieving this target.
- 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 August the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for August shows 13.3% of records have an unknown or missing employment and/or accommodation status, this is a increase compared to July which showed 12.9% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

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

Barnsley general community services

Key Issues
• Urban House (Wakefield) remained closed for a deep clean and paused before resuming services during August. The health integration team has continued to support clients in the current alternative hotel accommodation in Wakefield. Plan is to re-open mid-September.
• Our weekly recovery meeting continues to provide leadership and governance with regard to risk assessments at service level.
• Waiting times – scoping work underway in relation to clinic type services e.g. MSK, podiatry.
• Discharge to assess (D2A) – continuing with D2A modelling for winter period alongside Barnsley hospital (BHNFT). Honorary contracts are due to finish 27th September. Updated policy and operating model on hospital discharge service released nationally on August 21st. Scoping work underway regarding resources.
• Modelling of first contact physiotherapist posts is currently taking place with the primary care network (PCN).

Strengths
• General community staff continues to provide asymptomatic and symptomatic swabbing service for community patients and care homes residents and staff.
• Weekly swabbing of staff visiting care homes commenced 24th August
• Increasing demand for face to face (F2F) visits for community nursing, neighbourhood rehab and crisis response.
• Neighbourhood nursing supporting a further 6 weeks of antibody testing – date to be confirmed.
• Recovery plans are in place for all service lines and services are phasing back in 'normal service delivery'
• Our vaccination and immunisation team have continued to deliver "catch up" sessions for school aged children before returning to school.
• Discharge to assess team working well with us to continually improve the service and to align the model with the updated paper highlighted above
• Stroke early supported discharge team (ESD) developing links with local stroke groups through work with the stroke association to establish a patient forum

Challenges
• Increased patient flow into home visiting elements of services.
• Increased demand for non-housebound services to be re-commenced
• We continue to support the health integration team to deliver safe service in the hotels and the return to delivering services in Urban House.
• Care homes – service in relation to local developments and the PCN direct enhanced service (DES) remains challenging – scoping of resources underway.
• BHNFT bed capacity continues to fluctuate and emergency department (ED) attendances increasing which is putting pressure on our services to flow patients out of hospital.
• Rehab support workers are near capacity which limits the type of patients we can accept through discharge to assess or into neighbourhood nursing
• Estates identifying location of services based at Mapplewell to be relocated as preparations are made to move learning disability services from the Keresforth site
• As MSK service goes through its recovery program, helping support patients who require onward referral for a surgical opinion as BHNFT are in a similar position regarding full recovery of their orthopaedic service, therefore waiting patients may need support.

Areas of Focus
• Students - action group to be established to consider how we can safely return students to community placement environments
• Flu campaign to commence shortly, will put additional pressure in the system where practices wish to subcontract with our neighbourhood nursing service
• We plan to reconvene work streams to embed reporting mechanisms for the integrated neighbourhood team.
• Adult speech and language therapy service (SALT) – demand and capacity work taking place in order to identify required resources.

Barnsley mental health services and child and adolescent mental health services:

Mental Health:
Strengths
• Formal staff consultation regarding establishment of all-age liaison model progressed. Implementation anticipated by end October 2020 across all areas.
• Community contacts and single point of access (SPA) activity increasing. Community contacts significantly above target with majority provided via telephone/video-link. Face to face contact offered where clinically required.

Areas of focus
• Reduced IAPT (improving access to psychological therapies) access through Covid-19. All activity has been undertaken on virtual basis – but face to face to commence October 2020. Performance currently 25% below access target as specified pre Covid-19.
• Memory service diagnostic clinics re-instated with increased capacity to address backlog. Expected to address backlog by end December 2020.
• Recording of CPA (care programme approach) reviews being addressed through management supervision.
• Early intervention in psychosis (EIP) performance against cardio metabolic assessment compromised by Covid-19 restrictions. Backlog to be addressed by end December 2020.

Child and adolescent mental health services:
Strengths
• Discussions held with Barnsley CCG following cancellation of procurement. Agreed joint governance approach to achieving service specification. First steering group meeting in September 2020.
• Waiting numbers from referral to treatment in Barnsley/Wakefield have continued to reduce.

Areas of focus
• Waiting numbers for ASC/ADHD (autistic spectrum condition / attention deficit hyper-activity disorder) (also known as neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased – with escalating demand outsripping commissioned capacity. Business cases have been submitted to secure additional recurrent investment – and there are ongoing discussions with CCGs regarding the need for a long term and system-based response.
• Referral numbers across all services increasing following school return – but not exceeding previous levels. Work undertaken with schools to support the return and CAMHS continues to be vigilant in managing/monitoring referral numbers.

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

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Inpatient:

Key issues

• High demand for inpatient beds continues. Maintaining patient flow and facilitating sufficient ward capacity has been extremely challenging resulting in patients being placed out of area in acute and PICU (psychiatric intensive care unit) beds, although the majority of the latter placements were for safeguarding or gender-specific reasons. Acute placements have reduced this month both in frequency and duration of episode. Concerted work on optimising patient flow is continuing and the service is now fully recruited and is moving towards 7 day working, with formal consultation about to commence.
• Cohorting standard operating procedures that support the separation of people with symptoms or a positive Covid-19 diagnosis are in place for acute and older people's services. An inpatient clinical pathway is in place for Covid-19 positive patients. This has now been reviewed to take into account the latest guidance and testing. The position is reviewed daily by the matrons to determine how care can be delivered and services managed in the event of an outbreak.
• Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing shielded and cohorted patients. Staffing levels have generally been able to be maintained without significant growth in bank and agency usage. Weekly meetings with mental health partners across the integrated care system have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments.
• A new dashboard titled 'Inpatient Admissions and Discharges Summary' provides a daily report of the current position for each ward in terms of discharges over the last 7 days compared to the average number of weekly admissions to that ward. This helps to predict where pressures might occur in flow. The 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. The work on criteria led discharge been relaunched and refocussed for each area with early indications of success.
• Pressure in pathways with acute hospitals has built particularly with waits in emergency departments which have become more challenging. Focussed inter-agency improvement work is underway and includes case 'deep dives'.
• The essential importance of supervision in terms of safe practice and individual well-being has been emphasised. Work has been underway to address any recording issues and to ensure all colleagues receive supervision in line with policy requirements. Hotspot teams and wards have been identified and have action plans in place, where variations and particular challenges exist this is being addressed with cross working between team managers, matrons and ward managers to promote improvement and shared approaches. Progress is being tracked weekly across services.

Strengths

• Improvements in patient flow and discharge pathways in Barnsley following intensive work across acute and community pathways are being sustained.
• Criteria led discharge is progressing well across all units and is underpinning the approach to patient flow.
• Patient flow and individual unit and service performance will be supported by the new data performance set
• Work continues to improve patient flow generally and to engage with partners in the wider system, including acute hospitals, to improve patient experience and pathways.
• Improvements in discharge pathway within Barnsley inpatient services have been consolidated following challenges to discharge meeting.
• Fire training performance continues to improve with specific action plans supervised and tracked by the Matrons. The use of e-learning at this time has supported this performance.

Challenges

• Adult acute occupancy remains at full capacity and acuity levels remain high, together with Covid-19 requirements, leading to sustained challenges on the wards.
• Pathways from acute hospitals and emergency departments.
• Increased usage of acute and PICU out of area placements.
• Staffing difficulties remain in medical posts in acute wards – this is being addressed through a local task and finish group.
• Supervision levels need to improve to enable staff to optimise their wellbeing and practice.

Areas of focus

• Patient flow and out of area bed usage.
• Emergency department waits.
• Support for staff on inpatient wards
• Admission and discharge flow in acute adults with an emphasis on alternatives to admission and collaborative inter-agency planning.
• Improvements to staffing levels and support for staff wellbeing in all services.
• Staffing challenges in acute medical teams.

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

Wakefield, Kirklees and Calderdale Community:

Key issues

• Intensive input continues in front line services to adopt collaborative approaches to care planning, to build community resilience; and to explore all possible alternatives to hospital admission for people who need acute care. This has included developments in the trauma informed personality disorder pathway. Work is underway in the intensive home based treatment teams (IHBT) to look at building up early discharge, alternatives to admission and to ensure robust gatekeeping, including progress on accompanying approved mental health practitioners (AMHPs) on mental health act assessments. The care closer to home programme is focussing on patient flow and IHBT and community team interfaces. A task and finish group has been established to review the patient flow protocol and this work is nearing completion.
• Even whilst exploring alternatives to admission, demand and levels of activity in IHBT and the mental health liaison teams leads to pressures for inpatient beds.
• As with inpatient services, the essential importance of supervision in terms of safe practice and individual well-being has been emphasised, with similar actions identified.
• The action plan and training around care programme approach (CPA) reviews, data quality and activity and improvement in how we use SysmOne is leading to some positive impact but requires more work, and is being closely monitored and supported at trio level. Performance reporting issues have been identified and performance and operational services are working closely together to address these.
• Community services continue to provide assessment, care management and interventions with service users utilising a range of innovative means of communication and ensure face to face contacts are made wherever these are clinically indicated. Work is underway to optimise the use of our building spaces so that group work and more face to face therapies can be delivered.
• Building risk assessments are in place for all community bases and are being fully reviewed against phased recovery plans. Services are working collaboratively across all areas to optimise safety and patient and staff access and usage.
• Older adult wards remain under pressure due to acuity associated with mental health, physical health and end of life care.
• Since the onset of Covid-19 IAPT (improving access to psychological therapies) services have shown a similar pattern of low referrals and access rates, increasing waiting times and lower recovery rates. The IAPT teams have been early implementers of digital solutions and have robust plans in place to manage wait times and increase access and have been participating in workshops with NHS England around service provision during and post Covid-19. The reduction in referrals since the onset of the pandemic has impacted the national 'access' standard. Despite recent introduction of online e-referral forms, CCBT (computerised cognitive behavioural therapy) e-referral form, increased social media presence and increased offer of digital provided therapies to improve the ease of access to the service and choice, the lower access rate continues. This trend is reflective of other national IAPT services data.
• The mental health liaison team is making good progress towards the development towards provision of an all-age liaison service in conjunction with CAMHS (child and adolescent mental health service) and consultation has commenced.

Strengths

• Community teams have continued to optimise the use of technology. Team business and supervision is carried out on Microsoft Teams and AirMid & AccuRx for appointments with service users. Telephone appointments and WhatsApp have also been utilised. Work has now commenced in services around the implications of digital exclusion and a local evidence base is building around how we can best support all service users and carers in terms of future access and best use of our services.
• Kirklees IAPT continue work on their comprehensive action plan to address waiting times and recovery standards.
• Waiting times have been eliminated for access to computerised cognitive behavioural therapy due to improved systems and processes to increase capacity. This has allowed IAPT to divert additional resource to treatment and there has been significant reduction in waiting time for both low intensity and counselling, meaning that service users will receive timely access to these treatment pathways. Exploration of a digital offer is now underway for more courses to manage the predicted increase in demand across the board for mental health services.
• The single point of access (SPA) has continued work on service improvement and is implementing the UK triage tool, working with local GPs to develop electronic paperwork and referral systems.
• Training and development for all staff has continued for the trauma informed personality disorder pathway
• The perinatal service and IHBT are fully recruited to in accordance with new investment.
• Performance remains good for 72 hour follow up from discharge from hospital. This is a CQUIN (commissioning for quality and innovation) measure.
• Action planning continues in all community teams building on the outcomes of the virtual 'we want to be outstanding' workshop for team managers and trios.
• The electro-convulsive therapy service (ECT) is fully staffed and has remained operational, and is now building up capacity following improvements to the environment in the context of Covid-19 to increase capacity for treatment sessions.
• There proactive approach to recruitment has been successful in all areas throughout the last 3 months, including the appointment to posts in community teams, IHBTs and police liaison.
• Work continues to mobilise an all age liaison service between CAMHS and the mental health liaison team with consultation completed and launch dates in place.

Challenges

• Supervision levels still need to improve to enable staff to optimise their wellbeing and practice.
• There are still areas for improvement with CPA reviews, although progress has been noted.
• Demand and patient flow issues remain and further work is required to optimise community solutions.
• Pathways from acute hospitals and emergency departments.
• Maintaining service delivery in community settings in ways that keep pace with changes in how society functions and service user needs.
• IAPT access and recovery rates.

Areas of Focus

• Resuming groups and face to face therapy interventions and the safe utilisation of estates.
• Support for staff in community teams.
• Continuing and developing service delivery, innovation and recovery.
• Continue to improve performance in service area hotspots through focussed action planning tracked team by team by GMs.
• Continue our contribution to the primary care networks in local areas and the partnership working in the provider alliances.
• Develop and strengthen the creative community offer lead by Recovery Colleges and our wider partners.
• Contributing to patient flow and effective use of inpatient resources and alternatives to admission.
• Continuing and developing service delivery, innovation and recovery.
• Recruitment and mobilisation of new investment including the community rehabilitation service in Calderdale.
• Continue to improve performance and concordance in service area hotspots
• Support for staff wellbeing.
• Develop and strengthen the creative community offer lead by Recovery Colleges and our wider partners.
• Continue with developments at ICS and CCG level around rehabilitation and recovery modelling.
• Continue focus on improvement in SPA and IHBT models.

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

Forensic business delivery unit and Learning Disability services:

Key Issues

Forensics

• Business case for the forensics lead provider collaborative continues to progress.
• Despite the challenges of Covid-19 collaboration with partners continues using digital technology.
• An interim medical/clinical lead has been appointed with a view to a more comprehensive review once the provider collaborative work is further progressed.
• Occupancy levels for Newhaven (low secure) remain below the 90% threshold. The multi-disciplinary team believes this is a direct result of the Transforming Care agenda and is likely to be a long term issue.
• Mobilisation of the specialist community forensic team (SCFT) continues.
• Awaiting final report into the domestic homicide incident.
•Remain connected to work being undertaken by NHS England re business continuity planning (secure care) for the north.
• Work on the new leadership structure is taking place with interim management arrangements in place pending a management restructure.

Learning Disabilities

• Covid-19 safe learning disability diagnostic assessments have now been piloted and are being rolled out across the patch
• Horizon inpatient band 7 vacancies have been filled – temporary associate nurse practitioner responsibilities/activities has been split between the 3 x band 6 posts with identified areas of focus. Recruitment for a Ward Manager has been undertaken with start date yet to be confirmed.
• Restoration & recovery engagement meetings with multidisciplinary team leads have progressed over the month
• Community nursing teams in all 4 localities continue to be pro-active and flexible in supporting LD care homes wherever possible
• Plans for medical substantive recruitment are progressing positively
• Performance recording has improved with evidence that activity has increased and temporary waits during Covid-19 have started to reduce
• Work on the assessment and treatment unit reconfiguration across West Yorkshire continues.

Strengths

Forensics

• Mandatory training remains in a healthy position
• Occupancy levels in medium secure and Bretton Centre remain above target.
• Mutual aid calls across West Yorkshire Providers have been welcomed by NHS England
• Service user engagement remains good. Workshop held on Microsoft Teams re peer support and had 25 service users and 8 staff attend the workshop and participation was excellent.

Learning Disabilities

• Kirklees 4 month health facilitator post to specifically to support care homes / GPs with the completion of annual health checks/health action plan has started well.
• Wakefield community team have had some great results from the implementation of more creative and Covid-19 safe activities in the absence of traditional therapies – for example, knitting kits were posted out to service users with easy read instructions and squares were knitted, sent back into the team who have now produced a blanket.

Challenges

Forensics

• Recruitment of registered staff in all disciplines.
• Supervision levels have seen reduced performance during the pandemic.
• High turnover of staff.
• High absence rates.
• Despite shielding having ended we have a handful of staff still unable to undertake their substantive posts (all cases have been through occupational health).

Learning Disabilities

• The recent restrictions in Calderdale and Kirklees are already resulting in some service users/carers in Kirklees to declining services again
• We have again seen a gradual increase in staff absences due to self-symptoms or children being sent home – business continuity plans are being revised to ensure up to date and ready to activate if needed

Areas of Focus

Forensic

• Forensic development plan.
• Recruitment.
• Supporting well- being.
• Managing absence.

Learning Disabilities

• Reset and restoration.
• Recruitment.
• Assessment and treatment unit reconfiguration.

ADHD and Autism Service

• Operational performance was strong during lockdown and face to face activity has resumed as soon as was permissible
• Service contractual activity is met for recurrent and waiting list initiatives
• Recruitment slightly delayed for non-recurrent posts
• Staff Survey feedback was positive
• Service user feedback for remote consultations was positive
• Modernisation and Redesign of administrative processes is at the final stage of completion.
• Business Plan for waiting initiative Barnsley CCG in autistic spectrum disorder awaiting decision
• Fee paying Dyslexia pathway operational
• National Institute for Health Research funding awarded for research in ADHD (attention deficit hyperactivity disorder)

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

Communications, Engagement and Involvement

- Bronze command meeting taking place internally for communication and engagement. Participation in Trust wide Silver command.
- Coronavirus updates sent out to all staff and governors.
- Coronavirus sections on the intranet and website maintained and updated.
- Sharing of staff and service user good news stories, internally, externally and through social media channels.
- Wellbeing at work survey publicised and results reviewed.
- Flu campaign developed and ready to launch at the end of September.
- 'Choose well for mental health' campaign in development.
- Awareness days and weeks supported on social media and in internal communication channels.
- Information governance campaign developed.
- Communications support provided to new finance system roll out, WorkPal and EPMA.
- Partner Bronze command meetings continue to taking place in all areas. Support provided re. outbreak management.
- Support provided to EyUp Charity, Creative Minds and Spirit in Mind.
- Support provided to SystmOne programme.
- Recovery college comms, including promotion of online courses and newsletters. New websites launched.
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns.

Engagement, Equality and volunteering update

- Annual report for equality in progress
- Work ongoing to support phase 3 planning
- Business proposal to mainstream the offer for 'Virtual Visitor' to be shared at silver and gold command to identify funding
- Recovery and reset toolkit now includes the checklist and equality requirements
- Progressing the work to involve Wakefield in a conversation on mental health; developed and shared with the mental health alliance. The work will also pick up Wakefield Safespac.
- Work to support the involvement of stakeholders in the ethics committee – looking at a clinical senate approach and a proposal will be drafted by September to be shared with the committee early autumn.
- EDS2 report of findings is now complete – final grading and next steps to deliver an approach for 20/21 approved
- A 'Passport for Carers' online event successfully involved 48 individuals and ideas to support the development of the passport were captured
- Trust wide strategy – still in draft and shared with a number of networks and groups to capture feedback for submission to Equality and Inclusion Committee and Trust Board in September. The associated action plans for equality, engagement and carers will follow once the objectives are agreed
- Trust wide strategy equality impact assessment (EIA) in development - short film and image, easy read and summary all being progressed
- Payment for involvement policy now being looked at and a draft will be circulated in Autumn for comment
- Linking into wider volunteering approaches and supporting partners such as Barnsley council to mobilise volunteer opportunities
- Worked in partnership with Barnsley community and voluntary services (CVS), council and SWYPFT colleagues to mobilise a preventative mental health support network along the lines of virtual visitor
- Successful bid to charities commission and staff recruited and in post – our involvement has secured 2 posts focused on BAME staff and BAME communities
- Peer support worker report - action plan now been developed, promoting the opportunities for BDUs to host a peer worker post in any vacant posts going forward. A number of presentations are planned.
- Draft strategy for volunteering developed and a framework to support volunteers is in place, further work to develop the strategy in ongoing.
- All volunteers are being risk assessed using the staff risk assessment tool prior to reintroduction back into Trust services
- Use of ESR to support volunteer training and DBS is now ready to use
- Boundary training has been co-designed with HR and safeguarding times to support both volunteer and staff roles
- Work ongoing to address diversity in volunteering
- Currently we have 176 volunteers, 7 are active and a further 47 are waiting to be processed or have been placed on hold

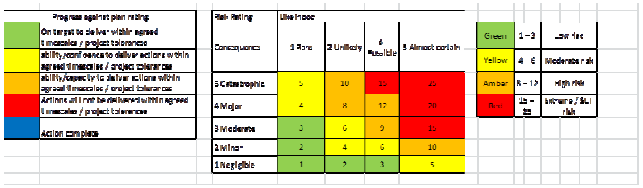
This is the September 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for August 2020. The priority programme areas of work providing an update in this report have been refocused in response to the covid19 pandemic. The following programmes of work reported in the IPR this month are:

1. CAMHS improvement
2. Forensic improvement
3. Advance our wellbeing and recovery approach
4. Work with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield, West Yorkshire
5. Accelerating use of digital technology
6. Providing care as close to home as possible

The framework for this update is based on the revised Trust priority programmes agreed in March 2020, and provides details of the scope, aims, delivery and governance arrangements, and progress to date including risk management. The proposed delivery is in line with the Trust's Integrated Change Framework.

Priority	Scope	SRO	Change Manager	Governance Route	Narrative Update	Progress RAG rating	
IMPROVE HEALTH							
Advance our wellbeing and recovery approach	Focus on how we change the offer to support community wellbeing and recovery in light of Covid19 working with Creative Minds, Recovery Colleges, SIM, and Volunteer services to develop and deliver innovative offers to help people in their own homes.	Salma Yasmeen	Sue Barton & Matt Ellis	EMT	Work continues to engage with learners in the recovery colleges virtually through a variety of different methods. In addition some face to face courses have commenced and others are scheduled. The recovery college websites have been successfully launched and well received. Creative Minds have recently reported performance into the Charitable Funds Committee which shows that 30 new projects have commenced and 9,000 people have been directly impacted with an estimated wider reach of over 12,000. The arts and health programme manager for Calderdale has commenced in post.		
Work with partners in Barnsley, South Yorkshire, Kirklees, Calderdale, Wakefield, West Yorkshire	Work with partners in Barnsley, Kirklees, Calderdale, Wakefield, South Yorkshire and West Yorkshire to develop a joint response to Covid-19 and placed based recovery plans.	Sean Rayner / Salma Yasmeen	Sharon Carter	EMT	We continue to work at all levels on the response to coronavirus. For example, working with colleagues across both ICSs in provision of mutual aid - supporting outbreaks, on testing, and on PPE supplies. We are working with the ICSs on drafting system plans to the requirements of newly published third phase of NHS response to Covid19, with final plans due by 21 September. We continue to attend the command meetings in every place, working with partners on outbreak management measures and supporting service users. We are working together with partner organisations to reset and stabilise services for local people as quickly as possible, with the focus on tackling health inequalities and supporting the health and care workforce. This work has commenced with coordinating plans as local systems, providers adopting a blended delivery approach in whatever way suits the needs of service users the most, and improving the effectiveness of communications and engagement – particularly with our BAME service users and carers. In Calderdale, we have a draft Calderdale Collaborative Community Partnership agreement for consideration.		
IMPROVE CARE							
Provide all care as close to home as possible	Focus on PICU, patient flow and Criteria Led Discharge (CLD) All other workstreams to maintain a momentum but at an appropriate pace	Carol Harris	Ryan Hunter	OMG	PICU - new standard operating procedure has been developed and will go through internal governance. New processes set up for admissions to PICU beds and any required gender specific placement. Criteria led discharge is now being managed as business as usual and feedback is that it is well embedded across most wards. Work continues to ensure that a transfer of the tool into SystmOne meets key requirements. Patient flow – The new protocol is to go through internal governance over the next month. Staff are now in place to deliver the Trust-wide patient flow service. Performance management – New dashboard is now live. Next steps include the development of a community version and evolving the inpatient dashboard as required. SPA – The triage scale is now live in Calderdale and Kirklees with positive feedback. Kirklees GP practices have been identified to further test e-referral and support primary care pathway work. Ongoing work with Healthwatch, including co-production from service users and carers to support staff training is being planned. IHBT (Kirklees) – Now delivering a model in line with fidelity to IHBT standards. Recruitment is ongoing but now less of a challenge following several appointments. Caseloads are now at expected levels. TIPD – Further recruitment into pathway has taken place. Structured clinical management (SCM) training to be held in September and ongoing awareness training to re-commence in October. The service evaluation questionnaire now complete. Community- most activity is now being taken forward as business as usual and a report will be produced for the next steering group on achievement of initial objectives. Gatekeeping review – A review of gatekeeping across the Trust is to take place in October, which could identify further changes required to help make the system be more sustainable.	Progress Against Plan	
					Failure to deliver timely improvement due to lack of resource, other work priorities and skills - the likelihood of this decreased and work is progressing across the programme now following Covid-19 prioritisation but could be impacted again by a second wave.		
					Milestones include: Performance management - inpatient report development - Summer 2020 Patient flow protocol through internal governance - now Oct 2020 PICU SOP through internal governance - Oct 2020 SPA triage scale live - Jul 2020; initial review Oct/Nov 2020 CLD future system decision - now Sep 2020 IHBT joint AMHP assessment further review - early 2021		
Camhs Improvement work	Rescoping based on project capacity and required support to implement changes to operational delivery. Will maintain a momentum but at a slower pace. This also includes improvement work to consolidate changes made in response to the pandemic that have had positive outcomes.	Carol Harris	Supported by Carmain Gibson-Holmes (Wakefield), Kate Jones /Maeve Boyle (Barnsley)	CAMHS Improvement Group with monthly report to OMG	Progress to having full implementation of all age liaison service in Barnsley and Wakefield is ongoing and is expected to be fully implemented by late September/early October 2020. Transition already underway within Barnsley with mental health liaison team (MHLT) taking the lead on conducting assessments with support from CAMHS staff as well as assessing the MHLT staff competencies against the competency framework. Supervision and ongoing support from CAMHS teams to MHLT teams Barnsley C&HBTT standard operating procedure has been updated following receipt of comments from a number of sources including the clinical policy ratification review group, CAMHS on-call managers and MHLT clinical, medical and management leads. Consideration underway as to whether this SOP can be used by all CAMHS C&HBTT services with minor variations to reflect contractual arrangements. Waiting list (WL) numbers are still coming down both within Wakefield and Barnsley - progress has slowed down. The CAMHS Improvement Board commenced its review of terms of reference at August 2020 meeting with plan to complete this at its September 2020 meeting in parallel with Executive Management Team's review of priority programmes. A joint steering group is to be established to oversee the development and implementation of new CAMHS service model in Barnsley with monthly meetings established up to end of March 2021. First aspect of joint work is focusing on demand and capacity modelling.	Progress Against Plan	
					Transition in Barnsley commenced on 14th September 2020 thus allowing only 2 weeks prior to cessation of 1st on-call arrangements (from CAMHS crisis and home based treatment team). CAMHS Services will continue to monitor the impact of COVID-19 and children returning to school in September 2020 on waiting lists.	Management of Risk	
					Implementation plan/Key milestones include: By 14/10/20 Review of Barnsley and Wakefield MHLT staff competencies using the competency framework to enable progression and transition to the all age liaison services. By 31/10/20 Full implementation of the all age liaison service in Barnsley with appropriate support from CAMHS services. By 14/10/20 Barnsley CAMHS C&HBTT SOP approved by Operations Management Group. By 31/10/20 Evaluation of 3 virtual groups within Barnsley completed based on PDSA model approach to assist with wider learning within all CAMHS services. By 31/10/20 CAMHS Improvement Board to complete its review of terms of reference and consider whether CAMHS improvement work is now appropriate to become 'business as usual' and stepped down as a priority programme of work.		
Forensics Improvement work	Improvement plan has been prioritised by steering group with clear focus on safety, learning lessons, staff engagement and staff wellbeing	Carol Harris	Sue Barton	Forensics Improvement Group with monthly report to OMG	Work continues to deliver the key actions in the forensic improvement plan. Organisational development work continues and the second workshop with the leadership team has taken place using Microsoft Teams. A comprehensive organisational development plan has been developed. The actions within the communication plan have commenced with regular, systematic communication mechanisms introduced.		

IMPROVE RESOURCES					
Make better use of digital technology and introducing new ways of virtual working to help support staff and service users	Focus on testing, implementing and evaluating digital technology to help maintain services in light of Covid19 EPMA – electronic prescribing project AirMid & WhatsApp for E Consultations Virtual Visitors Continue to maintain I Hub to support staff wellbeing and facilitate conversations	Mark Brooks	Vicki Whyte	ISIG	Accelerating the use of digital technology Video conferencing - A number of solutions continue to be used; AirMid part of TPP's SystmOne offer continues to support practitioners to maintain contact with patients with an average of 1 contact per week during August. AccuRX utilised by non SystmOne users supported an average of 164 consultations per week, MS Teams 264 and WhatsApp and average of 77 per week during the same period. MS Teams continues to be used to enable teams and staff to maintain virtual contact whilst working offsite. During July 2020, there were 608 group calls, 7,835 one to one meetings, 14,701 meetings and 63,133 messages. Working from home – continues to be supported with additional laptops, wifi enabled desktops, additional VPN tokens and daily VPN connections still in place. SystmOne – The Trust is aiming for the majority of services to move from the Sainsbury risk assessment tool on SystmOne to the formulation informed risk management (FIRM) tool from 28 September. To support the roll-out of the tool, we have FIRM champions in all services alongside a range of user guides, frequently asked questions and e-learning resources. FIRM training is also in place and will run from 24 August until early October. The FIRM tool is now expected to be rolled out to all services in the Trust by the end of October. EPMA (Electronic Prescribing and Medicines Administration) – The project continues to have an amber status against an initial rollout planned for early November however progress has been impacted by the volume of work and the availability of resource to complete it. Key progress during August includes: agreement to recruit additional resources to support the project to deliver made at OMG. Considerable progress made in the development of the system and determining the configuration requirements. The medication formulary is making good progress and is on track to deliver for early October. Computers on wheels delivered to every ward but challenges remain with the wifi solution. Comms plan in place to develop key messages and encourage engagement across the Trust. The project board on 10th September agreed to continue to plan to deliver for this year but review and revise that decision as required – next go/no go decision to be taken at October project board. Virtual Visitor – continues to be used to ensure the people in our care have contact with their families, friends and volunteers through the use of a dedicated android device on every in-patient ward. Positive feedback has been received from service users
MAKE THIS A GREAT PLACE TO WORK				EMT	Focus on this in relation to Covid 19: Support the wellbeing of #allofus to help people cope & connect Support people to embrace new ways of working that have been beneficial . These programmes of work report at key milestones directly to EMT and thus no update is required via the IPR



Glossary of terms:	
AMHP Approved Mental Health Professional	MH Mental Health
ATU Assessment and Treatment Unit	MOU Memorandum of Understanding
Bassetlaw	NHS National Health Service
BDCFT Bradford District Care Trust	NHSE/I National Health Service England/ NHS Improvement
C&YP Children and Young People	NMOC New model of care
CCG Clinical Commissioning Group	OMG Organisational Management Group
CSDG Clinical Safety Design Group	OPS Older Peoples Services
DBT Dialectic Behavioural Therapy	P&I Performance and Information
EMT Executive Management Team	PCH Primary Car Hub (also referred to as Primary Care Network)
ESD Early Supported Discharge	PCN Primary Care network (also referred to as Primary Care Hub)
FIRM Formulation Informed Risk Assessment	QI Quality Improvement
GP General Practitioner	QSIR Quality, Service Improvement and Re-design
HASU Hyper Acute Stroke Unit	RACI Roles and responsibilities indicator
HCP Healthcare Partnership	SBAR Situation - Background - Assessment - Recommendation quality improvement tool
IAPT Improving access to Psychological Therapies	SPA Single Point of Access
ICS Integrated Care System	SPC Statistical Process Control
ICT Integrated Change Team	SRU Stroke Rehabilitation Unit
IHBT Intensive Home Based Treatment	SSG an external consultant agency
IHI Institute for Health Improvement	SWYPFT South West Yorkshire Partnership Foundation Trust
IM&T Information management and technology	TIPD Trauma Informed Personality Disorder
IPS Individual Placement Support	UEC Urgent and Emergency Care
LD Learning Disabilities	VCS Voluntary and Community Sector
LTC Long Term Conditions	WY West Yorkshire
LTP Long term plan	WY&H West Yorkshire and Harrogate

Overall Financial Performance 2020/21

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast August 20	Narrative
1	Surplus / Deficit			In line with national guidance the Trust is reporting a breakeven position for April to August 2020. To achieve this additional national funding is required for both reimbursement of covid-19 costs incurred and additional top up. For August this equated to £411k and £937k respectively. This is the highest value of retrospective top up claimed since the process began in April.
	Covid-19 reimbursement	£2.5m		
	Top Up	£2.2m		
	Reported position	£0m	£0m	
		Year to date	**Forecast 20/21**	**Narrative**
2	Agency Cap	£2.7m	£6.8m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs is appropriate. Spend in August was £0.6m.
3	Cash	£55.8m	£40m	Cash in the bank continues to be above expected levels. The main reason is the timing of block income payments (which are a month in advance). This is partly offset by the earlier timing of invoice payments as demonstrated by the better payment figures.
5	Capital	£0.5m	£6.6m	The Trust submitted a revised capital plan for 2020/21 of £6.6m. Spend to date is behind this plan. Spend continues to be reviewed in light of access, affordability and value for money driven by the implications of Covid-19.
6	Better Payment			This performance is based upon a combined NHS / Non NHS value and demonstrates that 84% of invoices have been paid within 7 days.
	30 days	97%		
	7 days	84%		

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

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	4.9%	4.0%	3.9%	3.9%	3.9%	3.9%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.10%	5.10%	5.0%	5.30%	5.0%	4.6%	4.2%	3.9%	3.9%	4.0%	3.8%	3.8%
Aggression Management	Improving Care	Well Led	AD	>=80%	82.8%	82.8%	81.3%	80.5%	80.9%	81.6%	85.5%	85.5%	85.5%	85.5%	85.5%	86.5%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	83.0%	83.6%	83.6%	81.9%	81.2%	80.9%	89.4%	89.4%	89.4%	89.4%	89.4%	90.3%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	88.7%	88.6%	88.5%	88.6%	89.2%	89.0%	93.7%	93.7%	93.7%	93.7%	93.7%	93.8%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	91.5%	92.0%	92.3%	92.1%	92.6%	92.4%	95.2%	95.2%	95.2%	95.2%	95.2%	95.7%
Fire Safety	Improving Care	Well Led	AD	>=80%	86.6%	86.8%	87.4%	87.9%	88.3%	88.3%	93.7%	93.7%	93.7%	93.7%	93.7%	93.9%
Food Safety	Improving Care	Well Led	AD	>=80%	82.0%	81.9%	82.5%	83.0%	82.3%	81.6%	76.9%	76.9%	76.9%	76.9%	76.9%	78.3%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	92.2%	92.0%	91.3%	91.0%	90.4%	89.1%	95.8%	95.8%	95.8%	95.8%	95.8%	96.2%
Information Governance	Improving Care	Well Led	AD	>=95%	94.2%	94.0%	92.8%	94.1%	90.4%	98.0%	98.2%	98.2%	98.2%	98.2%	98.2%	98.8%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	91.7%	92.1%	91.9%	92.0%	92.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.5%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	93.2%	93.9%	93.5%	92.5%	92.3%	90.5%	93.3%	93.3%	93.3%	93.3%	93.3%	94.6%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	88.8%	90.2%	90.8%	89.8%	90.1%	87.2%	89.5%	89.5%	89.5%	89.5%	89.5%	91.2%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	75.1%	76.1%				73.3%		69.8%			Due Oct 20	
Prevent	Improving Care	Well Led	AD	>=80%	83.5%	86.0%	87.1%	88.8%	90.8%	91.1%	Suspended due to Covid-19					94.1%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	94.2%	94.4%	94.1%	94.1%	94.0%	94.3%						96.9%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	91.5%	91.8%	89.8%	89.0%	89.8%	90.7%						93.4%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	96.0%	96.3%	96.0%	96.5%	97.3%	97.1%						97.0%
Bank Cost	Improving Resources	Well Led	AD	-	£770k	£700k	£887k	£705k	£769k	£685k	£1,241k	£727k	£866k	£721k	£687k	£778k
Agency Cost	Improving Resources	Effective	AD	-	£628k	£674k	£572k	£559k	£537k	£581k	£613k	£469k	£507k	£518k	£558k	£606k
Overtime Costs	Improving Resources	Effective	AD	-	Data Unavailable						£191k	£196k	£382k	£342k	£257k	£276k
Additional Hours Costs	Improving Resources	Effective	AD	-							£58k	£58k	£61k	£66k	£71k	£59k
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-							528.0	222.1	222.1	192.3	208.9	205.9
Business Miles	Improving Resources	Effective	AD	-	284k	264k	317k	272k	273k	302k	312k	193k	149k	138k	164k	166k
Health & Safety																
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	4	15						7				

1 - this does not include data for medical staffing.

- Focus has shifted to metrics showing the impact of Covid-19 on the workforce. These are expanded on in the earlier Covid-19 section.
- As at September 22nd, 82 staff off work Covid-19 related, not working which compares to 26 one month earlier.
- 2294 staff tested as at September 22nd
- 149 staff have tested positive for Covid-19 of which 144 have returned to work
- Staff turnover increased to 9.1%, although this remains below the percentage in recent years.
- Non-Covid sickness absence was 3.8% in August 20 and cumulatively is 3.9%.
- Preparations are being made to recommence mandatory training and appraisals from September onwards
- Compliance with training requirements is positive.

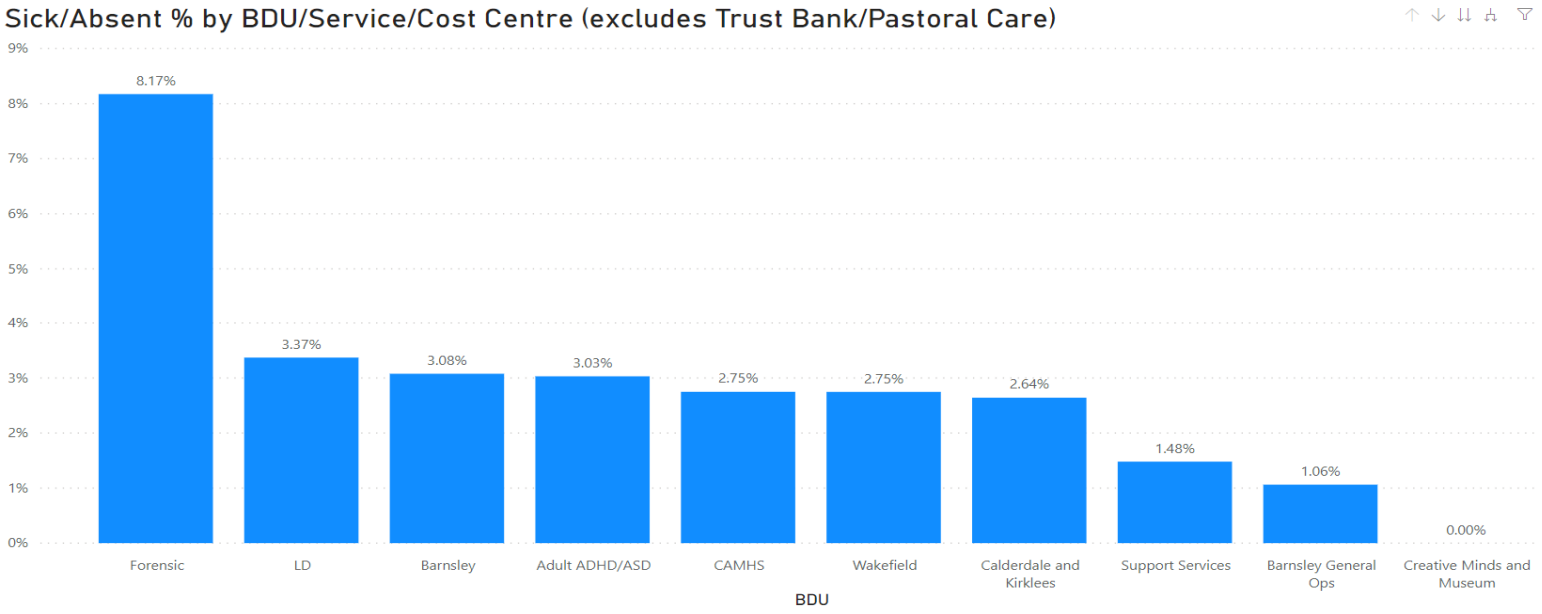
Sickness reporting

As at 22nd September, the Trust has 135 staff absent or working from home due to Covid-19. This makes up 2.65% of the workforce. Of those absent, 33.3% are symptomatic and 40.7% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 8.2% of staff impacted (34/416). This is obviously having a significant impact on operational services and resources are being deployed accordingly to ensure patient and staff safety during this challenging period.

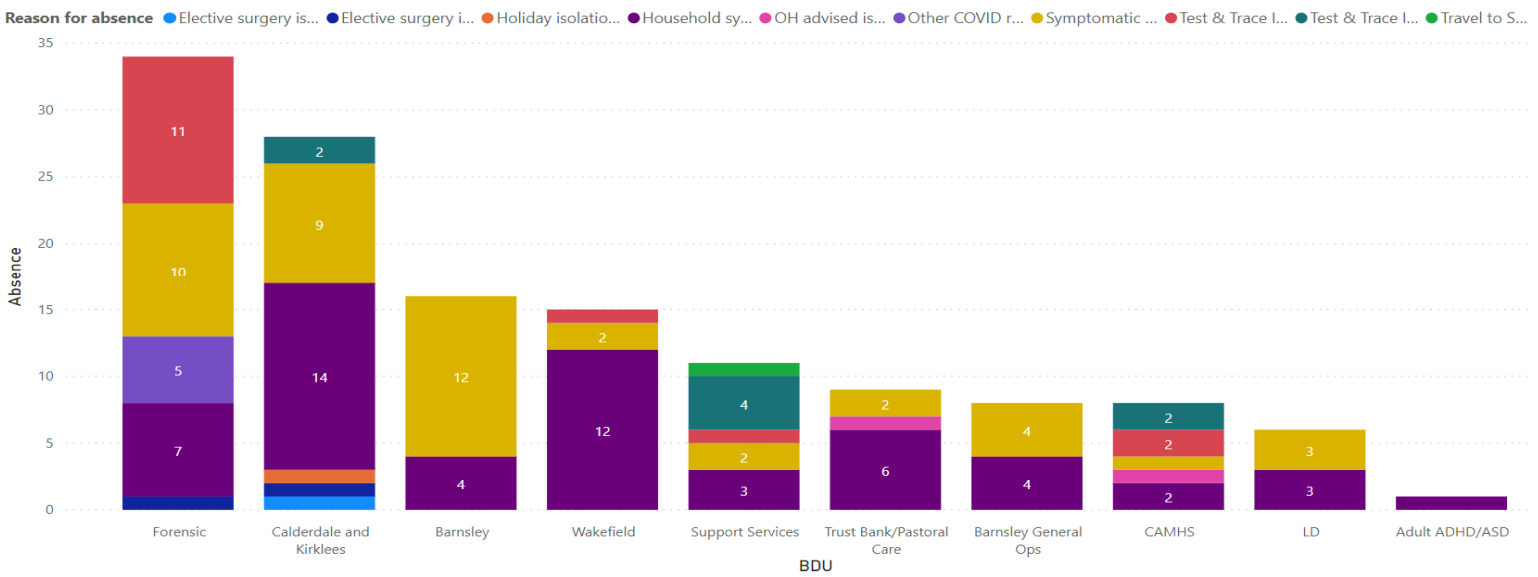
- The Trust continues to use a Gold, Silver and Bronze command structure.
- Bank and agency availability is being reviewed to assist with resource availability.
- Critical functions for corporate support services are typically working from home to adhere to the government's social distancing guidelines.
- Communications team is ensuring guidance is distributed and keeping staff up to date.
- Average length of absence (days) for those not working due to covid symptoms (based on absence start date) (September is a to date figure)

Mar 10.3 days, Apr 10.7 days, May 9.7 days, Jun 7.4 days, Jul 6.1, Aug 7.0, Sep 6.0

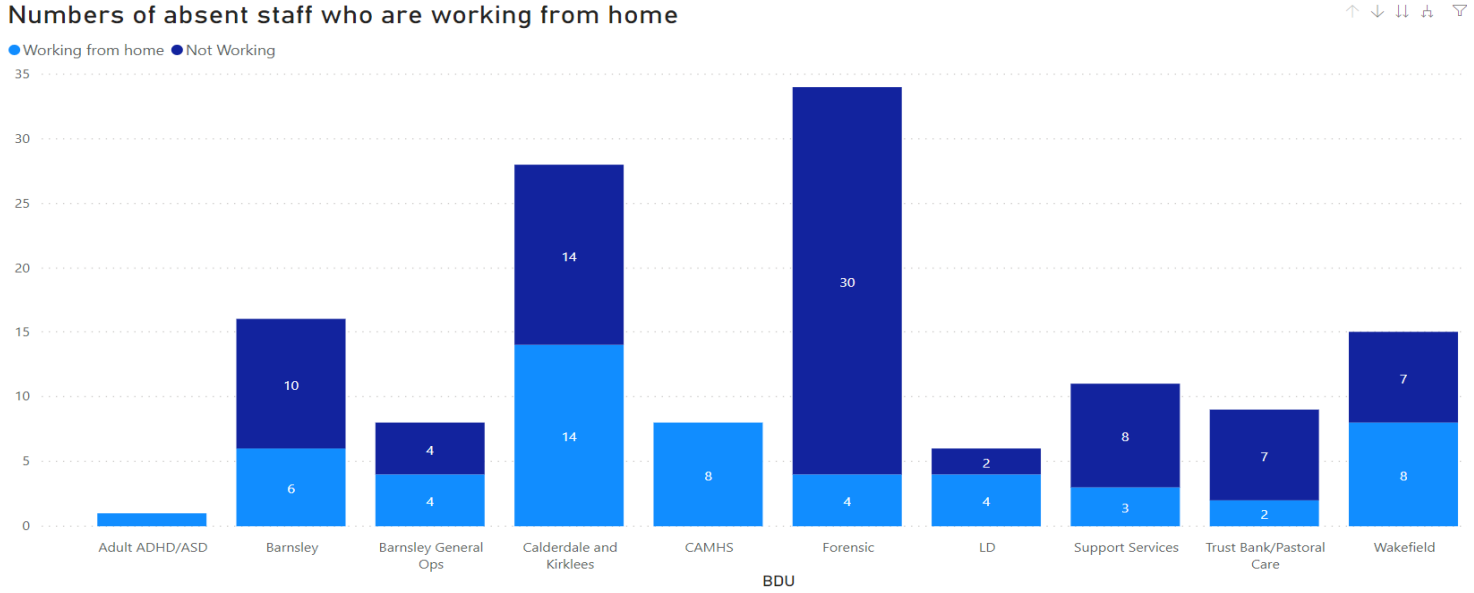
The following graph show the percentage of staff absences attributed to Covid-19 as a proportion of the BDU headcount.
Wakefield, Barnsley ADHD/ASD services business delivery units are currently the greatest affected areas in the Trust.



The following graph shows the reasons for Covid-19 absence by BDU.



The following chart shows Covid-19 staff absences over the period 16th March - 22nd September:



Publication Summary

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

Learning disability services monthly statistics (assuring transformation: July 2020, mental health services dataset: May 2020 final)

NHS workforce statistics: May 2020

NHS sickness absence rates: April 2020, provisional statistics

Employment of people with mental illness

Diagnostic imaging dataset: April 2020

Community services statistics for children, young people and adults: May 2020

Mental health services monthly statistics performance: June, provisional July 2020

Psychological therapies: reports on the use of IAPT services, England June 2020, final including reports on the IAPT pilots and Q1 data 2020-21

Out of area placements in mental health services: June 2020

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 5
(2020 / 21)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

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1.0	Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast August 20	Narrative
1	Surplus / (Deficit)			In line with national guidance the Trust is reporting a breakeven position for April to August 2020. To achieve this additional national funding is required for both reimbursement of covid-19 costs incurred and additional top up. For August this equated to £411k and £937k respectively. This is the highest value of retrospective top up claimed since the process began in April.
	Covid-19 reimbursement	£2.5m		
	Top Up	£2.2m		
	Reported position	£0m	£0m	
		Year to Date	Forecast 2020 / 21	Narrative
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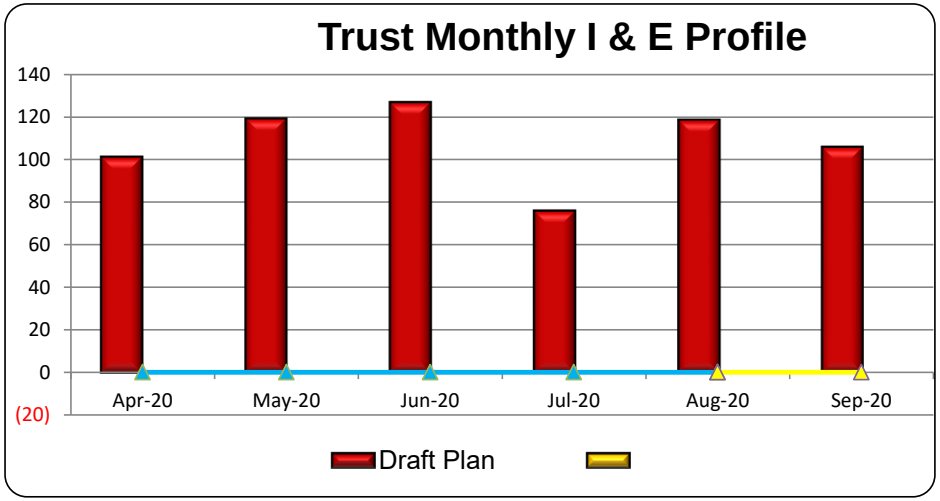
4	Capital	£0.5m	£6.6m	The Trust submitted a revised capital plan for 2020/21 of £6.6m. Spend to date is behind this plan. Spend continues to be reviewed in light of access, affordability and value for money driven by the implications of covid-19.
5	Better Payment			
	30 days	97%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 84% of invoices have been paid within 7 days.
	7 days	84%		

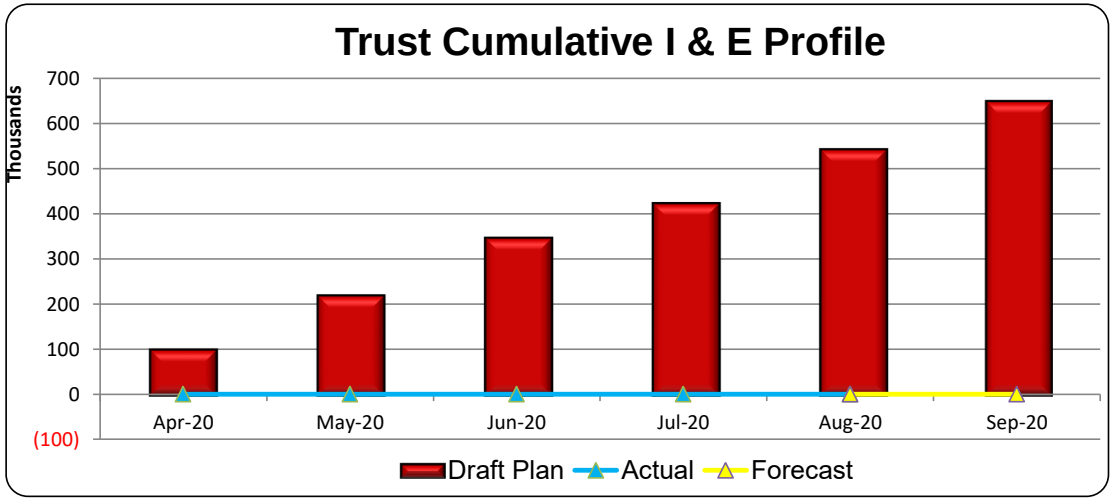
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

2.0 Income & Expenditure Position 2020 / 2021

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Apr - Sept Draft Budget	Apr - Sept Outturn	Apr - Sept Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				18,839	18,711	(127)	Clinical Revenue	94,155	91,872	(2,282)	112,973	110,861	(2,112)
				18,839	**18,711**	**(127)**	**Total Clinical Revenue**	**94,155**	**91,872**	**(2,282)**	**112,973**	**110,861**	**(2,112)**
				1,417	1,463	46	Other Operating Revenue	6,368	8,616	2,248	7,658	10,295	2,637
				20,255	**20,174**	**(81)**	**Total Revenue**	**100,522**	**100,488**	**(34)**	**120,631**	**121,156**	**525**
4,324	4,357	33	0.8%	(15,940)	(15,912)	28	Pay Costs	(78,710)	(78,283)	427	(94,461)	(94,300)	160
				(3,676)	(3,821)	(145)	Non Pay Costs	(17,996)	(17,674)	322	(21,579)	(21,562)	17
				240	320	80	Provisions	531	(698)	(1,230)	622	(699)	(1,321)
				0	0	0	Gain / (loss) on disposal	0	(23)	(23)	0	(23)	(23)
4,324	**4,357**	**33**	**-0.8%**	**(19,376)**	**(19,413)**	**(37)**	**Total Operating Expenses**	**(96,176)**	**(96,679)**	**(503)**	**(115,418)**	**(116,585)**	**(1,167)**
4,324	**4,357**	**33**	**-0.8%**	**880**	**761**	**(118)**	**EBITDA**	**4,347**	**3,809**	**(537)**	**5,214**	**4,571**	**(643)**
				(516)	(516)	(0)	Depreciation	(2,579)	(2,583)	(4)	(3,094)	(3,099)	(5)
				(253)	(245)	8	PDC Paid	(1,267)	(1,227)	40	(1,521)	(1,472)	48
				8	0	(8)	Interest Received	42	0	(41)	50	0	(50)
4,324	**4,357**	**33**	**-0.8%**	**119**	**(0)**	**(119)**	**Surplus / (Deficit)**	**543**	**(0)**	**(543)**	**649**	**(0)**	**(649)**
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,324	**4,357**	**33**	**-0.8%**	**119**	**(0)**	**(119)**	**Surplus / (Deficit)**	**543**	**(0)**	**(543)**	**649**	**(0)**	**(649)**

The position above includes a budget value. This has been included for high level comparative purposes only and is based upon the Trust draft annual plan submission in March 2020. Due to timing this draft budget did not include any consideration of changes arising from covid-19. The forecast shown is 6 months to September 2020.





Income & Expenditure Position 2019 / 20

A breakeven position has been reported for August. This assumes £937k of additional income via the 'top up' process which is an increase from previous months.

The Trust financial position continues to be shaped by covid 19, through both additional costs incurred and changes to the financial architecture nationally. As part of this the Trust has identified the need for £411k of Covid-19 cost reimbursement for August 2020 and a further top up of £937k in order to deliver an overall breakeven position. A separate breakdown of covid costs is provided on page 6.

Income

NHS England / Improvement (NHSE & I) instigated an interim approach to financial and commissioning arrangements for April to July 2020 initially. This has been extended until September 2020. The block arrangements were calculated nationally based on income received from key local commissioners during 2019/20 plus a tariff uplift. No further invoices or recharges are to be made and developments from new investment have been paused.

These nationally calculated values were internally assessed against 2020/21 draft contract positions. The aim of this approach is to ensure consistency, certainty on cashflows and reduce administrative burdens. This resulted in a shortfall in income and compared to our draft plan this has been raised with NHS E & I to inform any future decision making. This shortfall is the primary reason we currently require additional top up income. Increases in this block value would reduce the need for additional top up funding.

This shortfall in current income is shown in the I & E position on page 4 which highlights £2.3m less income for the year to date when compared to draft plans. Other operating revenue includes the income due for covid cost imbursement.

Pay

Pay spend in August was £15.9m. This is £0.4m more than July with increases in both bank and agency staff. Overall the WTE utilised within the Trust has increased with continued substantive recruitment in new services and in line with Mental Health Investment Standard (MHIS). There is also an increasing need for additional support (bank and agency) within key areas, such as inpatient wards, to meet service user needs.

Non Pay

Non Pay spend continues to have both cost pressures and savings within the overall position. Healthcare subcontracts continues to have financial pressure. This covers both acute and PICU out of area bed placements (explained further on page 11) and the purchase of locked rehab services in Barnsley.

Savings arise in categories such as travel, general office costs and training are helping to reduce the overall top up requirement. These are arising from the agile ways of working currently adopted.

Covid-19 Financial Impact

Covid-19 is a key contributor to the financial position and the table below highlights the areas where the Trust has incurred costs as part of its response. These costs have been identified as additional and reasonable in line with national guidance.

Review and validation of these cost claims are undertaken within the Trust and the true costs of the response will be higher than those identified for recovery. This is both for the year to date and also into the future. For example existing Trust staff have been redeployed into roles to support the covid effort. As the Trust was already incurring the cost of these staff they have been excluded from this reclaim. It should be noted that there may be a future financial impact of this as those staff return to substantive roles as part of the recovery programme.

The total cost reclaim in August was lower than July but at a similar level to April to June. Pay costs reclaimed are reducing, as staff return to core roles with reduced backfill and a reduction in the number of student placements. These are forecast to reduce further in September.

		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Total
Heading	**Description**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Staffing	Backfill of shifts due to covid (sickness, isolation, shielding)	110	150	133	171	104		**668**
Staffing – community	Community additional shifts	13	81	71	60	7		**232**
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	0	26	51	0	0		**77**
Staffing - students	Costs of student nurses and medics over and above previous	0	2	132	196	117		**447**
Staffing – out of area	Costs of out of area placement providers to provide additional staff due to potential covid cases	16	0	0	0	0		**16**
Total – Pay		**139**	**259**	**387**	**427**	**228**	**0**	**1,440**
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	128	88	4	57	53		**330**
Laundry	In house laundry service including scrubs	96	8	13	32	37		**186**
Infection Control	Central store of additional infection control supplies (wipes,	27	49	18	95	5		**194**
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	19	22	22	0	6		**69**
Discharge Equipment	Purchase of additional equipment to support hospital discharges	0	34	0	37	0		**71**
Communications	Consent to share letter	0	0	17	21	2		**40**
Misc / other	Other general non pay not captured in the headings above	8	16	17	18	76		**135**
Total – Non Pay		**278**	**217**	**91**	**260**	**179**	**0**	**1,025**
Total cost recovery		**417**	**476**	**478**	**687**	**407**	**0**	**2,465**

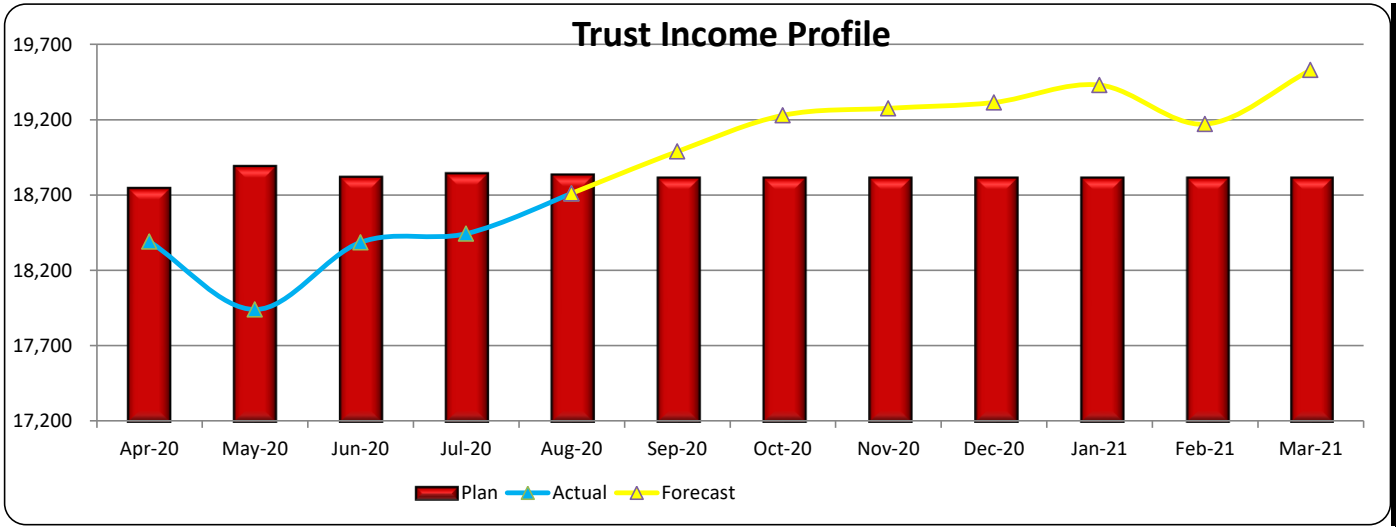
2.1 Income Information

As a national response to the covid-19 pandemic NHS England / Improvement announced that all income from NHS commissioners (clinical commissioning groups and NHS England) would become a fixed block payment arrangement for April to July 2020 subsequently extended to September. This would provide some cashflow certainty for a period of time and reduce administrative burdens.

The value of this was calculated centrally based upon information the Trust had provided within the 2019/20 Month 9 agreement of balances exercise plus a 2.8% uplift to cover tariff and mental health investment. There was no efficiency assumption applied. A further national top up value was also calculated to take account of cost movements up to January 2020. There was no assessment in these calculations for items which were one off / non-recurrent or the full year effect of additional investment made in the latter part of the year.

The block payments covered all income from these commissioners. Therefore this included payment for services, staff recharges, recharge for projects etc. Income expected for these additional services has been allocated to BDUs but the overall value to the Trust remains unchanged. These are the negative values against the other line.

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k	Total 19/20 £k
CCG	14,530	13,931	14,286	14,237	14,310	14,382	14,374	14,367	14,367	14,379	14,381	14,367	**171,910**	**171,720**
Specialist Commissioner	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,322	**27,869**	**27,895**
Local Authority	335	473	409	439	419	417	417	417	417	417	417	417	**4,994**	**7,755**
Partnerships	619	637	597	628	639	631	631	631	631	631	631	631	**7,539**	**7,673**
Top Up	550	550	702	658	1,254	1,247	1,495	1,558	1,596	1,700	1,438	1,810	**14,560**	**0**
Other	35	27	70	159	(234)	(11)	(11)	(20)	(19)	(20)	(19)	(18)	**(62)**	**418**
Total	**18,391**	**17,940**	**18,386**	**18,443**	**18,711**	**18,989**	**19,229**	**19,276**	**19,315**	**19,430**	**19,171**	**19,530**	**226,810**	**215,461**
19/20	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	19,031	18,334	19,134	**215,461**	



The Trust draft plan included likely contract values following initial discussions with commissioners and application of the national planning tariff uplift for 2020/21.

This represented significant increases across all main commissioners to take account of mental health investment in line with national guidance.

As a result the graph to the left shows income as less than draft plan.

It is currently unclear what the contract income arrangements will be post September 2020. The current forecast assumes that current arrangements will continue with a national top up. As costs are forecast to increase the top up required also increases.

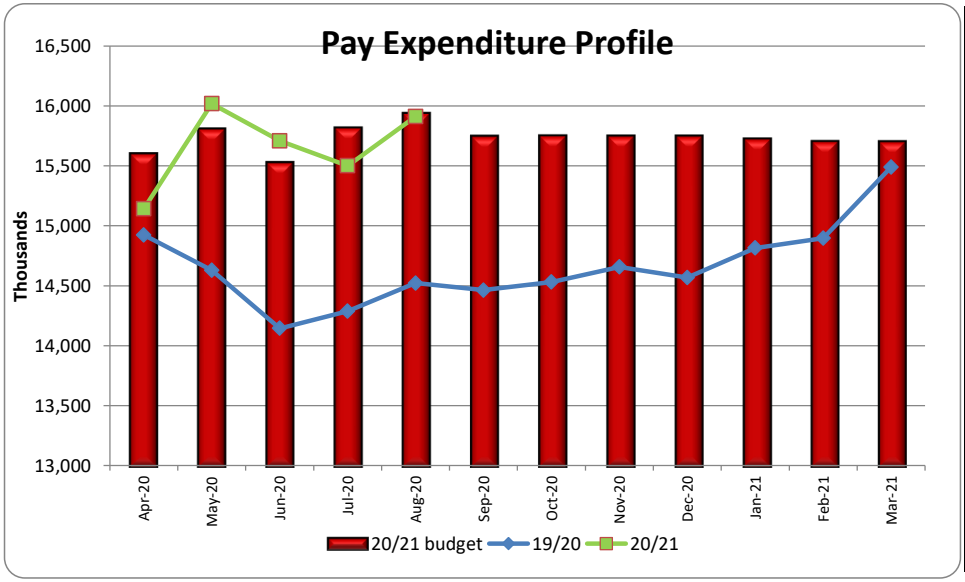
2.2 Pay Information

Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 79% of our budgeted total expenditure.

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.

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
Substantive	13,947	14,646	14,470	14,256	14,462								**71,780**
Bank & Locum	727	866	721	687	844								**3,845**
Agency	469	507	518	558	606								**2,658**
Total	**15,142**	**16,019**	**15,709**	**15,501**	**15,912**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**78,283**
19/20	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	14,815	14,896	15,490	**168,476**
Bank as %	4.8%	5.4%	4.6%	4.4%	5.3%								4.9%
Agency as %	3.1%	3.2%	3.3%	3.6%	3.8%								3.4%

	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Current
Substantive	3,900	4,004	4,026	4,026	4,006								**4,026**
Bank & Locum	203	253	193	197	244								**193**
Agency	68	75	83	90	108								**83**
Total	**4,171**	**4,332**	**4,302**	**4,312**	**4,357**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,302**
19/20	3,989	4,013	4,002	4,002	4,057	4,069	4,119	4,191	4,138	4,152	4,160	4,285	**4,098**



As shown in the table and graph pay costs overall have increased from 2019/20 (average run rate £14.7m per month). Of this annual pay awards and increments are estimated at £450k per month.

There is an increased run rate in August from the previous two months with an increase in costs across both substantive and temporary staffing areas. Key headlines include:

* Continued recruitment into new services and following Mental Health Investment Standard (MHIS).
* Additional staffing to support service demands such as service user acuity, additional observations and care needs. Safer staffing levels continue to be reported within the Trust.
* Payment in month of clinical excellence awards to medical staff

These costs have been partially offset by a reduction in covid-19 staffing costs (page 6) primarily due to the reduction in student nurse numbers with the Trust. A number have remained within the Trust and are moving into substantive roles within the overall workforce.

2.2 Agency Expenditure Focus

Agency spend has increased for each month from April to August.

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.

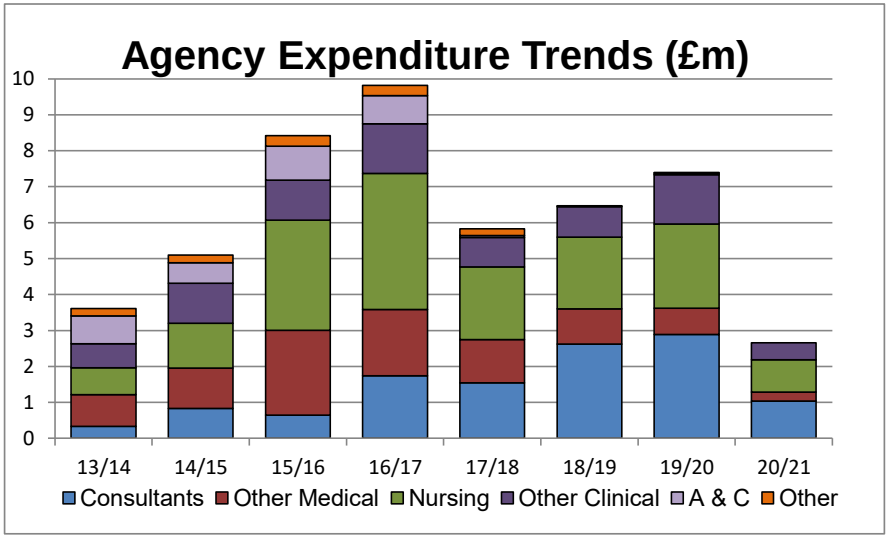
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

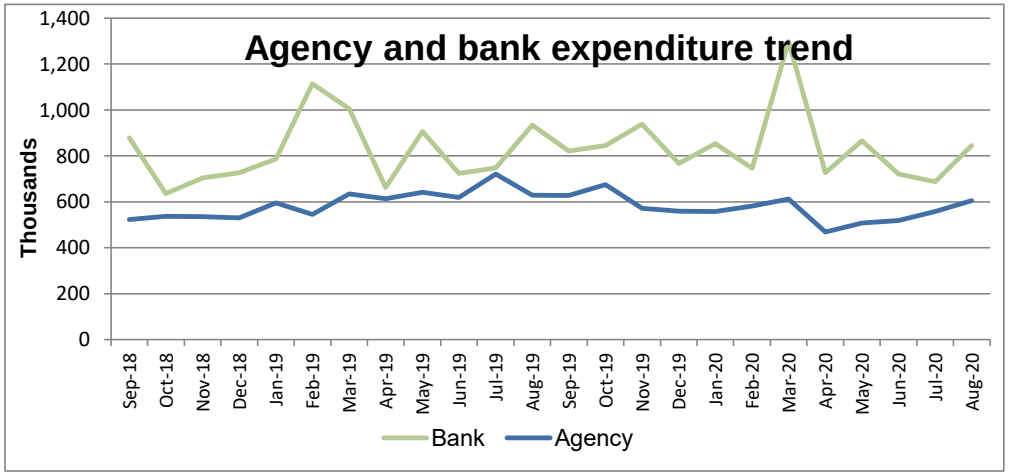
NHS E & I introduced a set of rules in April 2016 to support trusts to reduce agency spend and move towards a sustainable model of temporary staffing. Part of this support has been through the introduction of agency spend caps and suggested maximum pay rates.

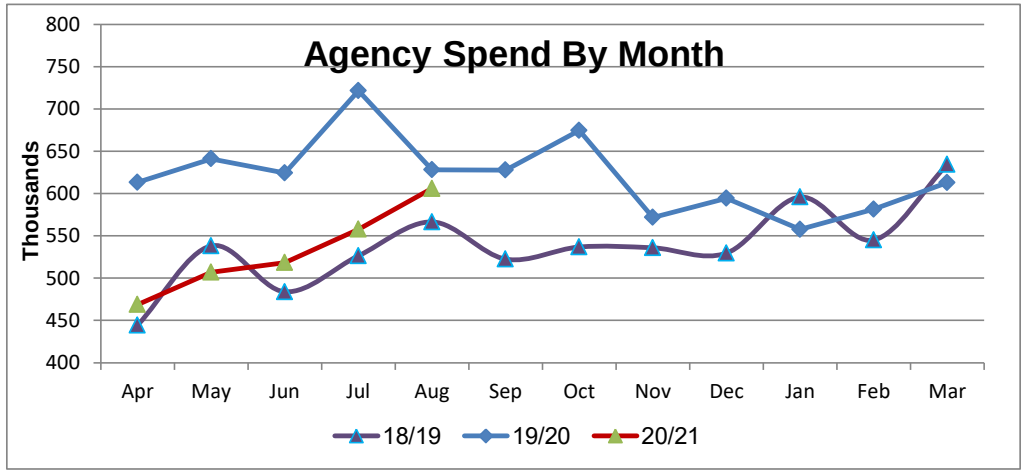
Due to covid 19 there is currently no agency cap for 2020/21, however controls remain the same. The Trust continue to submit the same detailed agency information to NHSI on a weekly basis. This information monitors both the volume of agency shifts utilised and performance against suggested maximum agency rates (caps). Shifts exceeding these caps continue to require appropriate prior approval including approval by the chief executive as previous.

August 2020 spend is £606k, which is the fifth consecutive monthly increase, and is roughly the same as the 2019/20 agency run rate. (2019/20 average was £617k per month).

The triangulation continues to compare agency spend with substantive staff and bank staff payments as part of the overall workforce strategy.







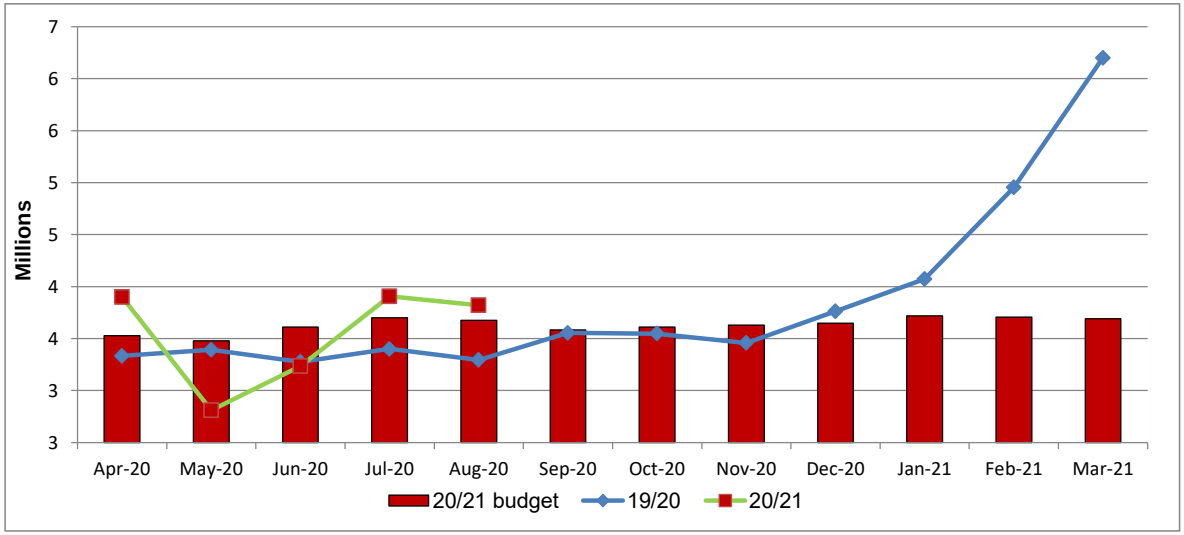
2.3 Non Pay Expenditure

Whilst pay expenditure represents approximately 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).

Please note the budget shown is per the draft operating plan and for indicative comparative purposes only.

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
2020/21	3,900	2,811	3,236	3,906	3,821								**17,674**
2019/20	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954	6,200	**46,244**

	Indicative Budget Year to date	Actual Year to date	Variance
Non Pay Category	**£k**	**£k**	**£k**
Clinical Supplies	1,014	1,232	(218)
Drugs	1,486	1,340	146
Healthcare subcontracting	2,257	2,924	(667)
Hotel Services	714	779	(65)
Office Supplies	2,278	2,457	(178)
Other Costs	1,905	1,742	163
Property Costs	2,700	2,737	(37)
Service Level Agreements	2,720	2,539	181
Training & Education	444	142	302
Travel & Subsistence	1,496	877	620
Utilities	442	489	(48)
Vehicle Costs	540	417	123
Total	**17,996**	**17,674**	**322**
Total Excl OOA and Drugs	**14,253**	**13,410**	**843**



Key Messages

The national and Trust response to covid-19 is having a notable impact on non-pay costs. Additional PPE and cleaning material costs have been mitigated in part by national supply of key product lines. These have been at nil cost to the Trust. The non pay impact identified directly as a result of covid (in-house laundry, scrubs, infection control measures, provision of staff meals and refreshments) totals £1m for the year to date as highlighted earlier in this report. This is included within each of the individual non pay categories above.

Non pay, overall, remains lower than the indicative plan primarily due to current ways of working with reduced travel , training and office costs supported through the increased use of technology and agile working.

Cost pressures remain in the supply and purchase of clinical supplies and the volatile nature of healthcare subcontracts. This includes both out of area bed placements (acute, PICU) but also the purchase of healthcare from other providers. The main cost pressure here relates to locked rehab placements in Barnsley.

2.3 Out of Area Beds Expenditure Focus

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

Out of Area Expenditure Trend (£)

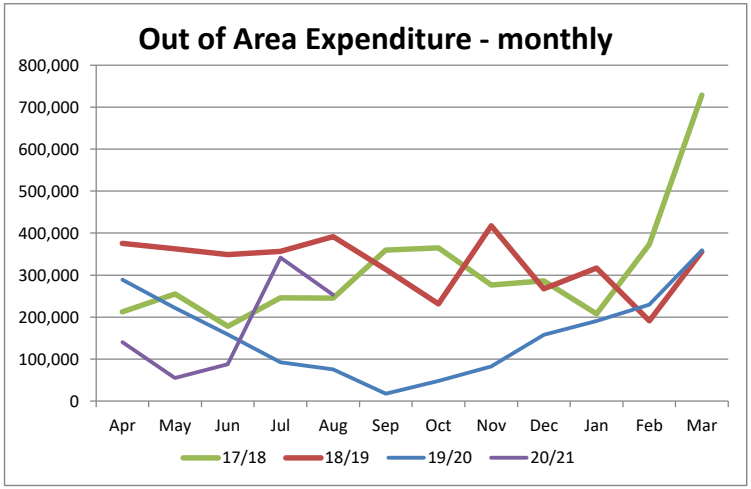
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	**3,733**
18/19	376	363	349	357	392	314	232	417	268	317	191	355	**3,929**
19/20	289	222	158	93	76	17	48	82	158	191	230	359	**1,924**
20/21	141	55	88	342	253								**878**

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	216	305	275	**2,408**
20/21	110	55	120	305	145								**735**

Bed Day Information 2020 / 2021 (by category)

PICU	92	45	34	113	102								**386**
Acute	18	10	86	192	43								**349**
Total	110	55	120	305	145	0	0	0	0	0	0	0	**735**



Delivery of service demands remains a challenge for the Trust, and whilst the focus remains on ensuring that costs are minimised and care is provided in the most appropriate environment and location, some out of area placements are being utilised.

Costs have reduced from the in year peak in July although bed days have remained higher than the average of quarter 1. Placements continue to be minimised and the consequences of covid-19 continue to be mitigated as far as possible. This has an impact on the workforce requirements as shown within the pay analysis.

There are a further 43 bed days (increase from 62 in July) which are paid for by commissioners i.e. for gender specific reasons.

Previous experience has demonstrated that out of area placement activity has fluctuated and usage and action plans continue to be developed to ensure that future usage is minimised.

3.0 Balance Sheet 2020 / 2021

	2019 / 2020 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	107,617	105,376	1
Current Assets			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,576	2,922	2
Non NHS Trade Receivables (Debtors)	953	1,795	3
Prepayments, Bad Debt, VAT	2,219	4,214	
Accrued Income	1,904	2,178	4
Cash and Cash Equivalents	36,417	55,840	5
Total Current Assets	**48,307**	**67,188**	
Current Liabilities			
Trade Payables (Creditors)	(4,102)	(2,229)	6
Capital Payables (Creditors)	(272)	(343)	
Tax, NI, Pension Payables, PDC	(6,311)	(7,247)	
Accruals	(10,869)	(12,423)	7
Deferred Income	(1,462)	(17,548)	
Total Current Liabilities	**(23,016)**	**(39,790)**	
Net Current Assets/Liabilities	**25,291**	**27,398**	
Total Assets less Current Liabilities	**132,909**	**132,773**	
Provisions for Liabilities	(8,724)	(8,589)	
Total Net Assets/(Liabilities)	**124,185**	**124,185**	
Taxpayers' Equity			
Public Dividend Capital	44,971	44,971	
Revaluation Reserve	12,763	12,763	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	61,231	61,231	8
Total Taxpayers' Equity	**124,185**	**124,185**	

The Balance Sheet analysis compares the current month end position to that at 31st March 2020.

1. Capital expenditure is detailed on page 13. The asset value is reducing due to depreciation charges and limited capital spend year-to-date.

2. NHS debtors continue to reduce due to the block and limited nature of current invoicing arrangements. £1.6m has been agreed as payable in March 2021.

3. Non NHS debtors have increased in month specifically due an invoice (£1.3m) now raised to a local commissioner for April to August following receipt of a purchase order. This will be invoiced monthly going forwards.

4. Accrued income mainly consists of settlement of the covid-19 cost reimbursement and top up payments. The total has reduced from last month due to raising the invoice referenced above.

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 15.

6. Payments to creditors continue to be paid in line with the Better Payment Practice Code (page 17) and the revised 7 day payment target.

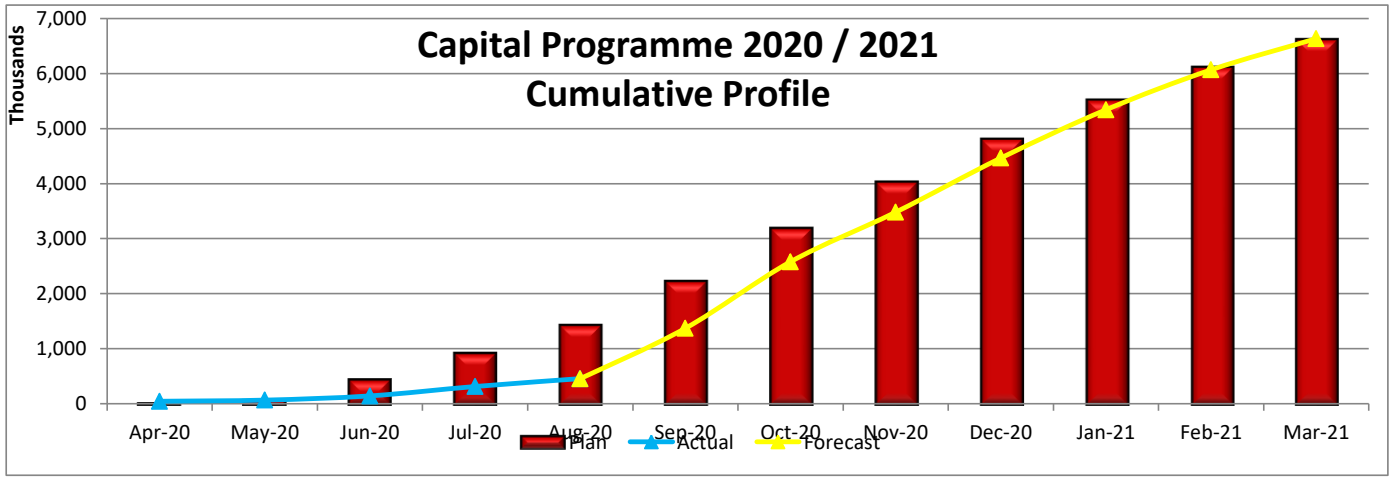
7. Accruals are higher than year end as the Trust awaits invoices for goods and services received.

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

3.1 Capital Programme 2020 / 2021

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	3,479	450	219	(231)	3,513	34	
Equipment Replacement	100	25	43	18	108	8	
IM&T	2,455	975	194	(781)	2,413	(42)	
Major Capital Schemes							
Hub Development	600	0	0	0	600	0	
						0	
						0	
VAT Refunds			0			0	
TOTALS	**6,634**	**1,450**	**456**	**(994)**	**6,634**	**0**	

The capital plan for 2020 / 21 is £6.6m.

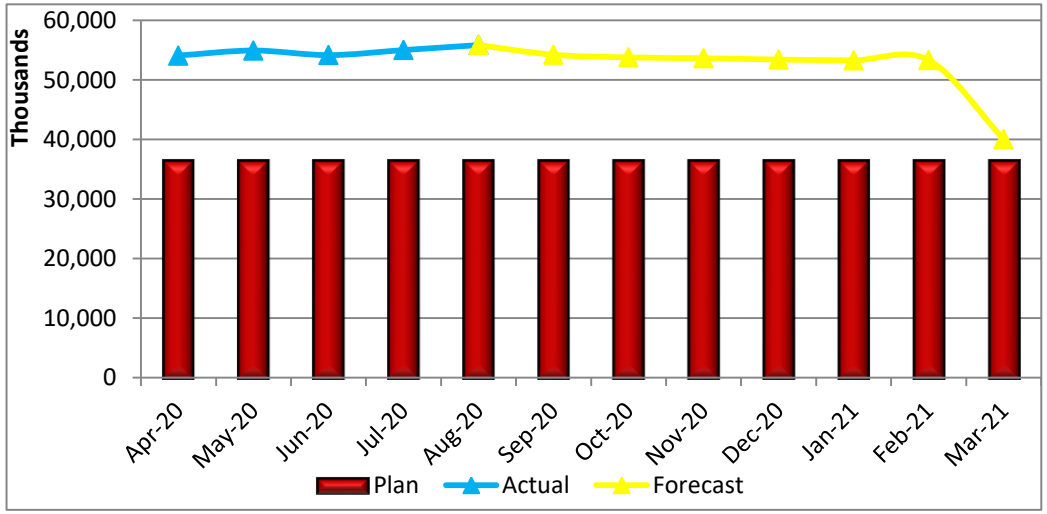


Capital Expenditure 2020 / 21

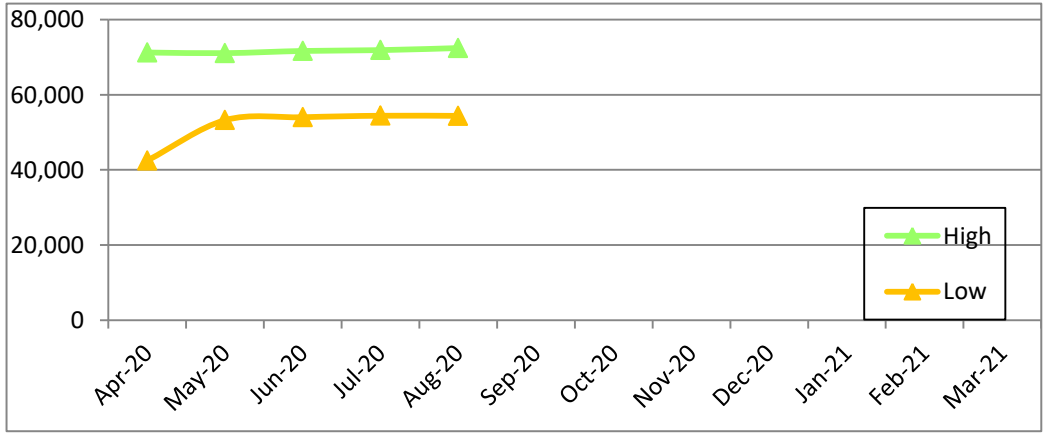
The Trust submitted a revised capital plan in May 2020 of £6.6m. This represents a 15% reduction from the original £7.8m. A further £4k has been added from the national backlog maintenance programme.

A full revised forecast is being developed to take account of the current covid 19 situation. This includes the supply side (companies available to supply goods and service and any impact on costs) and the access requirements on site.

3.2 Cash Flow & Cash Flow Forecast 2020 / 2021



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	36,417	55,840	19,423



Cash remains higher than 2019/20. The main factor is the timing of block payments which are a month in advance.

Even though block contract payments are being received a month in advance, which has a positive impact on the cash position, the Trust continues to look to maximise cash.

A detailed reconciliation of working capital compared to plan is presented on page 15.

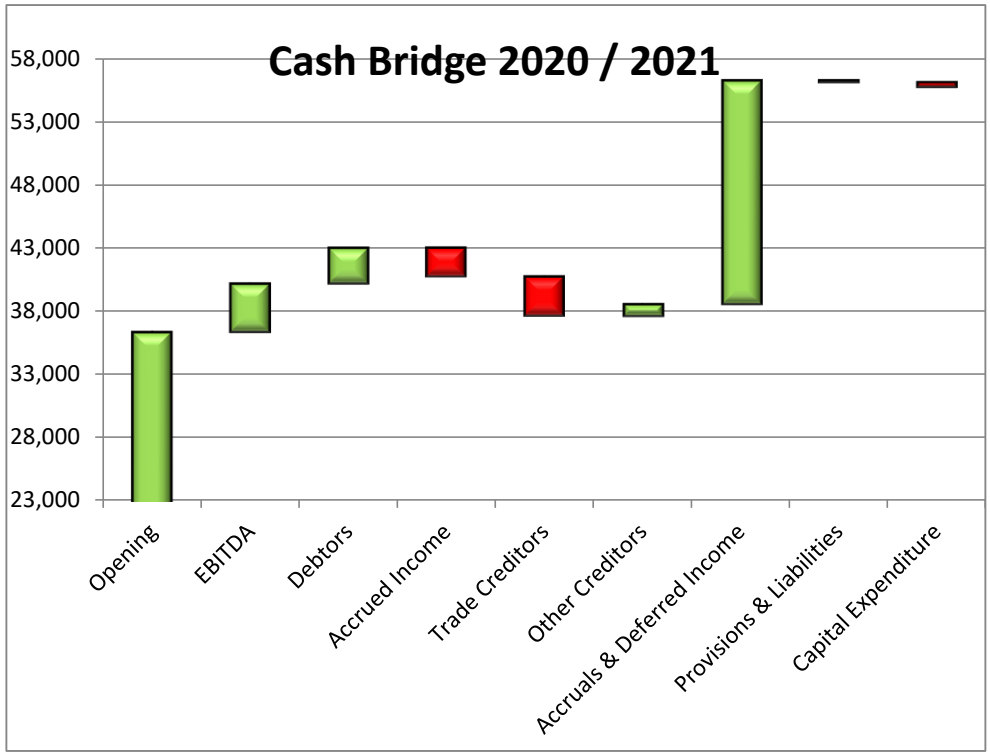
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £72.5m
The lowest balance is: £54.4m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Actual £k	Note
Opening Balances	**36,417**	
Surplus / Deficit (Exc. non-cash items & revaluation)	3,832	
Movement in working capital:		
Inventories & Work in Progress	0	
Receivables (Debtors)	2,812	
Accrued Income / Prepayments	(2,269)	
Trade Payables (Creditors)	(3,101)	
Other Payables (Creditors)	935	
Accruals & Deferred income	17,641	
Provisions & Liabilities	(135)	
Movement in LT Receivables:		
Capital expenditure & capital creditors	(385)	
Cash receipts from asset sales	92	
PDC Dividends paid		
PDC Dividends received		
Interest (paid)/ received		
Closing Balances	**55,840**	



The table above summarises the reasons for the movement in the Trust cash position during 2020 / 2021. This is presented graphically as well within the cash bridge.

The surplus / deficit movement is the Trust I & E position adjusted for depreciation which is non cash and adding back in PDC as this only generates a cash impact on a 6 monthly basis and is shown separately.

This highlights the largest positive cash impact is within accruals and deferred income. Of this £17.1m relates to the receipt of September 2020 block invoices during August in line with national guidance. This is a timing benefit and will move back in line at some point during the financial year (the cashflow forecast currently assumes this is March 2021).

The largest cash reduction is within creditors and is a direct consequence of the national request to pay invoices within 7 days.

4.0 Better Payment Practice Code

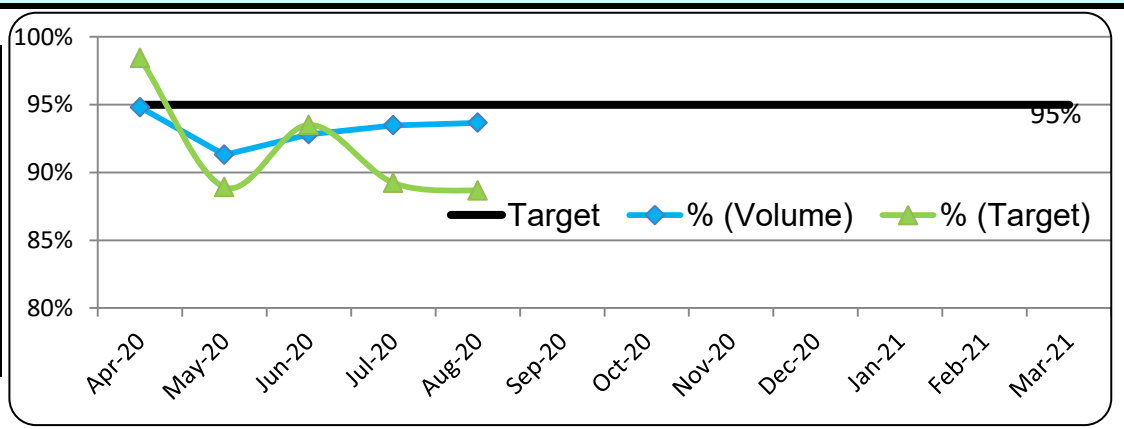
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Performance continues to be positive.

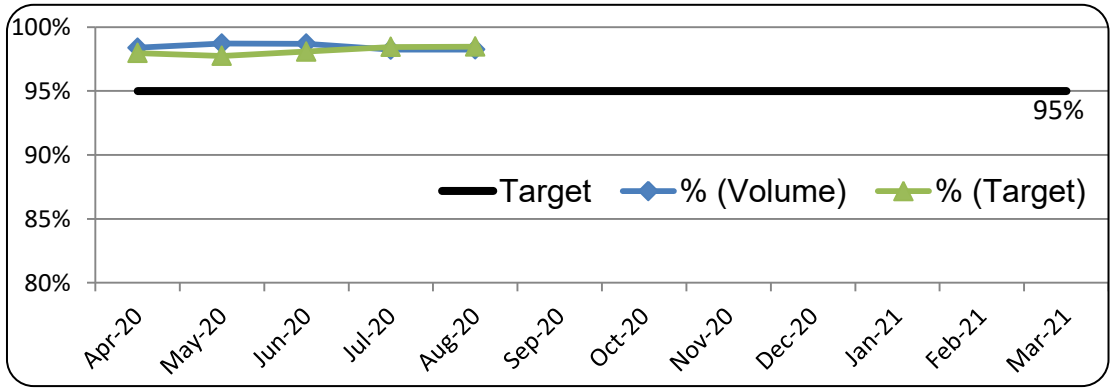
As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

To date, by value, we have paid 69% of NHS invoices and 87% of non NHS invoices within this 7 day target. We continue to review processes to improve this performance further.

NHS	Number	Value
30 days	**%**	**%**
Year to July 2020	93%	89%
Year to August 2020	94%	89%
7 days		
Year to July 2020	70%	78%
Year to August 2020	71%	69%



Non NHS	Number	Value
30 days	**%**	**%**
Year to July 2020	98%	98%
Year to August 2020	98%	98%
7 days		
Year to July 2020	83%	88%
Year to August 2020	80%	87%



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 (£)
27-Jul-20	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3145570	364,058
30-Jul-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3145873	136,800
19-Jun-20	Drugs	Trustwide	Bradford Teaching Hospitals NHS FT	3142729	122,055
06-Aug-20	Information SLA	Trustwide	Daisy Corporate Services Trading Ltd	3146500	90,250
04-Aug-20	Property Rental	Wakefield	Assura HC Ltd	3146174	90,000
19-Aug-20	CNST contributions	Trustwide	NHS Litigation Authority	3147658	64,522
09-Jul-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3144556	49,216
20-Aug-20	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	3147705	44,048
07-Aug-20	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	3146669	43,646
26-Aug-20	Professional fees	Trustwide	Avison Young UK Limited	3148258	42,225
31-Jul-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3145973	41,645
20-Jul-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3145053	39,714
14-Aug-20	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	3147406	27,048
12-Aug-20	Purchase of Healthcare	Trustwide	Humber NHS Foundation Trust	3147274	27,015
14-Aug-20	Computer Hardware	Trustwide	Dell Corporation Ltd	3147463	26,267
07-Aug-20	Utilities	Trustwide	EDF Energy	3146766	25,369
09-Jul-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3144556	25,056

4.2 Glossary

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

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

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

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

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

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

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

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

* 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.

Glossary

ACP	Advanced clinical practitioner
ADHD	Attention deficit hyperactivity disorder
AQP	Any Qualified Provider
ASD	Autism spectrum disorder
AWA	Adults of Working Age
AWOL	Absent Without Leave
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield
BDU	Business Delivery Unit
C&K	Calderdale & Kirklees
C. Diff	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach
CCG	Clinical Commissioning Group
CGCSC	Clinical Governance Clinical Safety Committee
CIP	Cost Improvement Programme
CPA	Care Programme Approach
CPPP	Care Packages and Pathways Project
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CROM	Clinician Rated Outcome Measure
CRS	Crisis Resolution Service
CTLD	Community Team Learning Disability
DoV	Deed of Variation
DoC	Duty of Candour
DQ	Data Quality
DTOC	Delayed Transfers of Care
EIA	Equality Impact Assessment
EIP/EIS	Early Intervention in Psychosis Service
EMT	Executive Management Team
FOI	Freedom of Information
FOT	Forecast Outturn
FT	Foundation Trust
FYFV	Five Year Forward View

HEE	Health Education England
HONOS	Health of the Nation Outcome Scales
HR	Human Resources
HSJ	Health Service Journal
HSCIC	Health and Social Care Information Centre
HV	Health Visiting
IAPT	Improving Access to Psychological Therapies
IBCF	Improved Better Care Fund
ICD10	International Statistical Classification of Diseases and Related Health Problems
ICO	Information Commissioner's Office
IG	Information Governance
IHBT	Intensive Home Based Treatment
IM&T	Information Management & Technology
Inf Prevent	Infection Prevention
IPC	Infection Prevention Control
IWMS	Integrated Weight Management Service
JAPS	Joint academic psychiatric seminar
KPIs	Key Performance Indicators
LA	Local Authority
LD	Learning Disability
MARAC	Multi Agency Risk Assessment Conference
Mgt	Management
MAV	Management of Aggression and Violence
MBC	Metropolitan Borough Council
MH	Mental Health
MHCT	Mental Health Clustering Tool
MRSA	Methicillin-resistant Staphylococcus Aureus
MSK	Musculoskeletal
MT	Mandatory Training
NCI	National Confidential Inquiries
NHS TDA	National Health Service Trust Development Authority
NHSE	National Health Service England
NHSI	NHS Improvement

NICE	National Institute for Clinical Excellence
NK	North Kirklees
NMoC	New Models of Care
OOA	Out of Area
OPS	Older People's Services
ORCHA	Preparatory website (Organisation for the review of care and health applications) for health related applications
PbR	Payment by Results
PCT	Primary Care Trust
PICU	Psychiatric Intensive Care Unit
PREM	Patient Reported Experience Measures
PROM	Patient Reported Outcome Measures
PSA	Public Service Agreement
PTS	Post Traumatic Stress
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QTD	Quarter to Date
RAG	Red, Amber, Green
RiO	Trusts Mental Health Clinical Information System
SIs	Serious Incidents
S BDU	Specialist Services Business Delivery Unit
SK	South Kirklees
SMU	Substance Misuse Unit
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Plans
SU	Service Users
SWYFT	South West Yorkshire Foundation Trust
SYBAT	South Yorkshire and Bassetlaw local area team
TB	Tuberculosis
TBD	To Be Decided/Determined
WTE	Whole Time Equivalent
Y&H	Yorkshire & Humber
YHAHSN	Yorkshire and Humber Academic Health Science
YTD	Year to Date

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

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

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

South West Yorkshire Partnership NHS Foundation Trust

Trust Board
29 September 2020
Agenda item 8.2

Title:	**Serious incident report Quarter 1 2020/21 (including Learning from healthcare deaths Quarter 1 2020/21)**
Paper prepared by:	Director of Nursing and Quality
Purpose:	This report provides information in relation to incidents in Quarter 1 and more detailed information in relation to serious incidents. Also to provide assurance that learning from healthcare deaths arrangements are in place. The report provides cumulative data for 2019/20 deaths. The learning from healthcare deaths report requires publication on the Trust website.
Mission/values:	• We are respectful, honest, open and transparent • We put the person first and in the centre • We are always improving
Any background papers/ previously considered by:	Previous quarterly reports which have been submitted to CGCSC and Trust Board, along with annual incident reports and Our learning journey reports. CGCSC has also received papers about the introduction of the national requirement for learning from healthcare deaths and the policy.
Executive summary:	• This report is produced by the patient safety support team and shows the data for incidents. Detailed Quarterly reports have been produced and shared with each Business Delivery Unit. Data is also available at service line level. All managers have access to Datix dashboards to interrogate data further. • This report has overall figures for incident reporting. Q1 had 2938 incidents; lower than the previous quarter (3168). • 85% of incidents are graded as “low” or “no harm” showing a positive culture of risk management (the more green incidents reported mean action taken proactively at an early stage before harm occurs). • We benchmark well based on National Reporting and Learning System (NRLS) report on patient safety incidents with consistent and timely reporting and no evidence of under reporting. • “Physical aggression/threat (no physical contact): by patient” 286 incidents (9%) remains as the most reported category. • “Violence and Aggression” continues to be the highest reported incident type (29%) (854) of all incidents reported in the quarter, consistent with the previous quarter) [fig 1]. Staff have reported that this can be linked to individual service users. • There have been no ‘Never Events’ reported in the Trust during Q1: the last Never Event reported was in 2010/11. • The total number of serious incidents reported through Strategic Executive Information System (STEIS) in Quarter 31 was 9; this is lower than what was reported in Quarter 4 19/20 (15). The range of serious incidents reported this quarter included deaths (5), pressure ulcers (2), security – other (1) and unintended/accidental injury (1).

With all of us in mind.

	• In quarter 1, the highest category of serious incident is “Suicide (including apparent suicide) community team care – current episode” (4). This is lower than quarter 4 which was 5. • The NRLS summary report (March 2020) identified that there was no evidence of potential under reporting within SWYPFT and that our timeliness of reporting had improved in April and September 2019. • All incidents that are graded red or amber are extracted from Datix for inclusion in a report that is reviewed at the weekly risk panel. • All deaths are reviewed in line with the learning from healthcare deaths policy. • We are implementing our Trust wide suicide prevention strategy, which includes conducting a deep dive analysis on hotspot areas and targeting clinical teams and service user groups where there is concern. • We have taken the lead on the West Yorkshire and Harrogate Health Care Partnership 5-year suicide prevention strategy, which has adopted an evidence-based approach to suicide prevention and zero suicide philosophy for targeted areas and hotspots. • A recent 360 Assurance audit of incident processes resulted in significant assurance. An action plan has been developed to address areas for improvement. Our work on learning from experience was recognised as an area of excellent practice. • 13 serious incident investigations have been submitted to the Commissioner during the quarter and 7 previous serious incidents have been closed by Commissioners. • The actions from incidents are managed at Business Delivery Unit level. The patient safety support team produces information on completion of action plans from serious incidents and these are monitored through the operational management group. • A number of investigations are outside the 60 working day target; during the Covid-19 period and to present, the 60 working days timescale has been suspended by NHS Improvement. However, we have continued to aim to work towards this timescale during this time. • We are starting the Royal College of Psychiatrists Serious Incident Review Accreditation process which will involve a period of self review following by peer review. **Learning from healthcare deaths** • The Learning from healthcare deaths report provides figures on the number of deaths reported, reviewed and the review processes. • The Trust started reviewing all deaths reported on Datix using an incremental approach from April 2017 • The Learning from healthcare deaths policy was reviewed in January 2020. • The Trust has adopted the three levels of scrutiny suggested in the National Quality Board guidance: • Total number of deaths reported on Datix by staff between 1/04/2020 – 30/06/2020 (by reported date, not date of death) = 132, all of which have been reviewed. This is an increase on previous quarters Q4 19/20 108, Q3 19/20 95) • Total in scope as described in report = 82 (Q4 2019/20 82) • Following the Mortality Review Group on 20 August 2020, a decision was made to reduce the frequency of that meeting from monthly to quarterly.

	Learning Disability Mortality Review Programme (LeDeR) Update: On 16 July 2020, a full copy of the 2019 Learning Disability Mortality Review Programme (LeDeR) Annual Report was published by the University of Bristol. This is the 4th report produced. • It presents information about the deaths of people with learning disabilities aged 4 years and over notified to the LeDeR programme from 1st July 2016 - 31st December 2019, with a focus on deaths reviewed during 2019. • From 1st July 2016 - 31st December 2019, 7,145 deaths were notified to the programme (6,629 were adults and 516 were children aged 4-17 years). This is a 66% increase from figure reported in 2019 (4,302). • The 2019 report and NHS England action learning report are currently being reviewed. Next steps: • To continue the mortality work internally and regionally • To roll out the News2 across the Trust • To continue ongoing support of the primary care and acute care to reduce inequalities • To support the CCG's to consider where we can increase capacity to support them to complete LeDeR reviews • To develop the workforce to become LeDeR reviewers • Targeted support to ameliorate health inequalities for people with LD in response to COVID-19 • For the Advanced Respiratory Care Practitioner to work Trust-wide supporting respiratory care practice across the health and care system – including acute hospital and ICU **The CGCSC scrutinised the report at the meeting held on 15 September and made the following comments;** • The highest category of SI is suicide (including apparent suicide) and the report was reviewed alongside the annual apparent suicide report. Consideration of an integrated report was discussed. • The work in response to the LeDeR report was noted as positive. • Consideration should be given to when the covid-19 related matters could be included as routine within the report. • CGCSC noted the benefits of the enhanced clinical risk scan that is now in place and the work underway relating to self-harm **Risk appetite** • Risk identified – the Trust continues to have a good governance system of reporting and investigating incidents including serious incidents and of reporting, analysing and investigating healthcare deaths. • This report covers assurance for compliance risk for health and safety legislation and compliance with CQC standards for incident reporting. This meets the risk appetite –low and the risk target 1-6. • The clinical risk – risk to service user/public safety and risk to staff safety which is again low risk appetite and a risk target of 1-6.
Recommendation:	**Trust Board is asked to NOTE the quarterly report on incident management.**

South West Yorkshire Partnership NHS Foundation Trust

Trust wide Incident Management Report

Quarter 1 2020/21

Incorporating Serious Incidents and Learning from Healthcare Deaths reporting for the period 01/04/2020-30/6/2020

Report prepared by Patient Safety Support Team

July 2020

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Executive Summary

This report provides information in relation to incidents reported in Quarter 1 2020/21 and more detailed information in relation to serious incidents. A brief analysis of actions arising from completed Serious Incident investigations submitted to commissioners for the period of 1 April 2020 to 30 June 2020 is included. The report also includes the Trust's report on Learning from Healthcare Deaths to provide assurance that arrangements are in place and to provide cumulative data for the period 01/04/2020 – 30/6/2020. The Learning from Healthcare Deaths report will be available separately on the Trust website.

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

Quarter 1 2020/21 Headlines

- **2938** incidents reported
- **85%** of incidents resulted in no/low harm
- **9** Serious incidents reported
- Serious Incidents account for **0.3%** of all incidents reported
- No homicides
- No Never Events

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

- This report is produced by the patient safety support team and shows the data for incidents. Detailed Quarterly reports have been produced and shared with each Business Delivery Unit. Data is also available at service line level. All managers have access to Datix dashboards to interrogate data further.
- This report has overall figures for incident reporting. Q1 had 2938 incidents; lower than the previous quarter (3168).
- 85% of incidents are graded as "low" or "no harm" showing a positive culture of risk management (the more green incidents reported mean action taken proactively at an early stage before harm occurs).
- "Physical aggression/threat (no physical contact): by patient" 286 incidents (9%) remains as the most reported category.
- "Violence and Aggression" continues to be the highest reported incident type (29%) (854) of all incidents reported in the quarter, consistent with the previous quarter) [fig 1]. Staff have reported that this can be linked to individual service users but also say some incidents are linked to the trust's current smoking policy.
- There have been no 'Never Events' (http://nww.swyt.nhs.uk/incident-reporting/Pages/Never-Events.aspx) reported in the Trust during Q1: the last Never Event reported was in 2010/11.

- The total number of serious incidents reported through Strategic Executive Information System (STEIS) in Quarter 1 was 9; this is lower than what was reported in Quarter 4 19/20 (15). The range of serious incidents reported this quarter has included deaths (5), pressure ulcers (2), security – other (1) and unintended/accidental injury (1).
- In quarter 1, the highest category of serious incident is "Suicide (including apparent suicide) community team care – current episode" (4). This is lower than quarter 4 which was 5.
- The NRLS summary report (March 2020) identified that there was no evidence of potential under reporting within SWYPFT and that our timeliness of reporting had improved in April and September 2019.
- All incidents that are graded red or amber are extracted from Datix for inclusion in a report that is reviewed at the weekly risk panel.
- All deaths are reviewed in line with the learning from healthcare deaths policy.
- We are implementing our Trust wide suicide prevention strategy, which includes conducting a deep dive analysis on hotspot areas and targeting clinical teams and service user groups where there is concern.
- We have taken the lead on the West Yorkshire and Harrogate Health Care Partnership 5-year suicide prevention strategy, which has adopted an evidence-based approach to suicide prevention and zero suicide philosophy for targeted areas and hotspots.
- A recent 360 Assurance audit of incident processes resulted in significant assurance. An action plan has been developed to address areas for improvement. Our work on learning from experience was recognised as an area of excellent practice.
- 13 serious incident investigations have been submitted to the Commissioner during the quarter and 7 previous serious incidents have been closed by Commissioners.
- The actions from incidents are managed at Business Delivery Unit level. The patient safety support team produces information on completion of action plans from serious incidents and these are monitored through the operational management group.
- A number of investigations are outside the 60 working day target; these have agreed extensions with Commissioners. The complexity of investigations has contributed to delays.
- We are starting the Royal College of Psychiatrists Serious Incident Review Accreditation process which will involve a period of self-review following by peer review.

Learning from healthcare deaths

- The Learning from healthcare deaths report provides figures on the number of deaths reported, reviewed and the review processes.
- The Trust started reviewing all deaths reported on Datix using an incremental approach from April 2017
- The Learning from healthcare deaths policy was reviewed in January 2020.
- The Trust has adopted the three levels of scrutiny suggested in the National Quality Board guidance:
  - Death Certification
  - Case record review, including Structured Judgment Record Reviews. The managers 48-hour review on Datix is also classed as a first stage case record review.
  - Investigation – that could be service level, serious incident reported on STEIS or other review e.g. Learning Disability Mortality Review (LeDeR), safeguarding.
- Total number of deaths reported on Datix by staff between 1/04/2020 – 30/06/2020 (by reported date, not date of death) = 132, all of which have been reviewed.
- Total in scope as described in report = 82

Learning Disability Mortality Review Programme (LeDeR) Update:

On 16 July 2020, a full copy of the 2019 Learning Disability Mortality Review Programme (LeDeR) Annual Report was published by the University of Bristol. This is the 4th report produced.

- It presents information about the deaths of people with learning disabilities aged 4 years and over notified to the LeDeR programme from 1st July 2016 - 31st December 2019, with a focus on deaths reviewed during 2019.

- From 1st July 2016 - 31st December 2019, 7,145 deaths were notified to the programme (6,629 were adults and 516 were children aged 4-17 years). This is a 66% increase from figure reported in 2019 (4,302).

- By 31st December 2019, the review process had been completed for 45% of these deaths. Of the reviews completed in 2019, 6% had received a full multi-agency review.

- NHS England has published an action from learning report available here which provides examples of the local changes that have been made to services so far and highlights the extensive work which is happening nationally in response to common themes raised through LeDeR reviews across the country.

- The 2019 report and NHS England action learning report are currently being reviewed.

Next steps:

- To continue to review all deaths via the patient safety team
- To continue the mortality work internally and regionally
- To roll out the News2 across the Trust
- To continue ongoing support of the primary care and acute care to reduce inequalities
- To adhere to NICE Guidance inclusive of prevention, diagnosis and management of aspiration pneumonia
- To support the CCG's to consider where we can increase capacity to support them to complete LeDeR reviews
- To develop the workforce to become LeDeR reviewers
- Targeted support to ameliorate health inequalities for people with LD in response to COVID-19
- For the Advanced Respiratory Care Practitioner to work Trust-wide supporting respiratory care practice across the health and care system – including acute hospital and ICU
- Continued attendance at the LD steering group within the WY&H ICS

1. Introduction

This report has been prepared by the Patient Safety Support Team to bring together Trust wide information on incident activity during Quarter 1 2020/21 (1 April 2020 to 30 June 2020) including reported serious incidents and Learning from Healthcare Deaths for the period 1 April 2020 to 3 June 2020.

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

2. Updates from the Patient Safety Support Team

During Quarter 1, the Patient Safety Support Team priority areas have included:

- Reducing the back log of incidents awaiting final approval.
- Identifying and theming Covid 19 related incidents
- Providing data on self-harm and apparent suicides on a weekly basis
- Approval of 360 Assurance report and action plan developed
- Continue to amend data flows for severe harm and death incidents to the CQC.
- Responding to one FOI request (including information related to serious incident data).
- Data production and reporting for annual incident reporting

3. Incident Reporting Analysis

This report has overall figures for incident reporting. Q1 had 2938 incidents which is lower than the levels in the previous two quarters.

85% of all incidents reported on Datix are graded as green severity rating meaning they had “low” or “no harm”. This shows a positive culture of risk management (the more green incidents reported mean action taken proactively at an early stage before harm occurs).

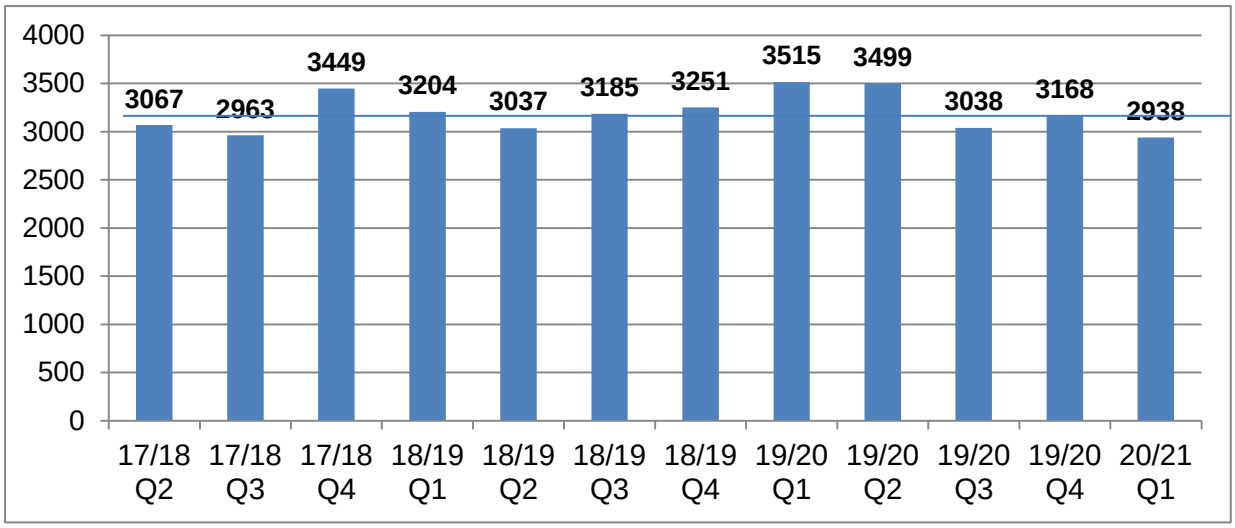
Headlines

Quarter 1 2020/21 Headlines

- **2938** incidents reported
- Decrease on reporting compared with Q4 (3168)
- **85%** of incidents remain **no/low harm**
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture

Figure 1 below shows the pattern and number of incidents reported by quarter in the Trust from Q2 17/18 to Q1 20/21. The rate fluctuates as would be expected. Quarter 1 2020/21 was slightly below as expected the average for a quarter. However, with the Trust changing profile of services, direct comparisons should be viewed with caution.

Figure 1 Comparative number of incidents reported by financial quarter Q2 2017/18 to Q1 2020/21



Severity

In Figure 2 there have been 26 red incidents reported in Q1 20/21. This data is live data at the point of producing the report. The incident may be initially graded red for a number of reasons. An example would be a death (for healthcare deaths we have been encouraging staff to report on Datix) but we later find out this is natural causes or where the individual has not been involved with Trust services for over six months so this may be re-graded and not reported on STEIS, this can take some time to get this information. Not all red incidents will meet the criteria for a serious incident (see page 20).

Figure 2 All incidents reported Trust wide between 01/01/2019 – 30/06/2020 by severity and financial quarter

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Green (no harm)	2080	1984	1839	1770	1609
Green	1061	1067	796	961	907
Yellow	254	317	270	285	274
Amber	92	106	98	117	122
Red	28	25	35	35	26
Total Incidents Reported	**3515**	**3499**	**3038**	**3168**	**2938**

Figure 3 All incidents reported Trust wide between 1/04/2020 - 30/06/2020 by severity and BDU

	Green - No Harm	Green	Yellow	Amber	Red	Total
Barnsley Mental Health	200	140	33	12	4	389
Barnsley General Community Services	178	120	21	74	2	395
Calderdale	128	126	25	7	6	292
Kirklees	256	134	51	11	10	462
Wakefield	274	183	97	11	3	568
Forensic Service	452	134	31	5	1	623
Specialist Services	105	62	13	1	0	181
Trust wide (Corporate support services)	16	8	3	1	0	28
Total	1609	907	274	122	26	2938

Type and Category of incidents

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

Figure 4 Type of incident reported in Quarter 1 by BDU

	Barnsley Mental Health	Barnsley General Community Services	Calderdale	Kirklees	Wakefield	Forensic Service	Specialist Services	Corporate support services	Total
Violence and Aggression	93	5	76	143	188	277	72	0	**854**
Self Harm	162	6	75	49	70	28	15	0	**405**
Care Pathway, Clinical and Pressure Ulcer Incidents	12	257	7	14	22	7	10	0	**329**
Medication	30	31	41	62	56	61	10	3	**294**
All Other Incidents	17	6	15	30	34	54	3	1	**160**
Slips, Trips and Falls	14	26	21	37	45	9	1	1	**154**
Health and Safety (including fire)	16	11	3	23	28	43	7	7	**138**
Death (including suspected suicide)	8	7	13	28	37	0	12	1	**106**
Security Breaches	6	9	3	6	9	55	5	6	**99**
Legislation and Policy	1	0	6	21	25	27	4	0	**84**
Safeguarding Adults	6	13	6	11	19	15	12	1	**83**
Infection Prevention/Control	6	3	3	10	11	22	0	4	**59**
Information Governance Incidents	6	14	4	7	6	8	10	4	**59**
Safeguarding Children	4	3	5	7	2	9	16	0	**46**
Missing/absent service users	5	0	12	9	13	3	1	0	**43**
IT Related Issues	3	4	2	5	3	5	3	0	**25**
Total	**389**	**395**	**292**	**462**	**568**	**623**	**181**	**28**	**2938**

Figure 5 Trust-wide Top 10 most frequently reported incident categories in rolling 5 quarters (1/01/2019 – 30/06/2020)

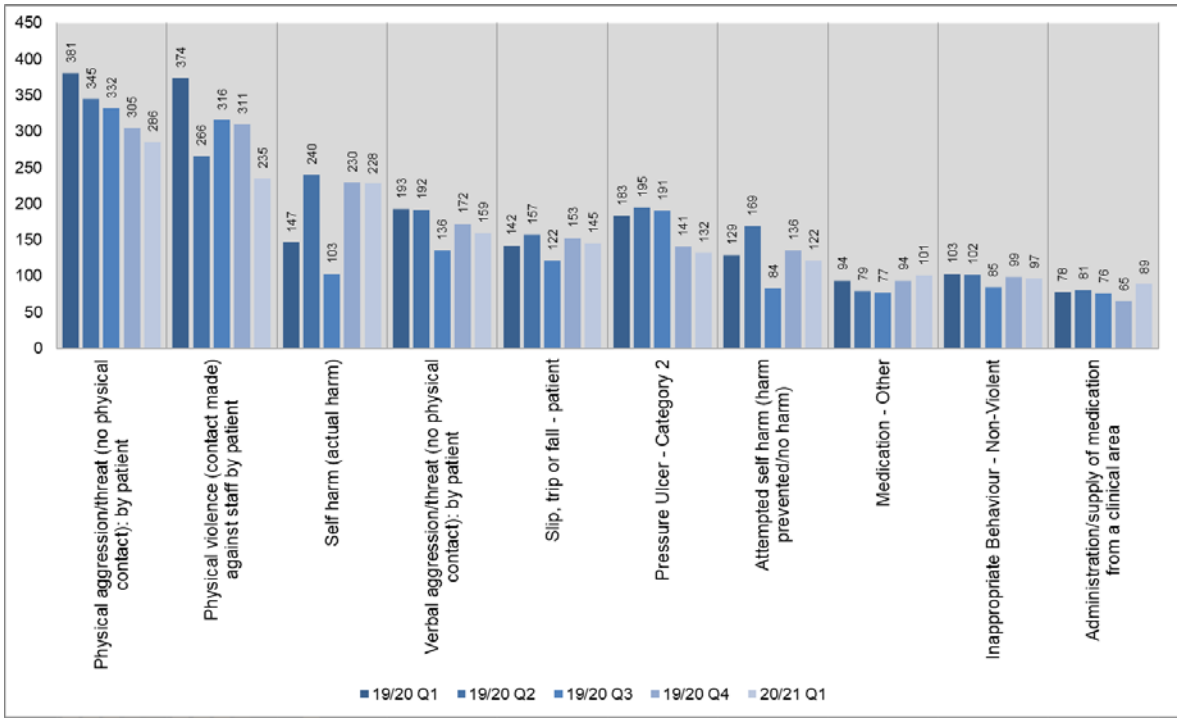


Figure 5 shows that in Quarter 1 2020/21 physical aggression/threat (no physical contact) by patient was the highest reported category of incident. Figures for previous quarters are included for comparison. This is a downward trend.

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

Reporting to National Reporting and Learning System

The Trust captures the severity of all incidents locally on Datix using the risk matrix which scores incidents ranging from green through to red (see Figure 2). This includes actual and potential harm of all incidents and near misses (i.e. psychological harm, potential risks).

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

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

The NHS Patient Safety Strategy [2] published in July 2019 sets out plans for a new national reporting and learning system which will combine NRLS and the Strategic Executive Information System (for reporting serious incidents). The launch date is awaited.

National Reporting and Learning System reports

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

NHS Improvement publishes data from the NRLS system on a six-monthly basis. These reports are designed to assist NHS trust boards to understand and improve their organisation's patient safety culture and reporting of patient safety incidents to the NRLS. The reports have changed over time, but now encourage organisations to compare against themselves over periods of time, rather than with other organisations which may not be comparable for several reasons.

The published reports are added to the NRLS intranet page when released.

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

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

The latest NRLS Summary Report published in March 2020, covers the period 1 April 19 to 30 September 19 compares the Trust's data against the same period in 2018. The areas compared are:

Reporting culture and reporting patterns

- No evidence of potential under-reporting
- Our reporting rate per 1,000 bed days remains consistent

Has the timeliness of your incident reporting improved?

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

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

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

Do you understand your most frequently reported incident types?

- The incident types reported on from the national system do not direct correlate with those collected locally. Work takes place every 3 years to confirm our mapped data with NHS Improvement. It is anticipated this will next be reviewed as part of the new national reporting system.

Have the care settings of your incidents changed?

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

4. Learning from incidents

Since March 2020 during the Covid 19 period we have drawn upon our existing improvement initiatives to support the Trust's work to learn from experience.

Learning Library

We have continued to use the #allofusimprove Learning library (our repository of information from a range of sources of learning from experience). Further details are available here http://nww.swyt.nhs.uk/learning-from-experiences/Pages/Learning-library.aspx

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

The learning library has been developed as a way to gather and share examples of learning from experience. A summary of our learning process is described in the image below.

The latest content has been added to the shared network folder -K:\#allofusimprove and the intranet page is being further developed.

Examples of recently added content include:

Management of Covid-19 patients summary account from Beechdale Ward
Learning from serious incidents 2019.12007 (apparent suicide by fire)
Learning library serious incident 2019 20553
learning library serious incident 2019.18011
Learning library serious incident 2019.20282
Learning library serious incident SBAR 2019.26940
SBAR learning re Covid Discharge WEB115648
SBAR learning library safeguarding

Greenlight alerts

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

Greenlight alerts are available on the intranet:

- Greenlight on benzodiazepines and opioids

Bluelight Alerts

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

The Bluelight alerts that have already been circulated in Quarter 1 are available on the intranet and below:

Bluelight alert 33 -Cardinal Health Type IIR Surgical Masks to be quarantined and disposed of locally
Bluelight alert 32 - Ligature point using a sink waste hole
Bluelight alert 31 - Information governance
Bluelight alert 30 - Safe storage and disposal of PPE
Bluelight alert 29 - Surgical face masks worn during COVID-19 pandemic
Bluelight alert 28 - Risk of trapping hands in seclusion room door

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

We have continued to use **human factors** techniques in analysing incidents and serious incidents. Information on online training is available here. http://nww.swyt.nhs.uk/incident-reporting/Pages/Human-factors-patient-safety-training.aspx

We have used our **Significant event analysis (SEA) tool** more during this period to enable incidents to be reviewed quickly to identify learning more quickly involving staff involved in the incident. Further guidance available here. http://nww.swyt.nhs.uk/incident-reporting/Pages/Human-factors-patient-safety-training.aspx

Learning from Serious Incidents

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

Learning from Healthcare Deaths

Section 8 of this report contains our report on learning from healthcare deaths.

5. Incident reporting processes

The Datix team have continued to support managers with reviewing incidents when needed during Covid 19 period. Microsoft Teams has been used to facilitate this along with phone support. This method of training and support will continue.

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

Internal Audit

During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received Significant Assurance. A number of actions have been identified and an action plan is in development. The actions are summarised below and focus on clarifying:

- Responsibilities for completion of the degree of harm field and timeliness of reviewing incidents
- Policy terminology and definitions to ensure they align with Datix (egg closed date, near miss definition, Green1 (no harm) severity)
- Investigation timescales for incidents of all grades, and where relevant, how we manage investigation extensions.
- Level of performance information in Clinical Risk Reports for Operational Management Group

6. Trust wide Serious Incident (SI) Report[3] for Quarter 1 2020/21 (Data as at 8 July 2020)

Background context

Serious incidents are defined by NHS England as;

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

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

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

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

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

National Update

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

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

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

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

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

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

There are two major changes anticipated arising from the NHS Patient Safety Strategy relating directly to Incident reporting and management. Both projects have been delayed during Covid 19. This will include:

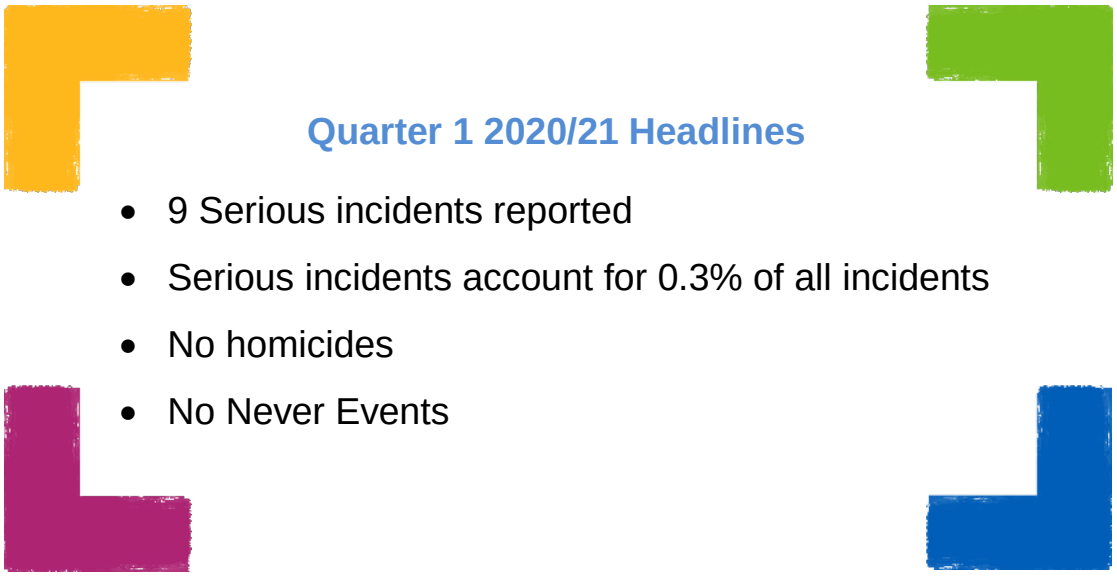
- Work to connect Datix to the new Patient Safety Incident Management System (PSIMS) which will replace NRLS and StEIS systems. Timescales will be given by NHS Improvement.
- New Patient Safety Incident Response Framework (PSIRF) which will replace the Serious Incident Framework. Full implementation is anticipated by July 2021.

Investigations

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

Headlines

During Quarter 1 2020/21, there were **9 Serious Incidents reported** to the relevant Clinical Commissioning Group (CCG) via the NHS England Strategic Executive Information System (StEIS).



Never Events[7] are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were **no 'never event'** incidents reported by SWYPFT in Quarter 1 2020/21. The last Never Event reported by the Trust was in 2010/11. A revised list of Never Events came into effect on 1 February 2018. This is available on the Trust intranet

Serious Incident Reporting Analysis

During Quarter 1 2020/21 there have been 9 serious incidents reported on STEIS, as shown in Figure 6 by financial quarter, with comparative data for previous years.

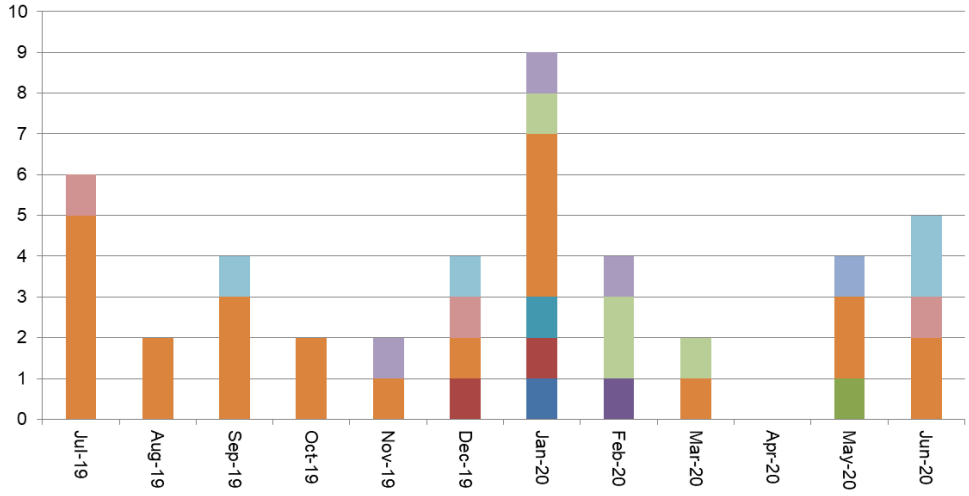
Figure 6 Serious Incidents (StEIS) reported to the Commissioner by financial year and quarter up to 30/06/2020 (2016/17 – 2020/21)

Financial Quarter	2016/17	2017/18	2018/19	2019/20	2020/21
Quarter 1	13	15	8	12	9
Quarter 2	13	18	9	12	
Quarter 3	15	26	10	8	
Quarter 4	23	12	17	15	
Total	64	71	44	47	9

Figure 7 shows a breakdown of the 44 serious incidents in a rolling 12 month period (1/7/2019-30/6/2020) by the type of incident and the month reported. The number of SIs reported in any given period of time can vary, and given the relatively small numbers involved and the broad definition of an SI, it can be difficult to identify and understand the reasons for this. However it is important that any underlying trends or concerns are identified through analysis.

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

Figure 7 Types of All Serious Incidents reported on STEIS in the 12 month period (01/07/2019 – 30/06/2020)



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Pressure Ulcer - Category 3	0	0	1	0	0	1	0	0	0	0	0	2
Physical violence (contact made) against staff by patient	0	0	0	0	1	0	1	1	0	0	0	0
Unintended/Accidental injury	0	0	0	0	0	0	0	0	0	0	1	0
Apparent Suicide (inpatient)	0	0	0	0	0	0	1	2	1	0	0	0
Apparent Suicide (community) - discharged	1	0	0	0	0	1	0	0	0	0	0	1
Apparent Suicide (community) - current	5	2	3	2	1	1	4	0	1	0	2	2
Substance Misuse	0	0	0	0	0	0	1	0	0	0	0	0
Slip, trip or fall - patient	0	0	0	0	0	0	0	1	0	0	0	0
Security - Other	0	0	0	0	0	0	0	0	0	0	1	0
Death - physical/natural causes	0	0	0	0	0	1	1	0	0	0	0	0
Death - cause of death unknown	0	0	0	0	0	0	1	0	0	0	0	0

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

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

Figure 8 Serious Incidents reported by team and BDU during Q1 2020/21

Team/BDU	Barnsley Mental Health	Barnsley General Community	Calderdale	Kirklees	Total
Neighbourhood Team - North East (Barnsley)	0	2	0	0	2
Intensive Home Based Treatment Team - Calderdale	0	0	1	0	1
Core Team South - Kirklees	0	0	0	1	1
Early Intervention Service (Insight) - Kirklees	0	0	0	1	1
Enhanced Lower Valley Team - Calderdale	0	0	1	0	1
Enhanced Team North 1 - Kirklees	0	0	0	1	1
Enhanced Team West - Kendray, Barnsley	1	0	0	0	1
Ward 18, Priestley Unit	0	0	0	1	1
Total	1	2	2	4	9

Figure 9 Serious Incidents reported by incident category and BDU during Q1 2020/21

Category/BDU	Barnsley Mental Health	Barnsley General Community	Calderdale	Kirklees	Total
Apparent Suicide - community team care - current episode	1	0	1	2	4
Pressure Ulcer - Category 3	0	2	0	0	2
Security – Other	0	0	0	1	1
Apparent Suicide - community team care - discharged	0	0	1	0	1
Unintended/Accidental injury	0	0	0	1	1
Total	1	2	2	4	9

Apparent suicide - National and local demographic comparison

Trust-wide, there were a total of 48 apparent suicides that occurred during the rolling 12-month period between 1 July 2019 and 30 June 2020 (Figure 10). This compares with 45 during 2019/20 and 43 during 2018/19. We encourage reporting of apparent suicides for discharged patients where last contact was within the 6 months prior to death and where contact has been limited.

Figure 10 All Apparent Suicides reported in the last 12 months between 1/7/2019 – 30/6/2020 by Quarter (date reported) and geographical area

	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	Total
Barnsley	1	1	2	2	6
Calderdale	3	2	2	4	11
Kirklees*	3	6	5	3	17
Wakefield**	6	1	6	1	14
Total	13	10	15	10	48

*includes one apparent suicide reported by Learning Disability Services, Kirklees
** includes one apparent suicide reported by Forensic services - death occurred in Wakefield.

The highest method of apparent suicide occurring in this period (Figure 11) related to death by hanging.

Figure 11 All Apparent Suicides reported in the last 12 months between 1/7/2019 – 30/6/2020 by Quarter (date reported) and method

	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	Total
Hanging - self injury	6	5	7	4	22
Prescription medication - self poisoning	1	0	3	1	5
Over the counter medication - self poisoning	3	0	1	0	4
Drowning - self injury	0	2	1	0	3
Other - self poisoning	0	1	1	1	3
Other self injury	1	2	0	0	3
Method unknown - self injury	0	0	0	2	2
Cutting - self injury	0	0	1	0	1
Jumping from height	1	0	0	0	1
Self strangulation - self injury	1	0	0	0	1
Shooting - self injury	0	0	0	1	1
Stabbing - self injury	0	0	0	1	1
Suffocation - self injury	0	0	1	0	1
Total	13	10	15	10	48

The most common methods of patient suicide in England[8] are hanging/strangulation (45%), self-poisoning (24%) and jumping/multiple injuries (15%), accounting for 84% of all apparent suicides. The Trust data for the rolling 12 month period is small in number but includes these methods.

The National Confidential Inquiry (NCI)[8] figures **December 2019** indicate that over the period of 2007-2017 there was an average of 4,575 deaths in the general population (England only) that were registered as suicide or 'undetermined'.

Using this data, the NCI stated that the rate of suicide per 100,000 general population for our regions should be approximately 10.4 in the West Yorkshire STP footprint, and 10.3 within South Yorkshire and Bassetlaw. This is based on deaths up to 2017.

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

The NCI report states that on average during 2007-2017, patient suicides accounted for 27% of the general population suicide figures (13,806 deaths i.e. the individual had been in contact with mental health services in the 12 months prior to death). This represents an average of 1,255 patient suicides per year.

Analysis using population size[9] and NCI data[8] shows that a Trust covering Barnsley, Calderdale, Kirklees and Wakefield would expect to see between 33-34 patient deaths by apparent suicide per year. Figure 12 provides an indication of the number of patient suicides by district against predicted levels using the NCI statistics.

* Refreshed data at 15/1/2020 by date reported

[8] National Confidential Inquiry into Suicide and Homicide 2019

[9] Office of National Statistics.

Figure 12 Populations of the Trust's Districts and Average Suicide Rates

Area (Not BDU)	Population ONS[9] – population estimates Mid 2019	General population suicide rate (NCI) 10.4 (West Yorkshire STP) & 10.3 (South Yorkshire and Bassetlaw) per 100,000 population	Patient suicide rate (27% of general population suicides) (NCI)[6]	Reported apparent suicides (1/7/2019-30/6/2020)
Barnsley	245,199	24.5	6-7	6
Calderdale	210,082	21.0	5-6	11
Kirklees	438,727	43.9	11-12	17
Wakefield	345,038	34.5	9-10	14
Trust wide	1,230,730	123.07	33-34	48

The rolling 4 quarter data (Figure 10 and 12) shows that the Trust had 48 apparent suicides of patients/former patients where last contact was in the last 6 months prior to death occurring. This is above the number of apparent suicides we would anticipate based on the National Confidential Inquiry figures (Figure 11) for a population the size of the Trust and patient suicide rate (27%). Caution is advised with these comparisons due to the sensitivity of the figures if just one or two more incidents occur, and because the figures are not weighted by characteristics such as age, gender or socio-economic status. Also service provision can differ and some teams (eg police liaison practitioners) routinely report apparent suicides where there has been any contact with the Trust.

The variation in number of suicides may simply be a result of the number of service users seen by the Trust across its services. Further breakdown of this will be included in the Apparent suicide annual report.

It must be noted that the figures above are apparent suicides from the circumstances known at the time of reporting and not confirmed by the Coroner. The timeframes used in this report are based upon when the incident was reported in the Trust. All apparent suicides are reviewed by teams, and in line with the learning from healthcare deaths policy and subject to further review. Deaths will either be serious incident investigations, service level investigations, care record review (Structured Judgement Reviews or Managers 48 hour review [first stage case record review]) or considered through safeguarding processes.

Figure 13 All Apparent Suicides reported in the last 12 months between 1/7/2019 – 30/6/2020 by Quarter (date reported) and Trust mortality review process

	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	Total
Serious Incident Investigation	10	6	10	4	30
Structure Judgement Review (SJR)	1	2	3	3	9
Manager's 48 hour review (1st stage case note review)	1	1	1	1	4
Service Level Investigation	1	0	0	1	2
Other investigation	0	1	1	0	2
Significant Event Analysis (SEA)	0	0	0	1	1
Total	13	10	15	10	48

The data from the National Confidential Inquiry may not reflect trends until two years later. The Trust looks at apparent suicides on an annual basis and reports any difference between the national data and that of the Trust. The Trust may on occasions report and investigate deaths that are later removed from the numbers if a death was not found to be due to suicide.

Serious Incident Investigations completed during Quarter 1 2020/21

This section of the report focusses on the 13 serious incident investigation reports that were completed and submitted to the relevant commissioner during Quarter 1 2020/21. Please note this is not the same data as those reported in this period as investigations take a number of months to complete. The term 'completed' is used in this section to describe this.

Headlines

Quarter 1 2020/21 Serious incident investigation headlines

- **13** SI Investigation Reports have been completed
- **7** SI investigations closed by the Commissioners
- **21** SI investigations remained under investigation (as at 8/7/2020)
- From the completed investigations, the top 3 action themes were:
  - Record keeping
  - Risk assessment
  - Policy and procedure - in place but not adhered to

The Trust works to the national guidance on serious incident reporting and management (Serious Incident Framework 2015, NHS England). This includes timescales for completion of investigations of 60 working days. While the Trust tries to achieve this, it has the support of commissioners to complete a quality report above a timely report. The Trust requests extensions from commissioners to agree revised dates and the investigators also keep families informed.

Of the 21 investigations that are underway (at 8/7/20), these are at different stages of progress. During the Covid 19 period, NHS England suspended the 60 working day timeframe. All investigations have continued to progress, and new Serious Incidents have been allocated in lead investigators, demonstrated in the 13 investigations that have been completed during Q1 and sent to commissioners. All meetings, interviews and family contacts have moved to phone contacts and virtual meetings.

SI Action Plans

Each BDU monitors the implementation of their action plans. The Patient Safety Support Team send out information on the current position status based on information completed on Datix each month in the Clinical risk report for Operational Management group report. This is providing real time data more regularly and reducing overdue action plans.

Serious Incident learning and themes

During Quarter 1 2020/21, the number of investigations completed and sent to the commissioners was 13. There were 33 separate actions made to improve the system or process to prevent recurrence**.**

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

Categorisation of recommendations/actions

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

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

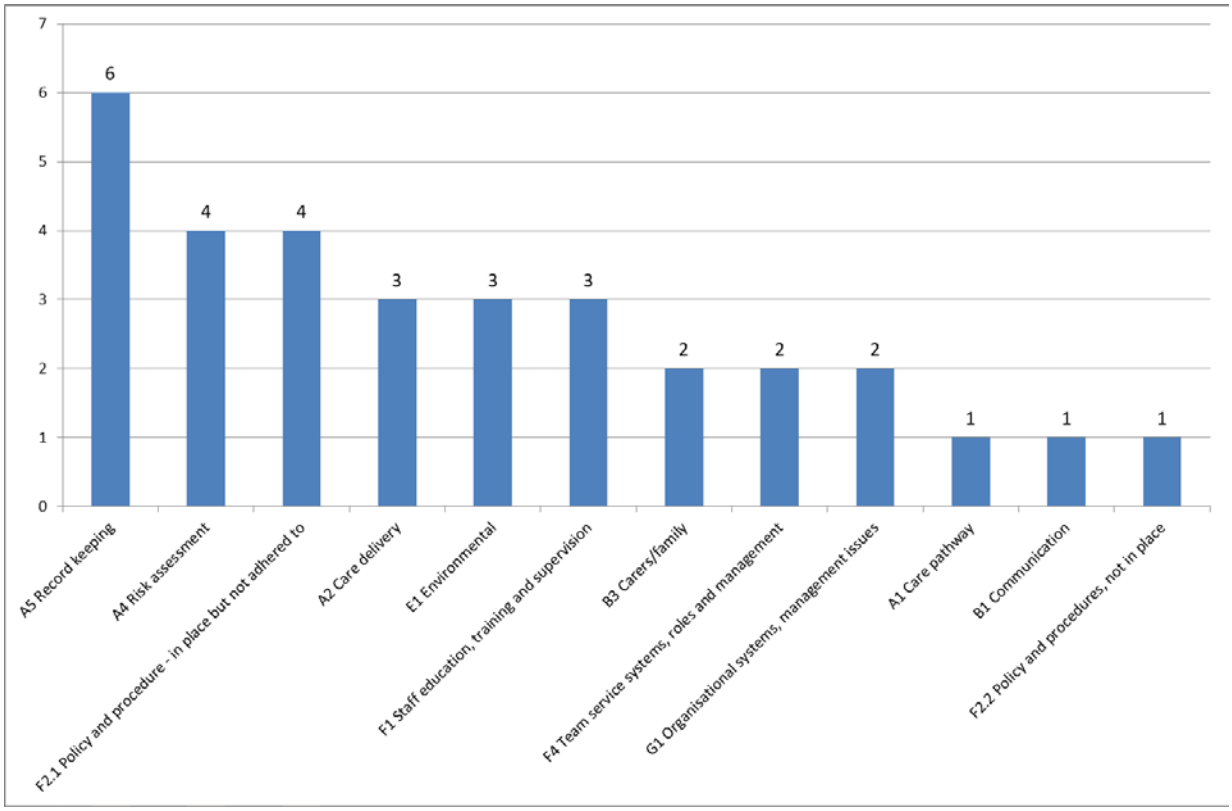
Figure 15 shows the action themes arising from the 13 serious incidents completed and sent to commissioners during Quarter 1 2020/21.

Next Steps

Royal College of Psychiatrists Serious Incident Review Accreditation Network (SIRAN)

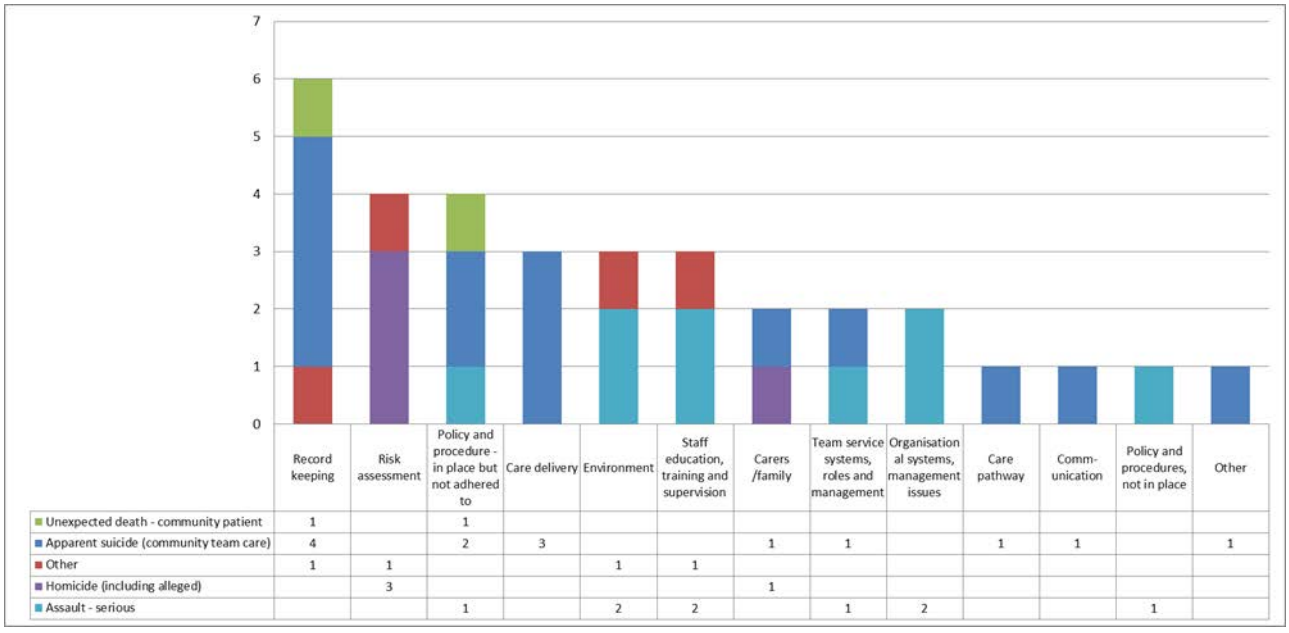
The Trust was been involved in the pilot of Serious Incident Investigation standards during 2018/19 and 2019/20. These have now been agreed and a network officially launched in January 2020. The next phase will involve a self-review process and a peer review visit which is planned for December 2020. In the lead up to this peer review, we will be undertaking the self-review process where will need to upload evidence that supports our Serious Incident processes.

Figure 14 Quarter 1 2020/21 completed Serious Incident investigations, by action theme



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

Figure 15 Comparison of action themes from completed Serious Incident investigations in Quarter 1 2020/21, by action theme by serious incident type



	Record keeping	Risk assessment	Policy and procedure - in place but not adhered to	Care delivery	Environment	Staff education, training and supervision	Carers /family	Team service systems, roles and management	Organisational systems, management issues	Care pathway	Comm-unication	Policy and procedures, not in place	Other
Unexpected death - community patient	1		1										
Apparent suicide (community team care)	4		2	3			1	1		1	1		1
Other	1	1			1	1							
Homicide (including alleged)		3					1						
Assault - serious			1		2	2		1	2			1	

The majority of the actions from serious incident investigations apply directly to the team or BDU involved. Each BDU lead investigator works closely working with the practice governance coaches and BDUs to present learning from recommendations which is included in 'Our learning journey' reports. The Executive summary is fully anonymised to make it suitable for sharing at the end of the investigation process to summarise the learning from an SI investigation. This is shared through the learning library.

Top themes this quarter:
An overview of recommendation from serious incident investigations completed in Q1, are detailed below by action theme:

Record keeping

- Positive use of timeline recording during the incident as it occurred. Added to the positive review of what on reflection was a well-executed and well-managed incident of serious proportions (to include all above analysis event issues)
- Reinforce with the Psychiatric Liaison Team the importance of updating demographic information including next of kin and carers.
- The multi-disciplinary team should ensure that the responsibility for specific actions arising from discharge meetings is clearly documented and communicated.
- The psychiatric Liaison Team needs to provide assurance that risk assessments are being correctly documented in clinical notes using the Sainsbury's Risk Assessment tool.
- To ensure that practitioner's document within the clinical records that assessment of risk has been explored during contacts with service users, particularly where there is a risk of suicide.
- When a service user is admitted to a general hospital in response to them self-harming any contact with them by the Enhanced Team should be documented in the service user's clinical notes.

Risk assessment

- The Trust should consider how to make the risk assessment and management documentation more user friendly.
- The Trust should consider ways in which the family's/carer's views on risk signature/early warning signs can be included into the risk document and shared with family members balancing service user views and data protection issues.
- Clear, Open and shared dialogue to promote positive risk taking around movement of Service users that pose specific individualised risk, as part of inclusive recovery focussed progression for Service Users.
- When consideration is given to rescinding a CTO, likely non-compliance/non engagement needs to be considered and the likely consequences of this in terms of risk, informed by previous risk/violence.
  When consideration is given to changing from depot to oral anti-psychotic medication, likely non-compliance/non engagement needs to be considered and the likely consequences of this in terms of risk, informed by previous risk/violence.

Policy and procedure - in place but not adhered to

- All teams should have clear procedures in place that describe the actions that are required when they are informed of the death of a service user.
  To ensure the learning is shared from this investigation to the Wakefield inpatient services and community services
- An audit of service user's under the care of the Intensive Home Based Treatment Team should be conducted to review those subject to Care Programme Approach, along with the necessary completed sections for risk and care planning.
- Improving Access to Psychological Therapy Services should check System One for further information when they become aware that a referral has recently been in contact with another team within the South West Yorkshire Partnership NHS Foundation Trust.
- Room search and person search logs are not being documented in line with expected practice

Care pathway

- Clarify the routes into secondary care for the Improving Access to Psychological Therapy Services where there are barriers to referring to the Single Point of Access.

Care delivery

- The inpatient ward team to ensure care plans promote individualised person centred care.
- The service needs to provide assurance that care plans are being completed in line with Trust policy
- When the Intensive Home Based Treatment Team is unable to meet their planned assessment time contact with the service user and/or carer to inform them of any expected delay should take place.

Communication

- When a Care co-ordinator has not been able contact a service user or carer over several different attempts, for example by telephone or face to face, consideration should be given to writing a letter to them. This is particularly important when a change in Care co-ordinator needs to take place.

Carers/family

- Even in cases where the service user has stated that he/she does not want the team to share information with the family, the family should have a point of contact for the team if they wish to share information/concerns about the service user.
- When a service user is admitted to a general hospital in response to a serious incident of self-harm contact should be maintained with their family or carer.

Environmental

- Complete a full review of the anti-barricade doors in the Bretton Centre, ensure they are compliant with secure services standards, and the management of them is clear to staff teams.
- Explore the options for having dual facilities for silencing the alarms on the wards areas.
- Possibility of increasing numbers of emergency equipment (Green Grab Bags) to be sited across wider areas of the Unit/BDU.

Staff education, training and supervision

- Clarify whether Bank & Agency Staff are trained in BLS or ILS.
- Develop a training pack to support staff when communicating with Police for assistance.
- Development of a robust and informative induction pack, which includes information about the Workplace Violence Risk Assessment, that can be discussed with bank and agency staff new to any ward environment in the Forensic BDU.

Policy and procedures, not in place

- Consider creating Trust Policy concerning deployment of incapacitant spray, due to the serious effects of this upon individuals. Alternatively incorporate this within annual RRPI/MAV training.

Team service systems, roles and management

- A more robust process is introduced for ensuring searching is undertaken as per quality standards and that the recording of searches is comprehensive.
- Agency practitioners in the Improving Access to Psychological Therapies Service should have read only access to System One.

Organisational systems, management issues

- Different incidents require different levels of support and debrief; but the 'prescription' of this varies.
- Explore access to Occupational Health support for Bank and Agency staff, and ensure managers are aware of the process

Other

- The inpatient Ward Manager to provide assurance that the observations and considerations for improvements for service users experience are cascaded to all the ward team members.

7. Learning from Healthcare Deaths Report Annual Cumulative Report 2020/21 (covering the period 1/4/2020 – 30/06/2020)

1. Background context

1.1 Introduction

Scrutiny of healthcare deaths remains high on the government's agenda. In line with the National Quality Board report published in 2017, the Trust has had Learning from Healthcare Deaths policy which sets out how we identify, report, investigate and learn from a patient's death. The Trust has been reporting and publishing our data on our website since October 2017.

Most people will be in receipt of care from the NHS at the time of their death and experience excellent care from the NHS for the weeks, months and years leading up to their death. However, for some people, their experience is different, and they receive poor quality care for several reasons including system failure.

The Five-Year Forward View for Mental Health identified that people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people. Therefore, it is important that organisations widen the scope of deaths which are reviewed in order to maximise learning.

The Confidential Inquiry into premature deaths of people with learning disabilities showed a very similar picture in terms of early deaths.

The Trust worked collaboratively with other providers in the North of England to develop our approach. The Trust will review/investigate reportable deaths in line with the policy. We aim to work with families/carers of patients who have died as they offer an invaluable source of insight to learn lessons and improve services.

1.2 Scope

The Trust has systems that identify and capture the known deaths of its service users on its electronic clinical information system and on its Datix system where the death requires reporting.

The Trust Learning from Deaths policy was recently updated (January 2020). It sets out how deaths should eb responded to, which deaths are reportable, how we should engage families and how reportable deaths will be reviewed. Each reported death that meets the scope criteria is reviewed in line with the three levels of scrutiny the Trust has adopted in line with the National Quality Board guidance:

In scope deaths should be reviewed using one of the 3 levels of scrutiny:		
1	Death Certification	Details of the cause of death as certified by the attending doctor.
2	Case record review	Includes: (1) Managers 48 hour review (2) Structured Judgement Review
3	Investigation	Includes: Service Level Investigation Serious Incident Investigation (reported on STEIS) Other reviews e.g. LeDeR, safeguarding.

The fourth annual report of the Learning Disabilities Mortality Review (LeDeR) programme has been recently published. It presents information about the deaths of people with learning disabilities aged four years and over notified to the LeDeR programme from 1st July 2016 - 31st December 2019, with a focus on deaths reviewed during 2019.

Key themes identified

- A total of 7145 deaths were recorded (6629 adults and 516 children)
- 58% of the recorded deaths were male
- Women with learning disabilities died 27 years earlier; men 23 years, when compared to the general population
- Adults with learning disabilities from Black, Asian and Minority Ethnic (BAME) groups died younger and appear to be under-represented in notifications of deaths
- Greater proportion of deaths reported between October and December
- 60% died in a hospital setting
- 72% had a DNACPR decision in place
- Pneumonia, or aspiration pneumonia, were identified as causes of death in 41% of reviews - conditions which are potentially treatable, if caught in time
- 22% had been prescribed sodium valproate to treat epilepsy or bipolar disorder
- 45% had a LeDeR review completed
- 38% of outstanding reviews remain unallocated as of 31st December 2018
- Just under half of the reviews completed in 2018 reported that the person had received care which met, or exceeded, good practice
- One in ten (11%) of reviews completed in 2018 reported that concerns had been raised about the circumstances leading to a person's death
- 71 adults (8%) were reported to have received care that fell so far below expected good practice that it either significantly impacted on their well-being, or directly contributed to their death

There was evidence of bias in the care of people with learning disabilities, resulting in unequal treatment

Action plan for South West Yorkshire Partnership NHS Foundation Trust

Action	Person responsible	Date of completion
To continue to review all deaths via the patient safety team	Weekly Trust Risk Panel	On-going
To continue the mortality work internally and regionally	Nursing Directorate, Patient Safety Manager and Trust Mortality Group	On-going
To roll out the News2 across the Trust	Resus Lead	December 2020

To continue ongoing support of the primary care and acute care to reduce inequalities	Learning Disability Clinical Lead	On-going
To adhere to NICE Guidance inclusive of prevention, diagnosis and management of aspiration pneumonia	QIAT, Respiratory Clinical Practitioner, Dysphasia nurse and Advanced Speech and Language Therapist, Professional Lead	December 2020
To support the CCG's to consider where we can increase capacity to support them to complete LeDeR reviews	Learning Disability Clinical Lead	September 2020
To develop the workforce to become LeDeR reviewers	Assistant Director of Nursing, Quality and Professions	December 2020
Targeted support to ameliorate health inequalities for people with LD in response to COVID-19	Learning Disability Clinical Lead	December 2020
For the Advanced Respiratory Care Practitioner to work Trust-wide supporting respiratory care practice across the health and care system – including acute hospital and ICU	Advanced Respiratory Care Practitioner	August 2020
Continued attendance at the LD steering group within the WY&H ICS	Director of Provider Development	On-going

1.3 Next Steps

Our work to support learning from deaths continues, and includes:

- Continued development of processes to support bereaved families and carers.
- Ongoing development of the Clinical Mortality Review Group
- Thematic review and analysis of learning from deaths findings
- Further development of internal processes and consistency in data collection
- Continued training for Structured Judgement Reviewers.

2. Annual Cumulative Dashboard Report 2020/2021 covering the period 1/4/2020 – 30/06/2020

Figure 16 Summary of 2020/21 Annual Death reporting by financial quarter to 30/06/2020*

		2019/20 total	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21	2020/21 total
1	Total number of deaths reported on SWYPFT clinical systems where there has been system activity within 180 days of date of death**	3262	782				
2	Total number of deaths reported on Datix by staff (by reported date, not date of death)	355	132				
3	Total number of deaths reviewed	355	132				
4	Total Number of deaths which were in scope	286	82				
5	Total Number of deaths reported on Datix that were not in the Trust's scope	51	50				
6	Total Number of reported deaths which were rejected following review, as not reportable or duplicated.	17	14				

*Dashboard format and content as agreed by Northern Alliance group

**Data extracted from Business Intelligence Dashboards. Data is refreshed each quarter so figures may differ from previous reports. Data changes where records may have been amended or added within live systems

As can be seen from Figure 1 above, the total number of deaths reported on Datix in Quarter 1 (row 5) that were not in the Trust's scope [50] was almost as high as the total for the previous year [51]. We would usually see a small number of reported deaths through the year that on review, are not in the Trust's scope for mortality review. All deaths reported since 1 March 2020 have been analysis to look at Covid 19 related deaths.

As shown in Figure 1, row 3 shows that 132 deaths were reported on Datix during the Quarter. This compares with an average of 89 deaths per quarter during 2019/20 (range 74 to 108 [see Annual incident report]. Several of the reported deaths related to Covid deaths and were not in scope for mortality review, having been reported by teams proactively to ensure information was captured. The Learning from deaths policy was considered to see if reporting guidance needed to change during Covid 19. It was felt that the existing reporting requirements did not need to change during this period. There has been a national requirement to report externally any inpatient death related to Covid 19. There is already a requirement to report any inpatient death on Datix, so the guidance did not require revising.

Although the number of deaths reported in Quarter one has risen on previous quarters (108 Q4, Q3 95) the number of deaths that were in scope for mortality review was the same in Quarter 1 2020/21 as in Quarter 4 2019/20, and simsilar to Quarter 3 2019/20 (80). The breakdown of the 82 deaths in Quarter 1 has shown that 24 were related to Covid 19.

Figure 2 shows a Statistical Process Control chart of all reported deaths (by reported date) between 1/1/2019 – 30/6/20. There is an area outside the parameters of normal variation which aligns with the impact of Covid 19 (special cause variation) in April 2020.

Figure 17 Statistical Process Control Report of all deaths reported 1/1/2019-30/6/2020 by date reported

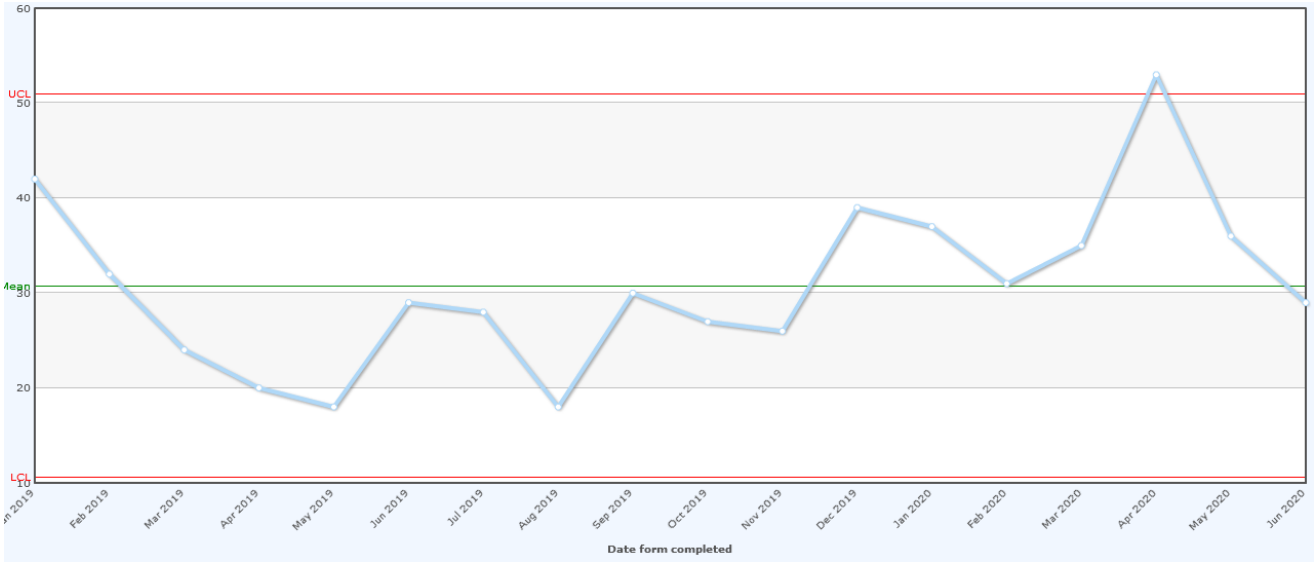


Figure 18 Breakdown of the total number of deaths reviewed in 2020/21 by service area by financial quarter

	Mental Health Community	Mental Health Inpatient	General Community	General Community Inpatient	Learning Disability	CAMHS and ADHD	Forensic Services	Total Number of Deaths reviewed
Quarter 1	2	5	2	0	13	0	0	82
Quarter 2								
Quarter 3								
Quarter 4								
Year total	**2**	**5**	**2**	**0**	**13**	**0**	**0**	**82**

Figure 19 Summary of total number of in scope deaths and Review process (excluding Learning Disability deaths)

Financial quarter	Level 1	Level 2		Level 3					Total
	Death certified	Manager's 48-hour review	Structured Judgment Review (SJR)	Service Level Investigation	Serious Incident Investigation	Learning Disability Mortality Review (LeDeR)	Significant Event Analysis (SEA)	Other investigation	
Quarter 1	33	17	6	5	6	14	1	0	82
Quarter 2									
Quarter 3									
Quarter 4									
2020/21 total	**33**	**17**	**6**	**5**	**6**	**14**	**1**	**0**	**82**

In line with national reporting of deaths, we are required to separate our reporting of in scope deaths into learning disability deaths and all other deaths. Figure 5 below is all deaths where the patient did not have a learning disability.

The death of any patient with a Learning Disability has to be reported to the Learning Disability Mortality Review Programme (LeDeR). It should be noted that the figures may not tally in these tables. This is because we identify Learning Disability not just through the reporting team, but by a field on Datix to determine if any patient who died had a learning disability irrespective of where they were cared for. Figure 3 shows there were 13 deaths reported by Learning Disability teams (all community). Figure 4 and Figure 6 show that 14 deaths were reported to LeDeR. This figure includes a death reported by Epilepsy service where the patient had a learning disabilty but was not under the care of a Learning disabilty service.

Figure 20 Summary of total number of in scope deaths and Review process (excluding Learning Disability deaths)

	In-Patient Deaths	Deaths Reviewed in line with SI Framework	Deaths reviewed - other investigation processes	Deaths subject to Structured Judgement Review	Deaths where 48 hour review accepted (1st stage case note review)	Deaths Certified	Total Number of Deaths in scope
Quarter 1	**5**	**6**	**6**	**6**	**17**	**33**	**68**
Quarter 2							
Quarter 3							
Quarter 4							
Year total							

Figure 21 Summary of total number of Learning Disability deaths which were in scope

	In-Patient Deaths	Deaths Reviewed internally	Deaths reported through LeDer (By SWYPFT)	Total Number of Learning Disability Deaths in scope
Quarter 1	**0**	**14**	**14**	**14**
Quarter 2				
Quarter 3				

Quarter 4				
Year total				

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 8.3

Title:	**Financial Planning Guidance & Process - 20/21**
Paper prepared by:	Director of Finance and Resources
Purpose:	To provide the Trust Board with an assessment of the financial planning guidance and arrangements for the remainder of 2020/21 along with what this means for the Trust and actions being taken to meet the requirements of the guidance.
Mission/values:	All Trust objectives
Any background papers/ previously considered by:	Regular updates on plan development and Trust financial position provided to the Trust Board and Finance, Investment & Performance Committee
Executive summary:	• Financial planning guidance and envelope for the remainder of 20/21 recently published. • Updated nationally determined block contract will be used for the remainder of the year with prospective and retrospective top-up payments ceasing. • Prospective top-up and Covid-19 response costs are being channelled via the West Yorkshire ICS. • Mental health investment standard monies to be made available • There is an expectation the monies provided will enable all systems to break-even. • More detail relating to the guidance is provided in the main paper • Much work to be completed to determine accuracy of initial high level numbers and generate a balanced plan for both the ICS and the Trust • The ICS needs to submit its financial plan by October 5th. Whilst trusts don't need to submit their final plans by October 22nd it will be difficult for the ICS to submit its plan without knowing what each Trust is planning to submit. • The mechanism and timing for Trust Board approval of the financial plan for the remainder of the year is currently being considered. • Given the time of receipt of the guidance combined with the times required to submit Trust Board papers and submit a plan any updated information will be provided verbally at the meeting itself. • In line with the Trust risk appetite statement which aims for financial risk of 4-6. Any implications on clinical risk must also be taken into account.
Recommendation:	**The Trust Board is asked to REVIEW and COMMENT on this paper**
Private session:	Not applicable

With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

Financial Planning Guidance – September 2020

Introduction

The financial guidance and financial envelopes for the remainder of 2020/21 have now been received. The guidance is quite detailed and needs careful consideration. The exact funding available to the Trust is not yet known as the only funding being made directly available to the Trust is the updated nationally calculated block payment. All other funding is being channelled via the system, (in our case the West Yorkshire integrated care system (ICS). It should be emphasised this report is being written on September 20th and given the timescales associated with the submission of the planning a high level of activity is expected during week commencing September 21st. Any further key points or updates not available at the time of writing this reporting will be reported verbally to the Trust Board at the time of the meeting.

The exact details of financial monies available and the process to access them will be further worked on both internally and with external partners. The purpose of this paper therefore is to focus on what the financial planning guidance tells us, possible implications for the Trust, actions required and provide some high level numbers.

Headlines

In a joint letter from the NHSE/I chief operating officer and chief finance officer (copy attached) the following headlines and intent of the guidance are stated:

- The priority is to accelerate activity for non-covid care in line with the goals outlined in the phase 3 response, as well as being ready for winter pressures and a potential increase in Covid-19 cases.
- The revised CCG allocations and system allocated top-up funding are considered sufficient to enable all systems to break-even
- Monies allocated to systems include growth where there is anticipated additional demand and Covid-19 response costs
- Retrospective top up funding is no longer available from October onwards
- Some costs will be funded separately from these allocations e.g. PPE
- Mental health investment standard monies will be funded within the total system envelope provided
- The elective incentive scheme as outlined in a letter in August will become operational
- Final system workforce and activity plans to be submitted by September 21st with system wide financial plans submitted by October 5th and organisational financial plans by October 22nd (must be consistent with October 5th system submission).

Detailed finance and contracting guidance

This section provides more detail on the guidance and how it will or could apply to the Trust.

<u>Funding arrangements</u>

Sources of funding can be summarised to include the following:

1. Block contracts – as per the first half of the year these updated block contract payments have been calculated nationally. These payments are made directly to us and have been increased from Barnsley CCG and the specialist commissioner. At this point in time we do not have visibility of the detail of the changes, although it is understood these calculations will be made available to individual trusts. The increase in Barnsley seems to largely correspond to what we were expecting in relating to the CAMHS provision. The increase in income from the specialist commissioner does appear to be not as high as we applied for.
2. System top-up – each system (ICS) has been provided with additional funding to support delivery of a system break-even position. The mechanics of how this will work in practice need to be determined.
3. Growth funding – some funding has been made been available to each ICS to cover new service and capacity growth. It is unclear at this point how allocation of this funding will work practically.
4. Covid-19 funding – during the first half of the year the Trust has been able to directly reclaim specific costs incurred relating to the Covid-19 response retrospectively. For the second half of the year monies are being provided prospectively to ICSs. The funding has been based on quarter 1 actual costs with adjustments made for what are perceived to be non-recurrent costs during the first quarter. Again it is not yet clear how the allocation of this funding will work within the ICS.

As well as considering the sources of funding in the second half of the year it is also important to note the funding that is no longer provided. The Trust received £0.3m per month of additional top up. This amount was based on average costs in months 8 to 10 last year and supplemented the core block payment, which was based on month 9 income. There is an expectation this amount for all trusts will now be covered via the system top-up funds. Secondly the ability to claim retrospective top-up payments ceases from October. To put this in perspective the Trust has reclaimed anywhere between £0.2m and £0.9m per month through this mechanism. The value of reclaim through this process has increased with each month of the year. There is an expectation that changes to the block payment will cover off some of this amount and the remainder would need to be generated via the system top-up payments, cost savings or increases to non-NHS income.

In addition to the funding available to trusts a number of costs will be borne centrally. For reference these are:

- High cost drugs and devices (not applicable to the Trust)
- Temporary Covid-19 costs funded by the government e.g. Nightingale hospitals, Covid-19 testing services
- Costs associated with national service development funding
- PPE (needs to be sourced via the national programme). It should be noted that currently the Trust does top up the national deliveries with direct orders to NHS Supply Chain, particularly for gloves. The cost of this has been recovered via the existing financial arrangements, so the new arrangements could potentially add supply or financial risk.
- Elective incentive scheme (adjustments to system envelopes will be made according to performance)

The guidance provides a summary of the reasons any changes have been made to block contracts. In essence they are based on the same methodology used for the first half of the year (based on month 9 last year) and adjusted for:

- National de minimis value increased to £500k
- Material service changes
- Material errors identified in the initial block contract

There is a section in the guidance relating to CCG financial arrangements. These are not outlined in this paper.

System Top-Up Funding

As previously identified the national prospective and retrospective top-up funding provided to individual organisations ends on September 30th and is replaced by system top-up funding. Methodology has been applied nationally to determining the value of top-up funding required for each system. Key points to note are:

- There is an expectation non-NHS income will return to the levels seen in 2019/20
- Provider expenditure expectations have been updated for pay uplifts for consultants, specialty doctors and associate specialists. The first half of the year increase to be reclaimed in September as part of the retrospective top-up
- Provider expenditure expectations adjusted for estimated cost of local clinical excellence awards
- Depreciation estimated based on Q.1 actual charges

A key issue for the Trust is how we ensure we access our fair share of this funding. Much will depend on the overall financial position in the ICS and the relative costs and priorities in other organisations as well as our own.

Covid-19 Funding

Once again rather than funding organisations directly and retrospectively, monies for costs incurred as part of the response to Covid-19 are being provided to systems for allocation. This will be a fixed amount of funding. These have been based on Q.1 actual expenditure with adjustments applied. The costs incurred in the Trust have been relatively consistent month on month (average of £0.5m), although the nature of the expenditure has changed since March and April. Similar to the position with system top-up funding we need to understand how the process with respect to how these monies are prioritised and allocated within the ICS.

Mental Health Investment Standard (MHSI)

The precise mechanism for accessing mental health investment standard monies needs to be fully understood. The guidance states that each system will receive funding to meet the meet the MHIS. As part of the draft plan submissions information has been provided on actual and projected spend on the MHIS. The Trust has worked with each CCG to agree these numbers. It is stated providers need to work with commissioners to agree the distribution of MHIS funding and incorporate in the plan submission.

In addition to the MHIS it is stated that systems will receive their full allocation of the mental health service development fund.

Finally a number of costs that could be incurred are highlighted in the guidance and it is highlighted these need to be recognised within the overall funding envelope. These costs include:

- Packages of care to avoid delays in discharge of mental health patients to support bed flow
- Expediting delivery of all age 24 hour crisis support (including phone lines)
- Implementing new models of A&E provision for mental health patients
- Mental health support to both staff and patients impacted by Covid-19

Other Key Points

There are two schemes in place relating to funding for hospital discharge programmes. To date we have not had any service users/patients that have met the criteria required, but we will continue to review on a regular basis.

The previously highlighted elective incentive scheme comes into effect from October onwards. Finance (income) for the system will be adjusted dependent on performance. Whilst the specific scheme is applicable to acute trusts there will be an impact on other providers directly or indirectly if targets are not achieved and there are in effect financial penalties.

The Trust also receives income each year from Health Education England. Block payments have been received for the majority of first half of the year. For the second half payments will return to relate to activity. Providers are asked to facilitate training activity as soon as it is safe and practicable to do so. In terms of what this means financially for the Trust this will need to be calculated.

Research programme funding will continue through normal reimbursement processes with NIHR

Those provider collaboratives scheduled to go live this year (fast track) will continue to plan to do so.

Additional funding will be available for flu and future Covid-19 vaccination programmes.

It is not yet evident what, if any, transformational funding will be made available to systems in the second half of the year.

Performance and Efficiency

It is made clear in the guidance that systems are expected to balance within the monies provided. Within this it will be allowable for different organisations to generate either surpluses or deficits. This approach does potentially require the delivery of efficiency savings a) to ensure balance and b) to ensure there is an affordable run-rate for 2021/22. On a national call for all NHS finance directors on September 17th organisations were encouraged to re-start efficiency plans in the second half of the year.

Cash Payments and Regime

The method for payment of block contacts remains at it has been for the first half of the year. Readers of this report are reminded that all trusts have received one additional month's income in advance. This was designed to avoid cash flow issues and support early payment of suppliers. The clawback of this advanced payment and resumption of normal payment terms is being reviewed nationally.

Interestingly the guidance states that cash balances will be monitored carefully to ensure organisations are not generating excess cash balances due to the financial framework. If this does appear to be the case NHSE/I reserve the right to review and amend funding.

It remains the case that NHS organisations should aim to pay invoices within 7 days of receipt of goods or services.

Contracts

NHS commissioners and trusts are not required to sign contracts for 2020/21. The nationally mandated terms of the NHS standard contract will apply and organisations cannot vary from these national terms. Providers do need to do all that is reasonably possible to comply with the requirements set out in the national terms of the contract.

The operation of CQUIN remains suspended for the remainder of the year. The value (1.25%) is included in the Trust's block income. Similarly organisational-level financial sanctions remain suspended for the remainder of this financial year.

Annexes

There are two annexes in the documentation. One relates to the process for amending block contract values and the second for high cost drugs and devices. Putting it very simply whilst it is theoretically possible to have block contract values amended it is difficult to do so in practice. Any changes within the same ICS would need to be affordable within the funding issued to the system. There is also a process for where commissioners and providers sit within different systems. Any such change would ultimately require NHSE/I approval and would need to be net neutral between systems. It is unlikely the high cost drugs and devices annex applies to the Trust.

Timescales

The timescales for completion of the financial plan are very tight. Workforce and activity data has already been submitted (our final submission did not change from the draft submission), along with some information relating to mental health performance and unfunded cost pressures.

Each system needs to submit a financial plan by October 5th and the more detailed trust plans needs to be submitted by October 22nd. Clearly though the ICS cannot submit an accurate and meaningful plan without having each organisation plan. Whilst the date has not yet been confirmed we should work on the basis of the ICS requiring our Trust plan by September 30th/October 1st.

The mechanism and timing for Trust Board approval of the financial plan for the remainder of the year is currently being considered.

Total ICS Position

The guidance and envelope were received on September 16th and within the ICS high level work has been undertaken to understand the likely difference between total income allocated and costs incurred. An expenditure forecast exercise has previously been completed by all organisations and this is being used as a base. The information provided is high level and indicative, but does provide a good start to understand the scale of the challenge.

Total income across the West Yorkshire ICS for the second half of the year is as follows:

CCG allocations	£1,910m
Growth funding	£15
System top-up funding	£115m
Covid-19 funding	£119m
Total	£2,159m

The aggregated revenue expenditure forecasts for all of the NHS organisations in the West Yorkshire system totals £2,257m. This therefore suggests an initial shortfall of £98m. It must be emphasised this is only a start on understanding the total financial position, although pace needs to be applied to understand it definitively given the submission deadlines.

Further more detailed work is taking place by each organisation week commencing September 21st to further define the scale of challenge and therefore what approach can be taken.

To help provide an indication of potential system top-up and Covid-19 income an initial estimated value will be provided on September 21st for trusts to use in their own modelling. These numbers will only be used to support financial modelling and will not be the final allocated values.

Trust Financials

The draft financial position is explained in the paper being taken to the private meeting of the Trust Board. At the time of writing this report there is too much uncertainty regarding the value of system allocated funds to provide Trust Board members with a meaningful assessment of what the financial position will be for the second half of the year.

It can be stated though that at a high level, projected costs are higher than what a reasonable estimate of income could be. Unless income is higher than expected and given the likely position if the ICS having insufficient income to meet its cost base this is likely to lead to the Trust needing to take some action to reduce costs in the second half of the year.

Next Steps

There is a significant amount of work to do in order to complete the plan and given the fact we are dependent on ICS allocations for some of our income streams we cannot complete a

plan effectively without having a reasonable understanding of how that process will work. On a similar theme the ICS needs to understand its aggregated position and individual organisation requirements in order to determine how much system top-up, Covid-19 response costs etc. can be allocated to individual organisations. The Trust is engaging fully with the ICS to interpret the guidance, identify key issues and understand the monies available.

The Trust has previously developed its own internal expenditure forecast for the remainder of the year which can be used as a base for this exercise. The next steps internally are identified as being:

- Fully engage with the ICS financial process
- Carry out detailed work on the income forecasts for each element of the Trust income
- Re-assess the expenditure forecast for the full year in light of any updated assumptions/information
- Identify any potential actions the Trust can take to improve its financial position in the second half of the year.
- Engage with EMT, Finance, Investment & Performance Committee and Trust Board

Summary and Recommendations

This paper provides an initial view of the impact of the financial planning guidance and what further actions need to be taken. Only limited time has been available to make the assessment in this paper and the time pressure to complete the plan is intense. There remain a number of questions to be answered in relation to allocations of some income streams and both the ICS and Trust need to carry out detailed work during week commencing September 21st in order to fully understand the financial arrangements and projected financial position. Based on what is known so far it is likely some level of cost saving will be required in the second half of the year in order to enable financial balance within the ICS.

Further information on the financial plan will be provided to Trust Board members in the private meeting

Trust Board is asked to review and comment on this paper

Classification: Official

To: ICS and STP leaders

NHS England and NHS Improvement
Skipton House
80 London Road
London SE1 6LH

15 September 2020

Dear colleague

Financial envelope for months 7-12 2020/21

Thank you for your patience whilst we have been finalising arrangements for NHS funding for the second half of the financial year. We appreciate the challenge of developing operational plans in an uncertain environment, and we are grateful for your continued engagement.

The priority for each trust and system is accelerating activity for non-COVID care in line with the Phase 3 goals, alongside continuing readiness for winter and a potential increase in COVID-19 cases. To that end we are now able to confirm the funding envelope available for each system for the period from October 2020 to March 2021, including resources to meet the additional costs of COVID-19 response and recovery. The funding available for your system is attached separately alongside this letter.

This comprises:

- CCG allocations and, at system level, sufficient top-up funding to bring the system to a breakeven position, using an updated version of the methodology applied in the month 1-6 financial framework
- Additional growth funding based on 20/21 anticipated CCG allocation growth rates
- Additional non-recurrent funding for the additional costs of COVID-19, distributed on a fair share basis.

We expect that each system will set out plans to deliver its Phase 3 recovery and activity requirements and achieve financial balance within this envelope. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions. Retrospective top-up funding will no longer be available from October, and unless specifically identified, all system costs will need to be met from the envelope, including additional COVID-related expenditure on primary care, mental health and community services and delivery of the mental health investment standard.

Separate funding streams or access to resources are available as set out in the accompanying guidance for PPE, testing, the hospital discharge programme, the national independent sector contract, and some national transformation and service

development objectives. The elective incentive scheme will also apply, as set out in our letter of 20 August.

System funding envelopes are based on the expectation, as set out in the Phase 3 recovery letter, that organisations will return non-NHS income to the levels seen in 2019/20, and organisations should make all reasonable efforts to do so as quickly as possible. Recognising the challenge this poses, when assessing financial performance the impact of non-NHS income will be isolated to allow the national team to continue to discuss with the Government the treatment of income shortfalls against 2019/20 levels.

Only in exceptional circumstances will the principles outlined in relation to funding for COVID-19 be overruled. These measures may be triggered by NHS England and NHS Improvement depending on the circumstance.

Each system and its constituent organisations should now use these envelopes to generate financial plans (aligned to operational plans and consistent with Phase 3 goals) for the second half of the year, and identify how to deploy system allocations of top-up and COVID-19 funding to individual organisations. Underpinning the system envelope we have provided detail at an organisational level, which systems may wish to use as a starting point for their work, but we expect all organisations to work together to ensure resources are used to deliver maximum benefit for patients and value for taxpayers across the system as a whole.

Systems should now complete their recovery plans. Activity and workforce planning submissions should be returned by 21 September as per the Phase 3 planning timetable showing how the Phase 3 activity goals will be met. The deadline for final system-level financial plans will now be 5 October. For in-year reporting purposes, individual organisations will then be required to submit organisation-level plans by 22 October, which must be consistent with the system-level plans. The funding available to each system will be confirmed in the light of system operational plans and in particular following review of the adequacy of planned levels of activity.

Yours sincerely

Amanda Pritchard
Chief Operating Officer
NHS England and NHS Improvement

Julian Kelly
Chief Financial Officer
NHS England and NHS Improvement

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 8.4

Title:	**Trust 2020 Wellbeing Survey Results**
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	The Trust's Workforce Strategy sets out three key strategic work streams: • Workforce Development • Staff Wellbeing and Engagement • Leadership and Management Development These are built on a foundation of Values Based Human Resource Management and Equality and Diversity. The purpose of this paper is to provide the Trust Board with a summary of the Trust's 2020 Wellbeing Staff Survey results for the organisation.
Mission/values:	The Trust's Wellbeing Staff Survey provides direct measures of staff views on whether the organisation lives its values and is meeting its mission.
Any background papers/ previously considered by:	The Workforce and Remuneration Committee receive regular updates on the Workforce Strategy annual action plan including staff health and wellbeing. A detailed report and update on actions will go to the Workforce and Remuneration Committee on the 21st October 2020.
Executive summary:	The Trust recognises that there have been unprecedented workforce challenges as a result of the spread of the coronavirus. A key aim for the Trust during this period is to keep staff and their families as safe as reasonable possible. The Trust identified a number key priorities for workplace well-being including: • Support colleagues with childcare and caring responsibilities. • Keeping in contact with staff self-isolating and/or shielding. • Financial wellbeing including signposting to organisations for support/advice. • Programs to keep colleagues physically and mentally well and healthy whilst social distancing, self-isolating and shielding. • Support to team leaders and managers. • Promoting healthy agile/remote team work. It was agreed that the Trust would run its wellbeing at work survey, over July and the beginning of August, to obtain a greater understanding of the impact of the current pandemic on staff wellbeing and health. The Trust's wellbeing survey is undertaken in partnership with Robertson Cooper and has been

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conducted regular since 2008.

Over 2000 Trust staff and 90 bank only colleagues completed the survey, a significant increase on the response in 2018. This was an increase on the 2018 survey response of 1700 and bank only had not been previously included.

The Robertson Cooper wellbeing model looks at:

- Six Essential Workplace issues identified as key to staff wellbeing: Resources and Communications; Control; Balanced Workload; Job Security and Change; Work Relationships; Pay, Benefits and Job Conditions.
- Psychological Wellbeing: Positive Emotions; Sense of Purpose.
- Health: Strain on Physical Health: Strain on Psychological Health.
- Engagement: Staff Engagement; Perceived Commitment of Organisation to Employees; Perceived Commitment of Employees to Organisation.

A combination of key questions are also used to give scores on:

- Resilience
- Productivity
- Good Day at Work

The overall results of the survey indicates that:

1. That the six workplace essentials have either improved or stayed the same and are all typical of the general working population.
2. Health has worsened particularly physical health.
3. Staff Engagement and Employees Commitment have improved.
4. Resilience and Productivity is typical of the general working population.
5. Good Day at Work Scale is better than the general working population.
6. Bank staff are more positive than the Trust average.

Robertson Cooper has advised the Trust that as benchmark data was gathered before the Covid-19 pandemic, this may not be a completely fair representation of the situation.

An important benefit of the Robertson Cooper survey is that for those staff completing it, they have a personalised wellbeing and resilience report. The report offers advice and suggestions how individuals can improve their own health and wellbeing based on their answers within the survey.

Next Steps

Results have been shared with Trust Directors, Deputy Directors, senior managers and Staff Side. A series of staff engagement and solution meetings using Microsoft teams have been arranged for early October to share results and discuss ideas for further improvements in our wellbeing support offer. The Trust's Brief on 1st October will be used to share the results with staff. Each BDU will agree local actions plans by the end of October using feedback received from the staff engagement meetings.

The actions plans will be developed at 4 key levels:

1. Individual: Individual wellbeing reports used as part of the wellbeing review

	within the staff appraisal process. 2. Team: Great Place to Work Programme will use the team level data to support team leaders to develop an action plan. 3. Service/BDU: Service/BDU Health and Wellbeing Group will use the results to develop local action plans. 4. Trust Wide: The results will be used to review the Wellbeing Services and inform the revision of the Trust's Workforce Strategy. **Risk Appetite** The Wellbeing Staff Survey is one source of feedback from staff on what we do well as an employer and where we can get better. The Workforce and Remuneration Committee will monitor overall workforce risks in line with the Trust's Risk Appetite statement.
Recommendation:	**Trust Board is asked to note the results of the Wellbeing Survey and the next steps.**
Private session:	Not applicable.

South West Yorkshire Partnership NHS Foundation Trust

2020 Wellbeing at Work Survey results

Introduction

The Trust recognises that there have been unprecedented workforce challenges as a result of the spread of the coronavirus.

At the start of the pandemic the Trust refocussed its HR service offer to a Workforce Support Hub model with the aim of keeping staff and their families as safe as reasonable possible. The Trust identified a number of key priorities for workplace well-being:

- Support colleagues with childcare and caring responsibilities.
- Keeping in contact with staff self-isolating and shielding.
- Ensuring staff have necessary food and household essentials.
- Financial wellbeing including signposting to organisations for support/advice.
- Programs to keep colleagues physically and mentally well and healthy whilst social distancing, self-isolating and shielding.
- Support to team leaders and managers.
- Promoting healthy agile/remote team work.

The intention is that the Trust's workplace health and well-being offer is enhanced by the national NHS offer.

It was agreed that the Trust would run its wellbeing at work survey, over July and the beginning of August, to obtain a greater understanding of the impact of the current pandemic on staff wellbeing and health. The Trust's wellbeing survey is undertaken in partnership with Robertson Cooper and has been conducted regular since 2008.

Well-being at Work survey July 2020

The Trust agreed to survey colleagues to gather feedback on current levels of well-being to assist in ensuring we are offering the necessary support to staff. A small number of additional local questions were also added to the survey which ran from the 7th July to the 3rd August, which is a shorter period than in previous years.

Over 2000 Trust staff and 90 bank only colleagues completed the survey, a significant increase on the response in 2018. This was an increase on the 2018 survey response of 1700 and bank only had not been previously included.

A major benefit of the Robertson Cooper survey is that staff that complete it get an immediate personalised wellbeing report. This report gives advice and suggestions for improving personal wellbeing and resilience including signposting to the Trust's

wellbeing services. Colleagues are encouraged to uses this report as part of the health and wellbeing discussions in their appraisal.

Feedback for Trust employees

Attached is a breakdown of the results of the 2020 Wellbeing Survey.

The Robertson Cooper wellbeing model looks at:

- Six Essential Workplace issues identified as key to staff wellbeing: Resources and Communications; Control; Balanced Workload; Job Security and Change; Work Relationships; Pay, Benefits and Job Conditions.
- Psychological Wellbeing: Positive Emotions; Sense of Purpose.
- Health: Strain on Physical Health: Strain on Psychological Health.
- Engagement: Staff Engagement; Perceived Commitment of Organisation to Employees; Perceived Commitment of Employees to Organisation.

A combination of key questions are also used to give scores on:

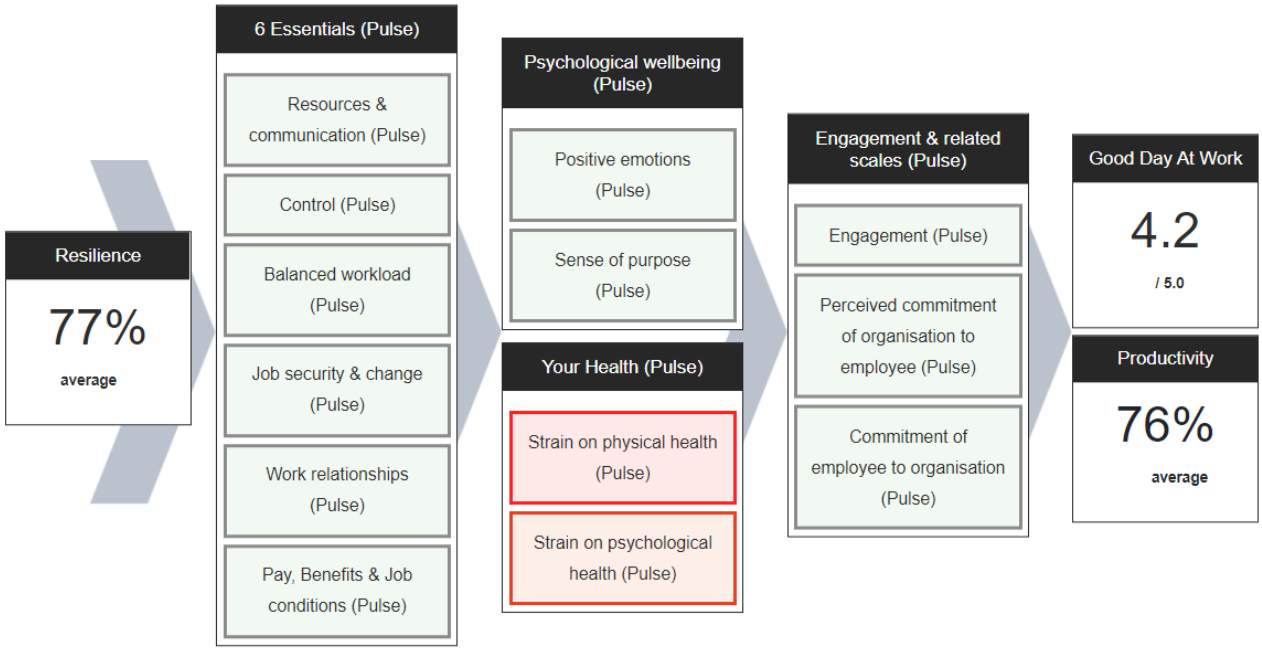
- Resilience
- Productivity
- Good Day at Work

The overall result of the survey indicates that:

1. The six workplace essentials have either improved or stayed the same and are typical of the general working population.
2. Health has worsened particularly physical health.
3. Staff Engagement and Employees Commitment have improved.
4. Resilience and Productivity is typical of the general working population.
5. Good Day at Work Scale is better than the general working population.
6. Bank only staff are more positive on average than substantive staff.

Robertson Cooper has advised the Trust that as benchmark data was gathered before the Covid-19 pandemic, this may not be a completely fair representation of the situation.

Results are being reviewed at service level. Results are positive overall however Adult MH inpatient services are showing lower levels of well-being. Robertson Cooper's Asset model of wellbeing is shown below to summarise the Trust wide results. The productivity percentage is an average response to the question 'how productive have you felt over the last three months'. There are four specific questions on resilience these are: how supported colleagues feel; how adaptable colleagues feel; their level of purposefulness; level of confidence and uses 0 – 100% sliding scale. The resilience score is the average of these four answers for all Trust staff. The Good day at work score is a summary of responses to questions: if colleagues feel energetic at work; if they get on well with others; if they feel they make a valuable contribution; and if they feel that they achieve their job goals. The Trust 4.2 score is better than the average score of 3.8.



The Physical health scale consists of questions asking staff if they experience insomnia, musculoskeletal issues, headaches and lack of appetite/over eating. The psychological health scale asks questions about colleagues experiencing mood swings, constant irritability, avoiding contact with others, feeling angry with others and feeling unable to cope. Feedback for these scales has worsened from an average score in 2018 to a red risk this year. Robertson Cooper have advised that this is likely to be caused by the pandemic rather than work issues given the other scales are all average. Also, as Robertson Cooper's benchmark data was collected prior to the pandemic our results may be actually be more positive compared to the current general working population.

Feedback Bank only colleagues

This was the first time that the Trust has surveyed colleagues who only work on the bank to understand their experience of work and how we can improve their wellbeing. The NHS Staff Survey does not include bank only colleagues.

90 colleagues completed the survey and these results are more positive than the Trust average. Differences to the Trust employees scale results shown above are that concerns over Balanced Workloads and Job Conditions are lower than the general working population and strain on psychological health is average. The resilience score is 75%, Productivity is 74% and the Good day at work scale is 4.4 which is better than the Trust average.

BDU level results Trust employees

The slide below summarises BDU level results:

In which BDU do you work?	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee commitment	physical health	psychological health
Adult Mental Health Inpatients													
Barnsley													
Calderdale and Kirklees													
CAMHS (including Wetherby and Adel Beck' CAMHS)													
Forensics, Learning Disabilities, ADHD/ASD and other Forensic services													
Support Services													
Wakefield													

Barnsley BDU, CAMHS, Support Services and Wakefield have more positive results than the Trust average. Adult mental health inpatients have the lowest levels of employee wellbeing. Specific concerns are a lack of feedback on performance, lack of equipment/resources to do the job, the extent of positive emotions at work (feeling happy and inspired), sense of purpose (having specific job goals) and in line with the rest of the Trust physical and psychological health concerns. Team level data, where we have at least 8 respondents, has also been collected and is being reviewed.

Feedback for different demographic groups

Levels of wellbeing for BAME colleagues are more positive than the Trust average and are above average compared to Robertson Cooper's benchmark data. Results for LGBT plus colleagues are more positive than the Trust average with the exception of staff who report themselves as having 'Other Sexuality' .Whilst disabled colleagues have lower than average levels of wellbeing results have significantly improved since the survey in 2018. Women report more health concerns than men. Colleagues who are carers report more health concerns. There are no significant differences in results be age group.

Local questions

Local questions were also included in the survey. 72% of BAME colleagues said their risk assessment was either very helpful or helpful. Feedback around raising

concerns has improved since 2018. 90% of employees feel their line manager takes a positive interest in their wellbeing– and this is linked to significantly better levels of physical and psychological health. Results on Trust-level action on health and wellbeing have improved. There is a very high level of awareness of the Trust's health and wellbeing services.

Next Steps

Results have been shared with Trust Directors, Deputy Directors, senior managers and Staff Side. A series of staff engagement and solution meetings using Microsoft teams have been arranged for early October to share results and discuss ideas for further improvements in our wellbeing support offer. The Trust's Brief on 1st October will be used to share the results with staff. Each BDU will agree local actions by the end of October using feedback received from the staff engagement meetings.

The actions plans will be developed at 4 key levels:

1. Individual: Individual wellbeing reports used as part of the wellbeing review within the staff appraisal process.
2. Team: Great Place to Work Programme will use the team level to support team leaders to develop an action plan.
3. Service/BDU: Service/BDU Health and Wellbeing Group will use the results to develop local action plans.
4. Trust Wide: The results will be used to review the Wellbeing Services and inform the revision of the Trust's Workforce Strategy.

South West Yorkshire Partnership
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GOOD DAY AT WORK
POWERED BY robertsoncooper

Wellbeing at Work Survey 2020

Results Presentation Trust employees

Robertson Cooper
August 2020

Contents

Results Overview	• Response rates • Strengths and risks • Core results • BDU Comparison • Trends over time
Demographic Comparisons	• Summary of hotpots in Service Lines / Teams
Additional question groups	• Covid-related • Raising Concerns • Wellbeing Support
Next Steps	• Next steps including local action planning

Results Overview

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A note on Covid-19

- The 2020 Wellbeing Survey was conducted during the Covid-19 pandemic, with some lockdown restrictions still in place when data was collected (July)
- Results in core questions are compared against Robertson Cooper's benchmark data – referred to as the General Working Population (GWP). This is data gathered from a range of organisations across the Private and Public Sector
- All data within the GWP was gathered before the Covid-19 pandemic, meaning that areas within the results which are flagged as red or amber may not be a completely fair representation of the situation – as employee stress and wellbeing levels during a pandemic are being compared against stress and wellbeing levels before a pandemic

Headlines

Strengths

1. Despite the pandemic, overall Trust level work environment factors (6 Essentials) have remained the same / improved since 2018

2. Perception of Trust taking action on wellbeing has increased by 6% since 2017

3. Some pockets of positivity around job security – something that's previously been a big issue for SWYPFT

Areas for development

1. Health has declined since 2018 survey – although unlikely to be as a result of increased workplace pressures

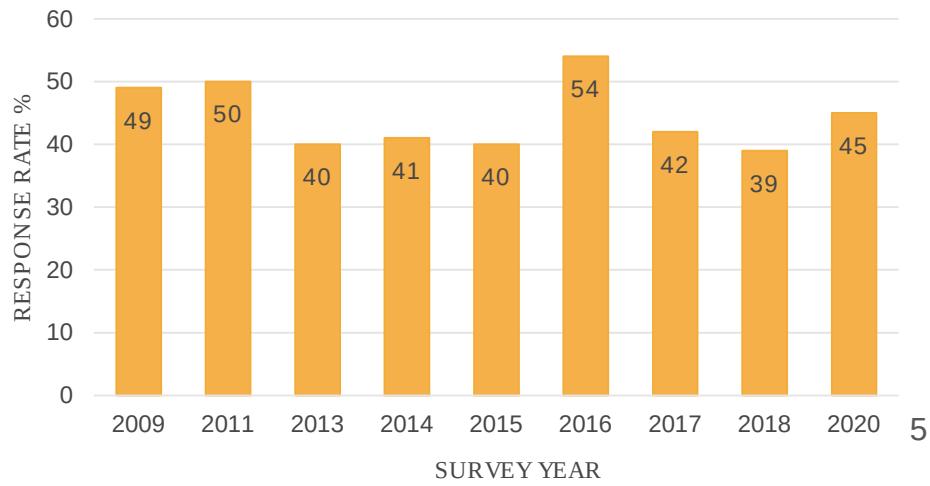
2. Issues at Service Line / Team level still remain (particularly Adult MH inpatients); however this presents opportunity to manage local challenges vs Trust-wide issues

Response Rates

- Wellbeing Survey available 7th July – 3rd August – shorter period than 2018 survey by 7 days
- Overall response rate of 45% - a 6% increase since 2018 survey and highest in the past three surveys. Significantly higher than other NHS Trusts response rates for wellbeing surveys.

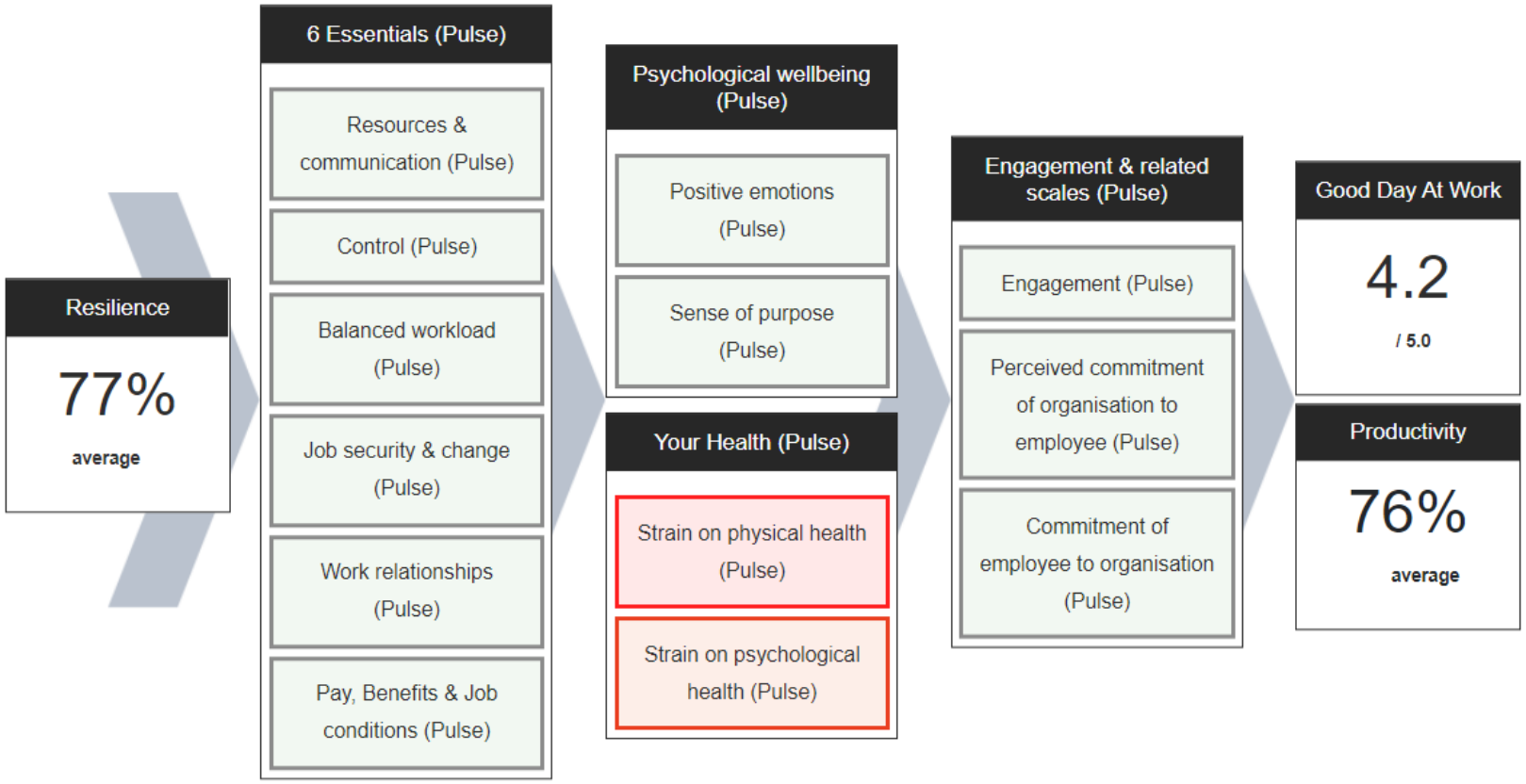
BDU Breakdown	Responses	Headcount	%RR
Adult Mental Health Inpatients	143	400	36%
Barnsley District	446	1155	39%
Calderdale and Kirklees District	364	916	40%
CAMHS BDU	132	288	46%
Forensic Services	234	651	36%
Support Services	446	698	64%
Wakefield District	231	387	60%
Total Employees	**2017**	**4491**	**45%**

Note: The numbers in the "Responses" column for each BDU do not total 2017, as shown in the "Total employees" row. This is because some respondents chose not to answer the question relating to the BDU they work



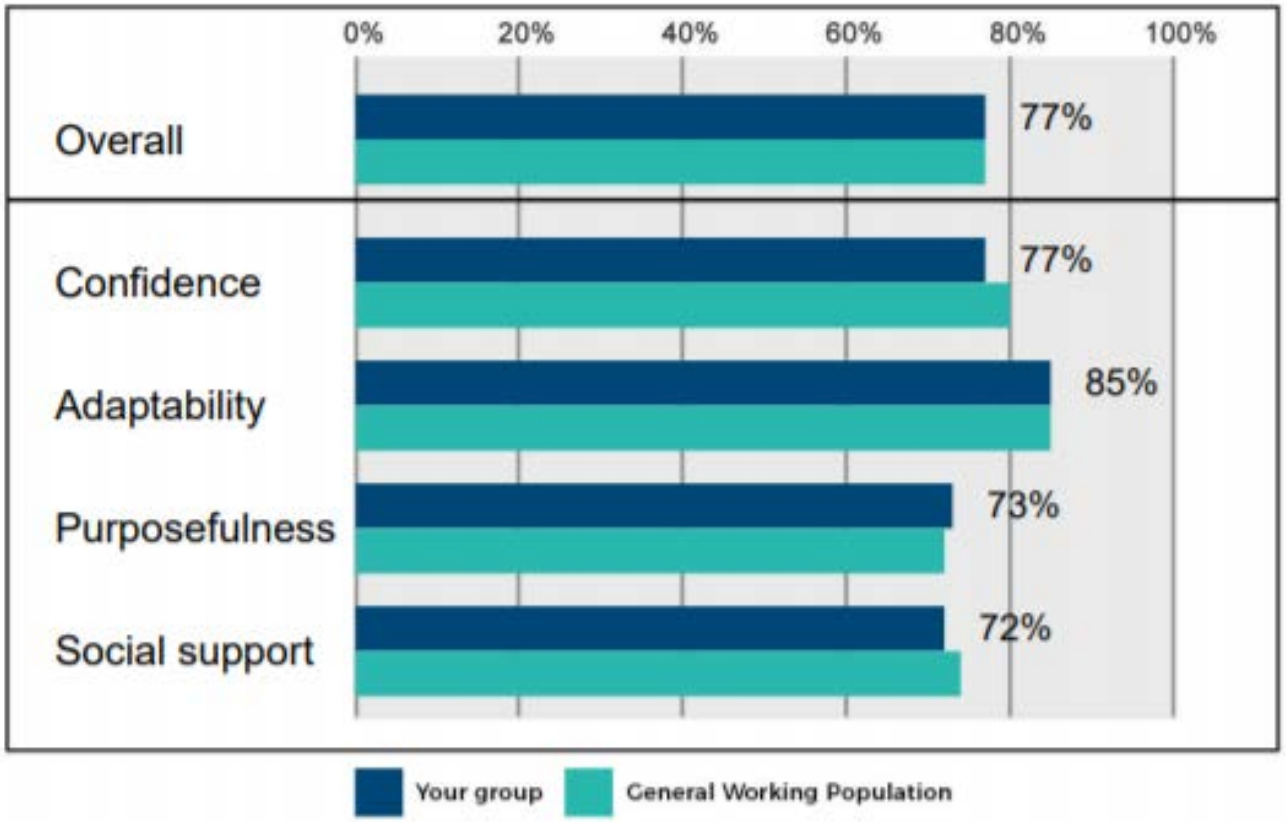
Dashboard

(number = 2017 responses)

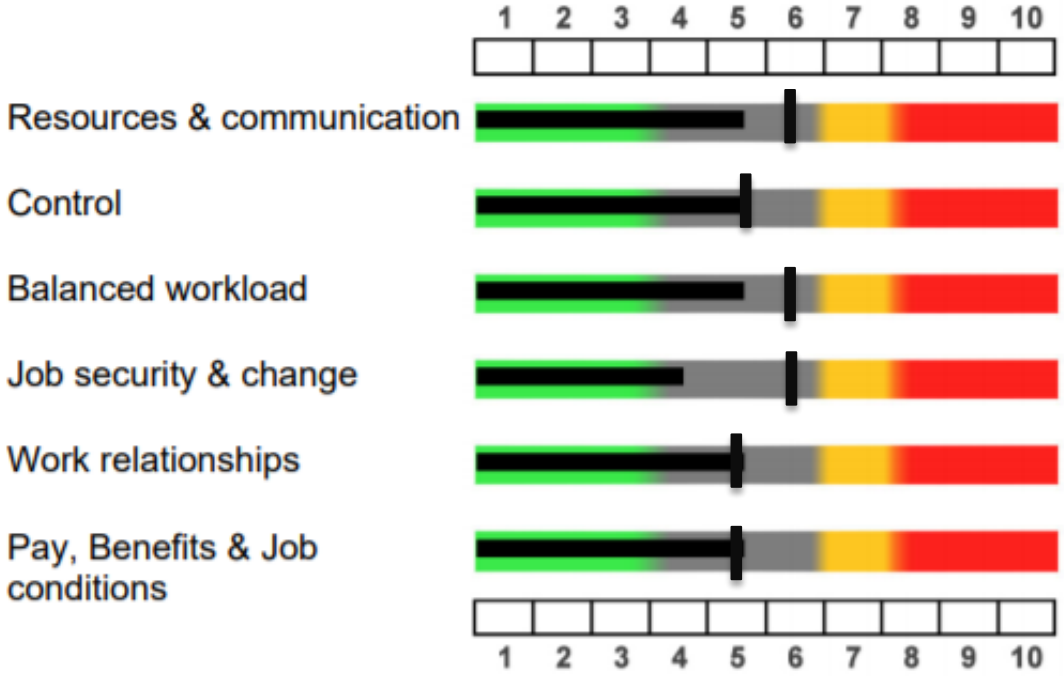


	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Levels of Resilience



6 Essentials



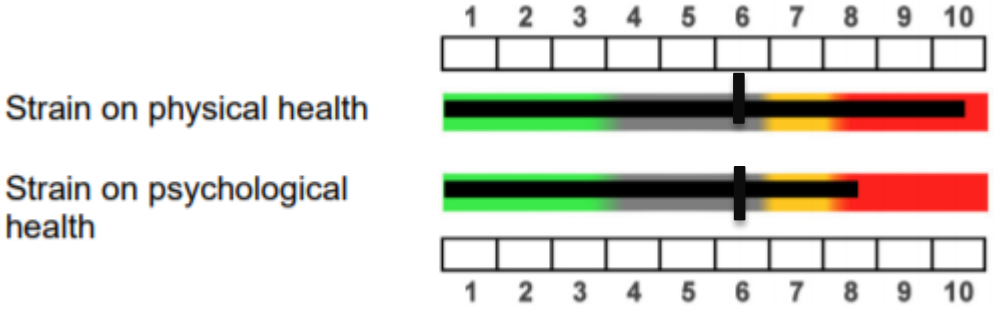
Positive items:

- Job security (sten 1)

- Feedback on Workloads, Job Security and Resources/Communication have all improved since 2018.

**Note: the higher the score the greater the extent to which the area is considered a stressor; black vertical bars represent the 2018 results*

Health & Psychological Wellbeing

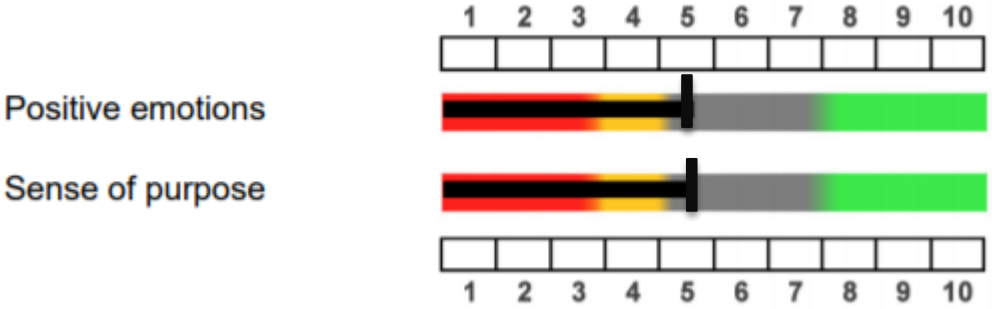


Negative items:

- Lack of appetite or over eating (sten 8)
- Insomnia – sleep loss (sten 9)
- Headaches (sten 9)
- Muscular tension/Aches and pains (sten 9)
- Constant irritability (sten 8)
- **Avoiding contact with other people (sten 9) this question may be interpreted literally so there is a note of caution around this feedback.**
- Mood swings (sten 8)

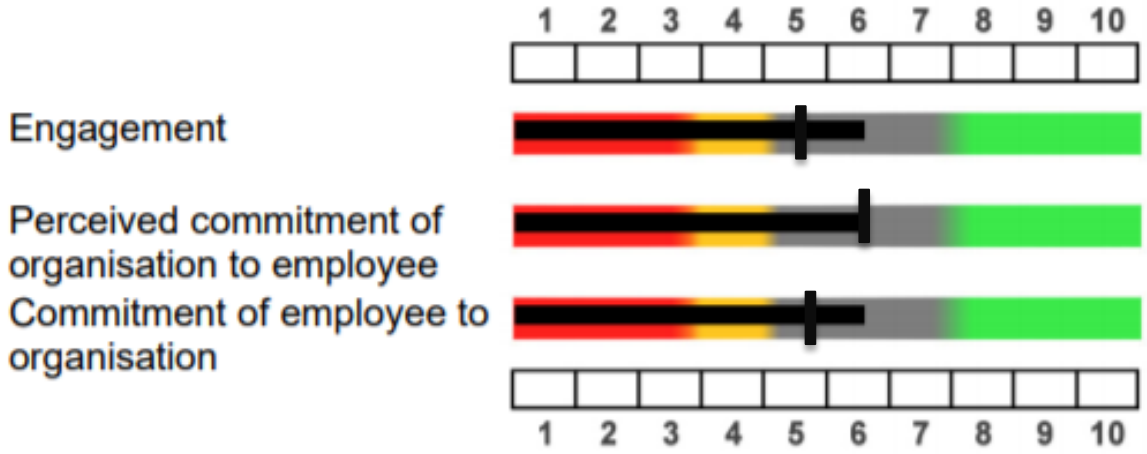
Cautionary items:

- Feeling unable to cope (sten 7)



**Note: the higher the score the greater the extent to which the area is considered a stressor; black bars represent 2018 Pulse results*

Engagement

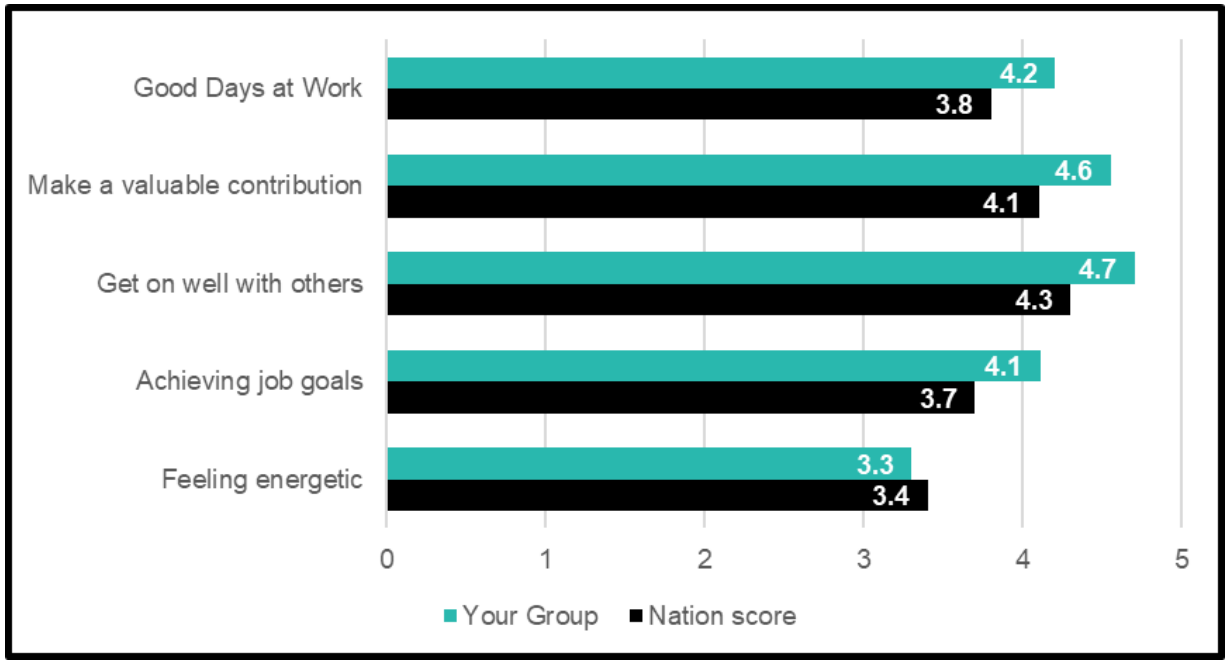


Cautionary items:

- Working hard for this organisation (sten 7)
- 2 of the 3 engagement scales have improved.

**Note: the higher the score the greater the extent to which the area is considered a stressor; black bars represent 2018 Pulse results*

Good Day at Work



Results Comparison

BDU Breakdown

In which BDU do you work?	Total participants	Confidence	Purposefulness	Adaptability	Social Support	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee commitment	physical health	psychological health
Adult Mental Health Inpatients	143																	
Barnsley	446																	
Calderdale and Kirklees	364																	
CAMHS (including Wetherby and Adel Beck' CAMHS)	132																	
Forensics, Learning Disabilities, ADHD/ASD and other Forensic services	234																	
Support Services	446																	
Wakefield	231																	

	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Results Comparison

2013 – 2020 Pulse Surveys

Results Over Time	Res & Comms	Control	Balanced Workload	Job Sec & Change	Work Relationships	Job Conditions	Positive Emotions	Sense of Purpose	Physical Health	Psych Health	Engagement	Perceived Commitment	Employee Commitment
2013 Pulse													
2013 Full													
2014 Pulse													
2015 Pulse													
2016 Full													
2017 Pulse													
2018 Pulse													
2020 Pulse													

	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Additional Question Groups

GOOD DAY AT WORK

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Covid related (*)

- 1 in 5 respondents (21.5%) are looking after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support
  - Further analyses show that these respondents have poorer levels of physical and psychological health
- Of those working in clinical roles, two thirds (65%) say that their work environment feels safe. This figure is highest for clinical F2F community (70%) and lowest for clinical F2F inpatient (54%)
  - Further analyses show that respondents reporting that their work environment does not feel safe show poorer levels of physical and psychological health

Covid related: Risk Assessments for BAME colleagues

- 85% of BAME employees have had a risk assessment..and that was done by their line manager 90% of the time

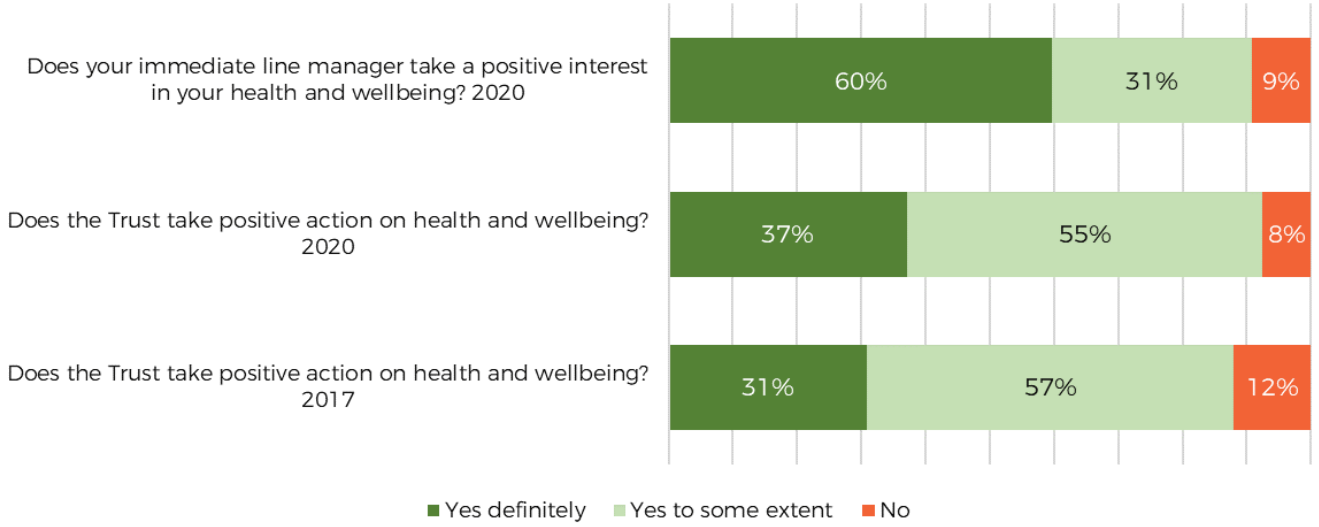
- 72% of said it was Very helpful or Helpful; 20% neutral; 9% Unhelpful or Very unhelpful

Raising Concerns

	RESPONSE SCALE	% POSITIVE 2020	% POSITIVE 2018
I am aware of Freedom to speak up Guardian role	4 6 15 49 27	76	65
If I had a concern, I would be comfortable discussing this with a Freedom to Speak Up Guardian (Leap Q)	3 8 23 45 21	67	-
I feel that the Trust listens and acts when concerns are raised	6 14 43 30 7	37	34
I feel able to raise concerns with my local management team	7 9 17 44 24	68	67
I know who to contact outside my local management team with regard to raising concerns (Leap Q)	8 23 27 35 6	42	12

Wellbeing Support

- 9 in 10 employees feel as though their line manager takes a positive interest in their wellbeing – and this is linked to significantly better levels of physical and psychological health
- Results on Trust-level action on health and wellbeing have increased since 2017



Appendix: Results Comparisons
Personal Demographics

Demographic Breakdown
Gender

Gender	Total participants	Confidence	Purposefulness	Adaptability	Social Support	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee Commitment	physical health	psychological health
Male	413																	
Female	1543																	
Prefer not to say	57																	

	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Demographic Breakdown
Sexuality

Do you consider yourself to be	Total participants	Confidence	Purposefulness	Adaptability	Social Support	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee Commitment	physical health	psychological health
Heterosexual	1759																	
Gay man	28																	
Gay woman (Lesbian)	24																	
Bisexual	37																	
Other sexuality	10																	
Prefer not to say	141																	

	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Demographic Breakdown
Ethnicity

I would describe my ethnic origin as follows:	Total participants	Confidence	Purposefulness	Adaptability	Social Support	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee Commitment	physical health	psychological health
White - British	1747																	
White - Irish	11																	
White - Any other background	28																	
Mixed - White and Black Caribbean	13																	
Asian / Asian British - Indian	48																	
Asian / Asian British - Pakistani	28																	
Black / Black British - Caribbean	11																	
Black / Black British - African	38																	
I do not wish to disclose my ethnic origin	55																	

	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Demographic Breakdown
Disability

Do you have a disability?	Total participants	Confidence	Purposefulness	Adaptability	Social Support	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee Commitment	physical health	psychological health
Yes	131																	
No	1791																	
Prefer not to say	86																	

	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Demographic Breakdown
Caring Responsibilities

Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?	Total participants	Confidence	Purposefulness	Adaptability	Social Support	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee Commitment	physical health	psychological health
Yes	431																	
No	1575																	

	Positive finding in relation to General Working Population
	Finding typical in relation to General Working Population
	Area for improvement in relation to General Working Population
	Risk in relation to General Working Population

Next steps

Next Steps

- The results provides key feedback for the implementation of the Trust's Workforce Strategy including Great Place to Work priorities, as well as the NHS People Plan actions.
- Review data for bank only staff.
- Robertson Cooper to provide free text comments with ability to filter by BDU.
- HR to arrange Microsoft teams meetings for each BDU and also focussing on key themes to share results and support local action planning. The feedback will inform our refresh of the Workforce Strategy.
- HR/service managers to review results and speak to colleagues in areas of above average wellbeing at work, to support shared learning across the Trust.
- In September all services/teams to review their results and agree priorities for wellbeing.
- Ongoing OD/workforce support for managers and teams, including Great Place to Work Forum.

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Trust Board 29 September 2020
Agenda item 9.1

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 and Director of strategy
Purpose:	The purpose of this paper is to update the Trust Board on the developments within the SYB ICS and Barnsley integrated care developments.
Mission /values / objectives:	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 SYB 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:	This paper provides an update on key developments across the South Yorkshire and Bassetlaw Integrated Care System and Barnsley Integrated Care developments. **SYB ICS** - The monthly Health Executive Group was re-established in June and has continued to meet monthly. Partners have continued to work together to deliver a joined-up response to Covid-19 as well as restore services. The ICS level plan was submitted on the 21 September 2020 and work continues to triangulate, activity workforce and finances. **The ICS Mental Health Executive steering group** has resumed and a number of programmes of work have also been resumed including those that have been supported through transformation funding. The work on progressing the development of a mental health provider alliance was on hold due to Covid-19 and has now been resumed. The Health Care Executive Group supported the development of a more formal Mental Health Provider Alliance to strengthen established partnership arrangements. **Barnsley Integrated Care -** Partners continue to work together to deliver a joined-up response to Covid-19. The integrated Care Partnership has resumed and is overseeing the development of the place based stabilisation and recovery plans. **Risk Appetite** This update supports the risk appetite identified in the Trust's organisational risk register.
Recommendation:	**Trust Board is asked to NOTE the update from the SYB ICS and Barnsley integrated care developments.**
Private session:	Not applicable

With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

South Yorkshire update including the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) update Trust Board 29 September 2020

1. Purpose

The purpose of this paper is to update the Trust Board on the developments within the SYB ICS and Barnsley integrated care developments.

2. SYB ICS update

The monthly Health Executive Group was re-established in June and has continued to meet monthly.

3. Coronavirus update

The update on the position across SYB was that the trends were reflective of the national increase in numbers of people testing positive with Covid-19, these are now beginning to translate into admissions to hospital.

Robust local outbreak management plans are in place in each of the local authorities across SYB.

Acute Trusts are continuing to work in partnership on the management and care of Covid-19 patients across the ICS.

The single site for Covid-19 patients is being reviewed with the increase in numbers needing hospital admission, therefore this is being reviewed with a likelihood that each place will be required to support and manage the needs of local patients that may need a hospital admission or critical care.

4. NHS Recovery and Reset

The ICS as part of the recovery and reset programme continues to resume clinical services stopped or reduced due to the Covid-19 response. Cancer care continues to be one of the main priorities in SYB's system recovery plans and partners are working to review and reprioritise patients. Work is underway to address the eight recommendations on addressing health inequalities that are set out in the phase 3 letter.

With all of us in mind.

5. Service and financial planning

The SYB System Plan, which is an amalgamation of all five Place Plans, was submitted on the 21 September. It takes into account constraints such as workforce, estates management, infection control and PPE while also incorporating examples of best practice in SYB and nationally. Further work is underway at ICS and place level to revise activity forecasts and financial forecasts to reduce the gap between the financial package that the ICS has received and what place and organisational plans have forecasted. Each place will be required to develop place-based plans to generate 2% efficiencies in year and to consider more transformational schemes that may be delivered over a longer period.

6. Identifying and embedding transformational change across SYB and capturing learning from the Covid-19 crisis

The SYB ICS together with the Yorkshire and Humber Academic Health Science Network (YH AHSN) have collected insights from across the five places on innovation and transformation that has taken place during the initial phase of Covid and compiled in a report. The report outlines the seven key themes that have emerged. These include remote working, technology, partnership working, patient safety, behaviours, leadership, and enablers for change. The next phase will involve developing case studies and providing support to enable sustainable change.

7. Equality and Diverse workforce

Following the workshop in June that was led by Richard Stubbs from the YH AHSN and Fatima Khan Shah, Programme lead for the West Yorkshire and Harrogate Integrated Care System. The ICS has commenced focused work to increase the diversity and presentation of BAME workforce by developing an ICS level network, focused work to diversify Boards and increase the numbers of nursing staff in leadership roles.

8. SYB ICS Mental Health, Learning Disabilities and Autism programme

The ICS Mental Health Executive steering group has a number of programmes of work, below is an update on some of these programmes. The Programme group has now reconvened meeting monthly and the CEOs from the mental health provider trusts continue to meet virtually bi-weekly to share information and explore mutual aid arrangements. The Programme team have held a workshop to support recovery planning and reprioritisation of the programmes. Members from this group have also contributed to the ICS recovery planning workshop and stress test workshop for scenario planning.

9. Individual Placement and Support (IPS)

The SY&B IPS wave 2 roll out is progressing well with South Yorkshire Housing (SYHA) as the lead provider and coordinating the mobilisation process. The two SWYPFT roles recruited to cover Barnsley and their SYHA colleagues are now well embedded within the secondary care teams which is vital in promoting their work and

generating referrals. The partnership agreement, data sharing agreement and collaboration agreement between SYHA and the Trust have been agreed and signed. Throughout Covid-19 the two SWYPFT workers have maintained roles as IPS workers for the majority of time, and have successfully supported service users to gain paid employment

10. Mental Health Liaison and Crisis Care

The Trust in partnership with Barnsley Clinical Commissioning Group (CCG), secured transformation funding from NHS England as part of the SYB ICS. 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. Prior to Covid-19 recruitment and mobilisation was underway in relation to all the new investment and in terms of the additional Core 24 resources. All posts have been advertised with the exception of the consultant roles and although initially delayed by Covid-19 recruitment is now being progressed. Nursing roles have now been recruited to, and the High Intensity Worker and medical posts are out to advert. In the interim, medical cover is provided through extra PA sessions and locum cover. It is hoped this work will have a significant impact on reducing Accident and Emergency attendance and building resilience in individuals experiencing mental health crisis.

11. NHS England specialised commissioning Lead Provider Collaborative

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 was on the development track with a gateway review / sign off by April 2020, with the intention of going live from October 2020. However, due to Covid-19, the timescales for go-live were delayed until April 21. The SYB collaborative have subsequently taken the decision to further delay go live until October 2021.

The Trust is not a partner in the delivery of the model in South Yorkshire (Lead for the equivalent model in the West Yorkshire 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.

Providers of Eating Disorder Services across the ICS are working together to develop a Lead provider model. The bid submitted to NHSE by the partners was also on the development track with a gateway review / sign off by April 2020, with the intention of going live from October 2020. However, as above, due to Covid-19, the timescale for go live has been delayed until April 2021, in line with all main track sites. The Trust is not a partner in the delivery of the model in South Yorkshire however is actively involved in meetings to ensure alignment of the model to our services.

12. Quit programme

Is now being implemented in inpatient mental health services in Barnsley. A new band 8a role working 15 hours per week for two years on secondment has been recruited. This post is currently fixed term for two years due to funding. A band 6 post working 15 hours per week is in the recruitment process along with a band 3 admin support role (15hrs per week). The band 3 posts (2.5 wte) are awaiting confirmation of Yorkshire Cancer Research contract being signed which is due to be completed by the end of October. Face to face contact remains limited. The band 8a is focussing on setting up internal QUIT systems, processes, IT, training, data collection etc in readiness for team recruitment and the service becoming fully operational. Recruitment to the band 3 posts is expected to be completed over the period January-June 2021. Volunteer ward-based peer support QUIT Champions are being recruited to and we currently have three within the Oakwell Unit. The target is for three on each ward. An internal QUIT steering group is in place which is strongly linked in to the wider local and ICS wide systems.

13. Bereavement support

A Bereavement and trauma support service for the wider public and health care professionals has been set up across the ICS footprint and will be reviewed to assess impact. The service is commissioned until 31 December 2020 and is being closely monitored by the SYB suicide prevention steering group.

14. SYB ICS Mental Health Provider Alliance

In January 2020, the Chief Executives and chairs of the Mental Health Providers serving the South Yorkshire and Bassetlaw population, met and agreed to develop a formal Provider Alliance. The key reasons for agreeing this in SYB are:

- To increase collaboration as outlined in national policy
- Integration across services through provider collaboratives
- The need to support and maximise the capacity of the local workforce
- To reduce unwarranted variation in quality
- To achieve economies of scale and efficiency savings
- To shape and influence strategic service design and associated investment decisions.

The Health Care Executive Group supported the development of a more formal Mental Health Provider Alliance to strengthen established partnership arrangements. The work on progressing the development of an alliance was on hold due to Covid-19 and has now been resumed.

15. Barnsley Integrated Care update

All partners across Barnsley continue to work together to deliver a joined-up response to Covid-19. Partnership arrangements are in place to support decision making as close to the front line as possible. Community services continue to

provide care as close to home as possible working with primary care, social care and the wider CVS.

The integrated Care Partnership has resumed and is overseeing the development of the place-based stabilisation and recovery plan, the key priorities for the partnership have been agreed through the partnership. The system priorities build on the work that the partnership progressed over the last two years and that has been accelerated through the Covid-19 response phase. The five priorities include sustain joined up response to Covid-19, continue to support vulnerable, complex, shielded people, data and intelligence to continue to understand the impact of Covid-19, recovery and reset of priority services (lock in transformation and change), and system financial sustainability.

16. **Trust Board is asked to NOTE the update from the SYB ICS and Barnsley integrated care developments**

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 9.2

Title:	**West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships update**
Paper prepared by:	Director of strategy & Director of provider development.
Purpose:	The purpose of this paper is to provide the Trust Board: 1. With an update on the development of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) response to Covid-19; and recovery and reset 2. Local Integrated Care Partnership developments in Calderdale, Wakefield and Kirklees
Mission/values:	The development of **joined up care and response to Covid-19** through **place-based arrangements** is central to the Trusts delivery of responsive services and support in places at this time. 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 strategic and operational developments must be in accordance with our values**. The approach is in line with our values - **being relevant today and ready for tomorrow**.
Any background papers/ previously considered by:	Strategic discussions and updates on place-based plans and developments have taken place regularly at Trust Board including an update to July 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): The Trust has continued to work as a member of the partnership. **WYH Covid-19 response** The Partnership have continued to deliver a joined-up response to Covid-19 across the region and in each of the places that make up the partnership. **WYH HCP planning and finances** The Partnership has submitted an ICS level plan on the 21 September 2020. The Trust have contributed to the overall plan as well as place plans. There is a separate agenda item that will provide Trust Board with more details on the financial arrangements

	WYH Independent Review Impact of Covid-19 on our communities and workforce An Independent review chaired by Professor Dame Donna Kinnair has been commissioned by the chair of the Partnership Board, Councillor Tim Swift. The review focused on the partnership plans and work being progressed as well as identifying any gaps. The review has now concluded and a report setting out the outcomes of the review and recommendations for the partnership to take forward is due to be published imminently. **Mental Health, Learning Disabilities and Autism programme** An overview of key work streams and developments being progressed collaboratively are included in the paper. **Adult Secure Lead Provider Collaborative (LPC)** There is a separate agenda item on the Board agenda in respect of this. **Place based developments** We continue to work with partners to develop and deliver joined up Covid-19 response and support in each of the places that we provide services. We also continue to contribute to placed based recovery and reset planning. Partnership arrangements to deliver joined up care and services have been resumed. **Risk Appetite** The development of the partnerships response to Covid-19 and the development and delivery of place-based arrangements and response is in line with the Trust's risk appetite.
Recommendation:	**Trust Board is asked to RECEIVE and NOTE the updates on the development of the West Yorkshire and Harrogate Health and Care Partnership and place based developments in Calderdale, Wakefield and Kirklees**
Private session:	Not applicable.

NHS
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Yorkshire Partnership
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West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships - update
Trust Board 29 September 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.

2. Background

Led by the Trust's Chief Executive, Rob Webster, West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) 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.

3. WYH HCP planning and finances

Significant work has been undertaken to ensure that there is a continued joined up response to the pandemic and recovery planning in each of our places and across the partnership. The ICS has submitted the ICS plan on 21 September, this is made up of the place plans, programme priorities and organisational plans. The financial package for the ICS has now been identified and work is underway to triangulate this with forecasted plans. **The Trust contributed to the planning in each of the places both for the place based recovery and reset priorities as well as an organisational plan that includes workforce and activity details. There is a separate agenda item for Trust Board to consider the financial planning arrangements in more detail.**

4. WYH HCP Health Inequalities and Covid-19- Phase 3 Recommendations

The partnership five year plan sets out ambitions to reduce the gap in life expectancy by five percent in the most deprived communities by 2024; reduce inequalities in life expectancy for people living with mental health conditions, learning disabilities and autism; reducing health inequalities for children living in households with the lowest incomes, and reducing suicide by 10 per cent, whilst strengthening local economic growth and improving skills. In response to Covid-19 and the recommendations set out in the phase three letter the Partnership ambitions and programmes of work have been accelerated. A preventative approach will be embedded across the partnership priority programmes. **The Trust is leading on the Suicide prevention programme on behalf of the partnership and as a partner in the mental health, learning disability and autism programme has contributed to the development of a bereavement support service as well as a mental health and well-being support line for the wider public. The Trust is also working with partners in each of the places it provides services**

to improve care and support for people with mental health issues and learning disabilities as well as targeted support for BAME groups.

5. Independent Review - Impact of Covid-19 on Black and Minority Ethnic (BAME) communities and workforce

National evidence has highlighted the differential impact of Covid-19 on staff and communities from black and minority ethnic communities (BAME). The Partnership has developed a programme of work to increase the diversity of the workforce and leadership across the region. This work is supported by the partnership network made up of chairs of organisational BAME networks. Health Inequalities is also a priority for the Partnership.

An Independent review chaired by Professor Dame Donna Kinnair was commissioned by the chair of the Partnership Board Councillor Tim Swift. The review focused on the partnership plans and work being progressed as well as identifying any gaps. The review is now complete and a report setting out the outcomes of the review and recommendations for the partnership to take forward is due to be published imminently.

The Trust is key partner in this programme of work and the Chair of the Trust BAME staff network is a member of the partnership network. 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. In response to the differential impact Covid-19 has on BAME communities the Trust has carried out significant work to develop a Trust wide Equality Impact assessment and approach as well as completed risk assessments for all BAME staff. A more detailed programme of work has commenced to accelerate our plans to develop a diverse workforce as well as deliver equitable culturally sensitive services to our BAME communities.

6. West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative update

The Trust Board was appraised at the July meeting on the work that the Mental Health, Learning Disabilities and Autism (MHLDA) programme board, and the Specialised MHLDA programme board, are progressing. The programme boards meet monthly, though both did not meet in August. Issues to highlight to the Trust Board discussed at the September MHLDA Programme Board meeting include:

- Several work streams continue to be currently 'work in progress', comprising: Workforce development; Suicide prevention; Adult autism/neurodiversity; Patient cohorting; West Yorkshire approach to prevention and management of violence and aggression (PMVA); West Yorkshire approach to provision of psychiatric intensive care in-patient service (PICU); Learning Disabilities Assessment and Treatment Units (ATUs) reconfiguration – project manager being recruited, four work streams progressing under the oversight of a steering group; Complex mental health (locked) rehabilitation; mental health secondary care pathways; Learning Disabilities steering group.

- Adult Eating Disorder Provider Collaborative has received confirmation that it will 'go live' on 1 October 2020**. The business case is the subject of an agenda item on the private Trust Board agenda.**

- Adult Secure Provider Collaborative business case update **is the subject of a separate agenda item on the private Trust Board agenda.**

- The Head of Commissioning for the West Yorkshire Provider Collaboratives (Sarah Ives) commenced in post on 21 September 2020.

7. Local Integrated Care Partnerships - key developments

We continue to work with partners to develop and deliver joined up Covid-19 response and stabilisation and recovery approach in each of the places that we provide services.

Calderdale

SWYPFT is a strong partner in delivering the Calderdale vision 2024 and Calderdale Cares. We have resumed partnership work that includes commissioners and providers collaborating to achieve integrated care provision driven by the needs of the local Calderdale population and involving local people to develop solutions.

As part of this work an Alliance has been developed to work together to ensure integrated, high quality, coordinated care is delivered in the most appropriate way closer to home within the borough. The group have been meeting for over 12 months and working collectively. This work was originally under the heading of Care Closer to Home and more recently, building on work and learning during the pandemic, has been renamed and rescoped as Calderdale Collaborative Community Partnership. A partnership agreement has been developed in draft form that sets out the principles, approach and ways of working.

The Trust is also a key partner in the Calderdale Arts and health programme that has been developing over the last two years with a number of workshops that were held with the Health and Wellbeing Board last year. Funding to support the recruitment of a full-time programme manager on behalf of the system was secured through the partners. The Programme manager is hosted by Creative Minds and the Trust on behalf of the system and is now in post. This programme will work to accelerate the developments of system approach to using arts and creativity to improve health, wellbeing, and tackle inequalities.

We continue to be a partner in the Active Calderdale programme and have secured two year funding to develop system change to improve the number of people with mental health to become active and move more as a core part of our offer. We have now recruited to the post and will work with clinical staff, partners, service users to develop a programme of work that will commence in the autumn building on the work that Trust, Creative Minds and Recovery Colleges are already doing.

Wakefield

The Trust continues to be a partner in the Wakefield Integrated Care Partnership (ICP) and associated work, leading in specific areas, for example the Wakefield Mental Health Alliance, the emotional health and mental wellbeing strand in the Children and Young Peoples Partnership Board.

From the July, August and September ICP agendas, there has been a particular focus on: 16-25 years mental health support (led by the Primary Care Networks, funded through the mental health alliance); substance misuse and alcohol services; the flu plan; Phase 3 Place response; Health inequalities, including reducing unemployment; Wakefield Families Together progress on new service model; updates on the six ICP work programme enablers; Support for the BAME workforce and communities; Resilience plan; Local people plan.

Kirklees

The Kirklees Integrated Health and Care Leadership Board has recently been established. At the July and August meetings of the Board there was a focus on the following: confirmation of the Terms of Reference of the Board; Community Protection work; Learning and evaluation, shaping the future of public services in Kirklees; Update on the service model for out of hospital care; Stabilisation and reset; a development session which focused on decision making.

The Board will have a responsibility for the strategic commissioning and provision of health and social care services in Kirklees, promoting the integration of health and social care services, and making effective and efficient use of partners' collective resources.

Kirklees IAPT continue work on their comprehensive action plan to address waiting times and recovery standards which incorporates the use of videoconference type-talk CBT; individual practitioner productivity; review of average treatment episode durations in line with national standards and sign up to PCMIS outcome monitoring service to measure projected recovery rates.

Kirklees SPA has continued work on service improvement and is implementing the UK triage tool, working with local GPs to develop electronic paperwork and referral systems.
Following CCG investment training and development has continued for the Trauma Informed Pathway Development which involves a number of staff across Community and IHBT teams and linking with inpatient areas to build collaborative approaches and optimise care in community setting.

The Mental Health Alliance has been on hold due to Covid-19 although partners have continued to meet to support a joined-up response during the pandemic. The CCG will be recruiting to a full time post that will provide support to the development of the alliance which is expected to resume next month.

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**
    - **Local integrated Care partnerships - Calderdale, Wakefield and Kirklees**
- **Receive the minutes of relevant partnership boards.**

Appendix - Links to relevant partnership meetings and papers

1. West Yorkshire & Harrogate Health & Care Partnership Board -
2. West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive - https://www.wyhpartnership.co.uk/blog
3. West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group - https://www.wyhpartnership.co.uk/blog
4. Calderdale Health and Wellbeing Board - https://www.calderdale.gov.uk/council/councillors/councilmeetings/index.jsp
5. Kirklees Health and Wellbeing Board - https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0
6. Wakefield Health and Wellbeing Board - http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020

Agenda item 9.3 – Receipt of public minutes of partnership boards

Barnsley Health and Wellbeing Board

Date	Meetings scheduled for 26 November 2019, 23 January 2020 and 23 April 2020 all cancelled. Next meeting scheduled for 8 October 2020 but agenda not available yet.
Member	Chief Executive / Director of Strategy
Items discussed	
Minutes	Papers and draft minutes (when available): http://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143

Calderdale Health and Wellbeing Board

Date	13 August 2020
Non-Voting Member	Medical Director / Director of Nursing & Quality
Items discussed	• Covid-19 – Update on impact on Health, Care and Wellbeing • Calderdale Cares • Health and Wellbeing strategy • Children's Safeguarding Annual Report • HWB Engagement • Forward plan.
Minutes	Papers and draft minutes are available at: https://www.calderdale.gov.uk/council/councillors/councilmeetings/agendas-detail.jsp?meeting=27436

Kirklees Health and Wellbeing Board

Date	17 September 2020. Next meeting scheduled 26 November 2020
Invited Observer	Chief Executive / Director of Nursing & Quality
Items discussed	• Kirklees Economic Recovery Plan and Inclusive Economy • Covid-19 Update • Stabilisation and Reset Phase 3 Planning • Update on the Kirklees Health and Wellbeing Plan
Minutes	Papers and draft minutes (when available): https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0

Wakefield Health and Wellbeing Board

Date	Meeting scheduled for 11 June 2020 cancelled. 9 July 2020
Member	Chief Executive / Director of Provider Development
Items discussed	• Focussed discussion – Reducing Health Inequalities in the Wakefield Health and Care System under the Health and Wellbeing Plan Priorities ○ West Yorkshire & Harrogate Health and Care Partnership poem to help tackle health inequalities

With all of us in mind.

	○ Preventing Ill Health – Reducing Health Inequalities amongst vulnerable groups ○ Healthy Standard of Living for All – Impact on the local economy and poverty in the district ○ Creating and Sustaining Healthier Communities in the context of Covid-19 ○ Giving Every Child the Best Start in Life – Impact of Covid-19 on Education and mental health support on return to school • Connecting Care Executive Minutes
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 July 2020
Member	Chief Executive
Items discussed	• Early Learning from Covid-19 and Moving Towards Restoration ○ Restoration/BAU ○ Screening and immunisation restoration update ○ Infection Prevention and Control (IPC) ○ Priorities • Quality/Escalations • Forward Plan ○ Thematic learning from screenings and immunisations ○ Learning from ICS Outbreak meetings ○ LEDER – Alignment to screening and immunisations
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	1 September 2020 Next meeting scheduled for 1 December 2020
Member	Chief Executive
Items discussed	• Update from the West Yorkshire & Harrogate Partnership CEO Lead • Planning for System Stabilisation and Reset. • Supporting our Black, Asian and minority ethnic staff and communities • Third Sector Resilience: Before and during Covid-19.
Further information:	Further information about the work of the Partnership Board is available at: https://www.wyhpartnership.co.uk/meetings/partnershipboard

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 10.1

Title:	Draft Equality, Involvement, Communication and Membership Strategy Version 1.0
Paper prepared by:	Prepared by: Marketing, Communications, Engagement and Inclusion lead Presented by: Director of Strategy and Director of Nursing and Quality
Purpose:	The purpose of the paper is to provide a draft version of the integrated Equality, Involvement, Communication and Membership Strategy for any final comments prior to Trust Board sign off in October. The single strategy will not only replace, but combine previous strategies. The strategies referred to are the Communication, Engagement and Involvement Strategy, Equality and Inclusion Strategy and Membership Strategy. This strategy will align with and act as an enabler to a number of other Trust Strategies and ensure we deliver on our strategic objectives.
Mission/values:	The strategy is insight driven and offers a joined up approach to delivering equality, involvement, communication and membership. Staff, governors, members and people who use our services and the communities we serve are clear that these components need to work together to ensure we can demonstrate an inclusive approach. The strategy will ensure **people reach their potential to live well in their communities** through this holistic way of working. The strategy will ensure we improve the health and wellbeing of everyone. Our inclusive approach will ensure the involvement of those who use our services, through person centred care and planning, driven by robust insight and data will **put the person first and in the centre**. Equality and diversity will act as the golden thread to ensure our approaches and services are inclusive and equitable so we can continue to **improve and aim to be outstanding**. We will remain relevant to the communities and stakeholders we serve by working in partnership to co-create the right conditions and ensuring that **families and carers matter**. We will ensure that what people tell us shapes our services, improving quality and experience for all. We will demonstrate **respectful, honest, open and transparent** communication and information that has inclusivity at its core. By developing a systematic and integrated approach to inclusion we will ensure that equality, involvement, communication and membership become an integral way of working for everyone. The strategy will align the internal resources we have, and external assets we can draw on, to ensure a systematic and integrated approach that addresses inequalities as well as equality. By working this way the Trust can be assured that we are **relevant today and ready for tomorrow.**
Any background papers/	The existing Communication, Engagement and Involvement Strategy had previously been agreed by the Trust Board in 2016. The strategy

previously considered by:	was due to expire in December 2019. The new strategy was to incorporate the functions of marketing, communications, engagement, equality and membership. The integrated approach was agreed at the November Trust Board and a number of updates on strategy development have been submitted. The Equality and Inclusion Committee received the strategy on 22 September 2020. Members provided useful comments which will be included in the final version. The Committee also agreed that the strategy would cover a three-year period, with a review in the first year. The committee will be responsible for signing off the accompanying action plans which will support the strategy.
Executive summary:	The Equality, Involvement, Communication and Membership Strategy will demonstrate a responsive and integrated approach to strengthening inclusion. The Strategy will ensure the Trust meets its statutory legal obligations and act as an enabler to a number of Trust Strategies. The strategy includes clear objectives and areas of focus for each function and will be supported by a **website refresh and individual action plans that will also include key measures and outcomes these will also incorporate actions from the Phase 3 letter.** The website will include a **summary and easy read** version of the strategy, a **short film** (which will be translated in to BSL with the option of translating into different languages as required). A **still image** from the film will capture a plan on a page which will be a visual narrative. The timescale for developing the strategy had been delayed following the Covid-19 Pandemic but the timeline and plan for involving people in the development of the strategy was successfully delivered. The findings from engagement resulted in the Trust gathering views from 720 people. The Trust also used insight from a number of existing sources. This included the Trust staff survey and community conversations from Barnsley. A standalone report of findings from all the engagement sets out the findings from each of the cited sources. Conversations started in January and continued until mid-March. Engagement ceased at this time due to Covid-19. Recent conversations took place during the Summer with Governing Body members, staff networks, partners and equality, communication, engagement professionals across the Trust footprint. The feedback from these conversations has been positive and the integrated approach was endorsed and well received. **Please note that links to other documents will not work in this draft version.**

Recommendation:	**The Trust Board are asked to:** Consider the draft strategy and; • Provide any additional comment on the strategy • Approve the recommendation for strategy sign off in October • Agree the next steps to commence development of action plans with clear metrics for each area.
Private session:	Not applicable

South West Yorkshire Partnership NHS Foundation Trust

Equality, involvement, communication and membership strategy

2020-2023

'An inclusive, values based approach to support our mission and vision'

Draft V1.0

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Appendices Appendix 1: Glossary of terms Appendix 2: Equality impact assessment (EIA) **Please note that links to other documents will not work in this draft version.**	To be added

Version control			
Version	**Change**	**Title**	**Status/date**
V0.1	Dawn Pearson – using the report of findings	Marketing, communications engagement and inclusion lead	Draft June 2020
V0.2	Salma Yasmeen	Director of strategy	Draft July 2020
V0.3	All staff comments	Communication, engagement and equality team Members council – content review	Draft August 2020
V0.4	Wider staff and partners feedback	Wider audience: • Equality and inclusion committee members	Draft August 2020

		• Staff networks • Staff side	
V0.5		• Communication, engagement and equality partners • OMG	Draft September 2020
V0.6	Final comments	• Equality and inclusion Committee	Draft 22 Sept 2020
V1.0	Final draft for Board review	• Trust Board - Public	Final Draft 23 Sept 2020

Foreword

Our mission here at South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) is to help everyone to fulfil their potential and live well in their community. This is supported by a clear set of values that put people at the heart of everything we do.

Thousands of people use our services across south and west Yorkshire each year and we make over a million contacts with them. Each is an opportunity to work together on their mental, physical and social needs. This strategy sets out our commitment to recognising the power in their lived experiences, life skills and personal histories. This extends to our service users, carers, families and friends who we know all matter. It also includes our staff, foundation trust members and people who live in the local communities we serve. All of us can help make our services outstanding.

In 2020, collaborative working and joined up care is more important than ever. Health and care services have undergone rapid changes to respond to the global public health emergency presented by the coronavirus pandemic (COVID-19). Whilst it has been an incredibly difficult time, the pandemic has given us the opportunity to work differently, often without barriers, to do the best we can as a partners in integrated systems.

We know we have more to do if we are to meet the diverse needs of our communities. The pandemic has further exposed the gross inequalities in our society. Inequalities in health, housing, income, barriers to accessing services and discrimination remain and there is need for improvement across the region. We know these inequalities put people at greater risk of ill health, mental ill health or distress. We also know that people who are mentally ill, those with a learning disability and those who live in poverty face wider health consequences as a result. Systemic racism and prejudice also affect our black, Asian and minority ethnic communities. More work needs to be done to ensure our services are accessible to everyone and reflect the populations we serve by ensuring we understand, inform, communicate with and involve those communities.

We must continuously improve and develop our services through effective communication, involvement and engagement. By working with people we develop services that are are person centred, culturally appropriate and better than they were before.

This strategy sets out how we will build on the work we have done so far with our valued and diverse communities to make local health and care services better for everyone.

Rob Webster
Chief executive

Angela Monaghan
Chair

1. About the strategy

Our Trust belongs to us all. It takes into account the voices of service users, carers, families and friends, our staff, board members and people who live in the local communities we serve. We take this responsibility very seriously. It is fundamental to how we communicate with and work alongside everyone.

Our ambition is driven by those who need care and support to live a long and healthy life - this is what motivates us to drive consistent high quality care, 365 days a year. We want our care to meet that standard we would want for ourselves, our family and friends. We want to demonstrate our commitment by ensuring we are inclusive, meet the needs of our diverse communities and by working in partnership. We know that when we do this, we get our services right, our staff thrive our outcomes improve for those people who use our services, their family, friends and carers.

We exist to provide service to our local communities and in turn our communities have a wealth of insight, talent and skill they can offer. We are committed to taking full advantage of this opportunity to ensure we provide the best possible high quality and effective services now and in the future.

2. About us

South West Yorkshire Partnership NHS Foundation Trust is a specialist NHS Foundation Trust that provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. We also provide some medium secure (forensic) services to the whole of Yorkshire and the Humber. All our services are focused on principles of recovery and co-production, working with the strengths of each person and those of their carers and wider community.

The Trust also provides services that promote health-producing communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, volunteering to supported employment. The Trust's recovery colleges, linked charities Creative Minds, Spirit in Mind, Mental Health Museum and significant volunteering services, as well as Altogether Better (a national organisation that is hosted by the Trust) further contribute to this.

Our daily mission is to help people reach their potential and live well in their communities. We employ over 4,500 staff, in both clinical and non-clinical support services. Our staff work hard day in day out to make a difference to the lives of service users, families and carers. How we work is as important to us as what we do. Our values and how we behave really matter to us. Set out below are our vision, mission and values.

Our vision:
To provide outstanding physical, mental, and social care in a modern health and care system.

Our mission:
We help people reach their potential and live well in their community.

Our values:
We are a values based organisation. This means our values are followed by all of our staff and underpin everything we do:

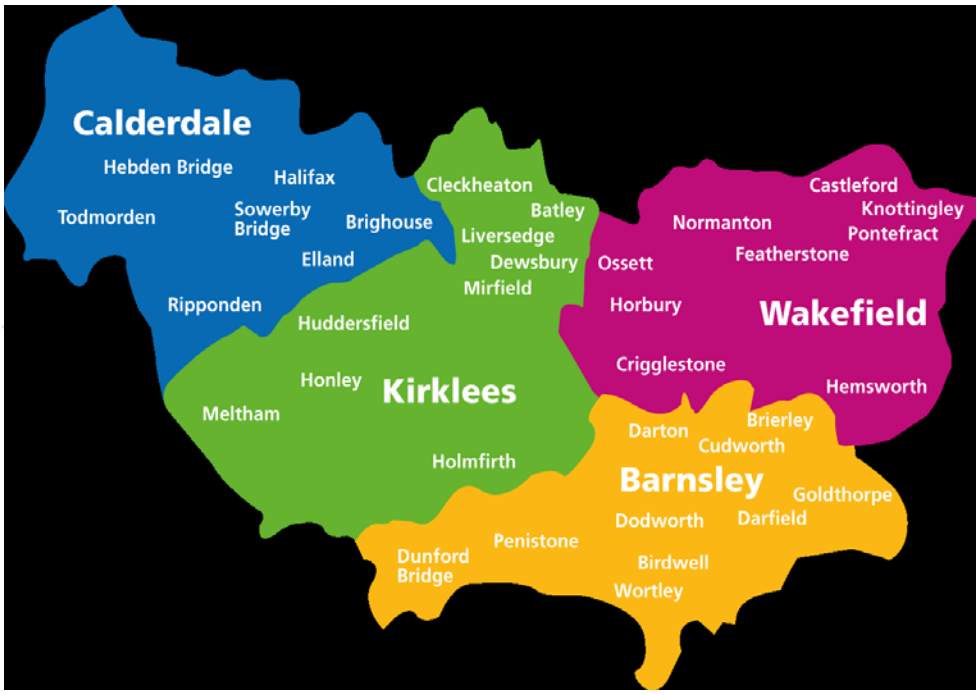
- We put the person first and in the centre
- We know that families and carers matter
- We are respectful, honest, open and transparent
- We improve and aim to be outstanding
- We are relevant today and ready for tomorrow

Our strategic objectives are:

- ✓ Improve health
- ✓ Improve care
- ✓ Improving resources
- ✓ Make this a great place to work

Who we serve
We primarily serve 1.22m people who live across south and west Yorkshire in the local authorities of Barnsley (239,300 people), Calderdale (209,800), Kirklees (440,000) and Wakefield (332,000). However we also have services in other areas.

Most of the care we provide is delivered in local communities. This means we work in all the villages, towns and cities from Todmorden and Hebden Bridge in the west, to Castleford and Pontefract in the east and to Hoyland and the Dearne Valley to the south of Barnsley – and all points in between. Our population lives in a mix of rural and urban areas.



Diversity

The learning from the recent pandemic clearly highlights the inequalities that have always existed. We know that there are differential impacts on different groups in our population and this will have an impact on health and wellbeing outcomes. For example if you are from a BAME background you are more likely to experience poor health, and if you experience mental health problems or have a learning disability your years of life will be reduced. Black men are three times more likely to have a psychotic condition than any other group and there is evidence that Black women are more likely to have depression or anxiety (McManus et al 2016). COVID-19 has significant mental health impacts and may have increased this inequality.

- There are large inequalities in access to health care and support for mental health. Local research in Bradford for example has shown that depression and anxiety in pregnancy was more likely to be missed by health professionals for women from Pakistani backgrounds (Prady et al 2016).
- Black/Black British men are more likely to access mental health services through the criminal justice system.
- People from Gypsy, Roma and Traveller communities face large barriers to accessing services. Barriers can include language and lack of interpreters, stigma, trust and concerns about discrimination.
- There are also inequalities in the quality of treatment and support that people receive. After starting talking therapies for mental illness (IAPT), completion rates are lower for people from Asian/Asian British, Black/Black British and Mixed backgrounds than people with White ethnicity (IAPT 2019/20 figures). Key issues include a lack of culturally appropriate services, including provision in different languages.

We know that White British people make up 87% of our region's local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014). Whilst the UK population is generally ageing, among BME communities specifically, this pattern is reversed. Understanding the diversity of our audience plays a key role in getting our services right.

Delivering for our communities

The overarching Trust strategy sets out the Trust's ambitions for each of these places. This strategy will act as an enabler, helping the Trust deliver on its ambitions and plans. This strategy sets out the relationship we will have with our communities to achieve our goals. It acknowledges our diverse audience and range of local partners and stakeholders.

We know that if we are to truly involve people a one size fits all approach will not work. Our internal approach will be driven by clear and consistent processes with equality as the golden thread. Our external delivery will be locally focussed, agile and flexible enough to respond to the needs of the people we serve.

One of the significant ways we do this is through active participation in the shaping the South Yorkshire and Bassetlaw Integrated Care System (formerly known as Accountable Care System) and West Yorkshire and Harrogate Health and Care Partnership (formerly known as STP), and through the development of ambitious shared plans for each of the places we work; Barnsley, Calderdale, Kirklees, and Wakefield.

3. An integrated approach

The Trust believes that an integrated approach to equality, involvement, communication and membership will ensure we deliver on our inclusion agenda. We know that each of these areas has its own drivers and legal obligations which we will need to adhere to and deliver on.

Our approach to equality will be driven by involving people and will ensure our methods and approaches are reflective of the audience we are aiming to reach. This means that a one size fits all or single approach will not provide the right conditions. Our commitment will be to always understand our audience before we start any activity.

We will map audiences using the approach set out below and ensure three lines of enquiry before we get started:

- Person at the centre: We will identify the individuals we need to reach and how we involve individuals now. We will use mechanisms already in place to support our work. This would include using existing service users groups and feedback from those individuals using complaints and patient experience data. We will capture the equality data so we have the right profile in the first place and create culturally and religiously sensitive services.

- People at the centre: We will involve people who have a shared or common interest. This would include staff networks, service user, carer, family and friends groups, staff groups, governors and members. We will look at any feedback we have gathered before that we can use. We will go to where people are with a genuine interest in listening to gather more views, ensuring equality of voice.

- Communities at the centre: We will involve communities at a place based, locality or neighbourhood level. We will map our stakeholders and understand the groups or organisations already in place. We will harness the voice of those communities and work together to ensure equality of access to information, communication, and ensure insight and understanding is representative of the population.

By working this way we can build on the community assets and resources that already exist. This will include working with our consumer champions Healthwatch, the voluntary and community sector and key agencies and partners. Our staff networks and workforce will inform, shape, design and deliver changes as part of our 'all of us improve' approach.

Essentially at the heart of this strategy is the commitment to '***put people first and in the centre'*** and that ***'families and carers matter,'*** which when delivered using an integrated and insight led approach fosters partnership as a central component which makes us '***relevant today and ready for tomorrow'.***

Using the principle of involvement to underpin everything we do, we will drive the equality and inclusion agenda. This strategy sets out the core components that will enable us to deliver a clear and comprehensive approach to meaningful involvement and inclusion. Underpinned by communication and supported and driven by our members. This will ensure our ambition to ensure;

- Every person living in the communities we serve will know our **services are appropriate and reflect the population** we serve;
- That our **workforce reflects communities**, ensuring our services are culturally appropriate and fit for purpose;
- Service users, carers and families receive timely and **accessible information** and **communication** ensuring a **person centred approach** to care;
- That our services are **co-created and designed with our staff and communities**

3.1 A co-created approach

The content of the strategy has also been informed by extensive engagement with over 700 service user, carer and community views, staff and key stakeholders [add link to report]. People told us the areas we needed to deliver on to ensure that the strategy could meet the needs of our local population. To ensure we **deliver on our values people** told us that:

- They want the Trust to be more visible
- They want an honest, trusting and reciprocal relationship
- They want to help us get our services right
- We should 'listen before we talk' and not just come when there is a set agenda
- They want a 'human to human' relationship built on dignity and respect
- They want to feel valued when they work with us

People told us **our approach** should be

- To communicate in plain jargon free language appropriate to the target audience
- To use images and pictures with accompanying clear, short and to the point text
- To go where people are

- To use our assets and networks to involve and include people
- To reimburse any out of pocket expenses and think about other support requirements when involving people
- To provide feedback on what we have done, remain accountable and demonstrate real improvements through involvement and inclusive approaches

To ensure we deliver on our **Equality Duty** we need to:

- Ensure people who do not have English as a first language feel equally treated
- Have support and access to conversations to ensure they can contribute
- Make sure the use of internet, social media and computers are part of but not the main source of information
- Use large print and different languages in posters and produce information in audio
- Employ bilingual speaking staff
- Demonstrate an understanding of community, culture and belief
- Use local community contacts including faith leaders to support mental health and well-being
- Posters and leaflets need to also be in Urdu and other community languages
- Use community images to reflect the audience in printed material
- Use symbols and images more than the written word
- Help break the mental health taboo and barriers that exist in Asian communities by working with those communities

3.2 Alignment with other strategies

The ambitions set out in this strategy will also inform and align with other Trust strategies and approaches. The strategies and approaches aligned are:

- Our **organisational development (OD) strategy** (add link) contains the essential enablers to a successful organisation (structure, strategy, systems, shared values, skills, staff and style).
- Our **workforce strategy** (add link) sets out a strategic approach to leadership, management and development to ensure the Trust is well led and has the right people to achieve the strategic direction, deliver the mission and demonstrate the values.
- Our **digital strategy** (add link) is an essential enabler to effective communication, and involvement and aims to help reduce inequalities.
- Our **volunteering policy/strategy** (add link) set out ways for people to be involved in the organisation and influence how services are developed and delivered.
- Our **customer services policy** (add link) supports seeking the views of people who use our services and their carers and responding appropriately to feedback, including when things go wrong.
- **Quality strategy** (add link) and specifically the change and improvement framework that underpins our approach to driving quality to support the outcomes of this strategy
- **Estates strategy** (add link) and the importance of ensuring that our environments are safe and sensitive to the needs of all our communities and stakeholders.

In addition to Trust strategies we must ensure that we maintain our duty under the NHS Constitution (add link) and deliver on our constitutional commitments. The NHS Constitution states that the **NHS works across organisational boundaries.** It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

3.3 Collecting the right data

Underpinning our integrated approach is the effective use of insight and data required. Without quality data the Trust will not be able to demonstrate the effectiveness of our approach. Plans for developing and implementing shared care records, allowing the safe flow of patient data between care settings, and the aggregation of data for population health is ongoing. The data we will use to the drive strategy is demonstrated in the diagram below:

About me: A person centred approach involves capturing **equality data** at the first point of contact and using this data to inform care that is personalised. **'SystmOne'** will be the tool to capture data for people who use our services and **equality monitoring at recruitment** stage for staff. There will be more support, training, information and communication to ensure staff and patients understand the importance of this data. The trust will also create the right conditions to ensure this information is captured in a respectful and sensitive way.

About us: Having an **Equality Impact Assessments** (EIA) for every service. Using the EIA to ensure our service meets the needs of the target audience, are culturally sensitive, appropriate and relevant. We will capture the diversity of voice using **equality monitoring** using this intelligence to identify gaps in reach. Findings from our involvement will also include a dedicated **equality** section.

About places: We will know who our places are by using place based intelligence. This information will come from our local government partners who have a Joint Needs Assessment. We will use this information when we are planning services, preparing for involvement, designing information or communicating with audiences. This intelligence will help to inform our service design, workforce and place based offer.

4. Our promise to you – a clear set of principles

The Trust has developed a set of principles using the feedback we had from the engagement conversations we held on the strategy (add link to report). The principles reflect the findings and have incorporated the organisation's vision and values and our legal obligations whilst building on existing good practice.

The principles will drive the work we do to achieve our mission and values. The principles are set out below:

- We will **demonstrate we know our audience** using data intelligence and local network approaches
- **We will use what we already know** as a starting point, and we will not duplicate effort or repeat conversations
- All our work will be supported by **accessible and clear information** so people feel informed.
- We will use diverse and inclusive approaches consistently across all services/teams
- We will also be **honest and transparent** in our day to day communication.
- We will ensure that we **include the right people at the right time** in all our work.
- The Trust will be **honest** about what people can and can't influence, and **transparent** by using the website as one approach, mindful of "digital exclusion".
- For the things people can influence the Trust will provide **a genuine opportunity for involvement.** This will include providing the right conditions for people to get involved.
- The views gathered from any involvement will be properly **documented** so people can see the information they have provided and feel confident that it is gathered in such a way that it will inform a decision.
- We will **value lived experience** and actively demonstrate an approach to embed this in everything we do
- We will remain humble and ensure that we **thank people for their contribution** with out of pocket expenses and hospitality
- We will keep people with us on our journey by **providing feedback** when we say we will and describing our next steps.
- We will keep people **informed and in the loop** by providing information and a communication platform which everyone can access.

Embedded in these principles and a golden thread throughout is our continuing duty to ensure that the Trust demonstrate **due regard to our Equality Duty, Public Sector Equality Duty (PSED).**

We must remain committed to the mission of ensuring people reach their potential and live well in their community by reaching communities who may be under-represented or not always heard. By ensuring the voices of those groups and communities that experience or are impacted by structural disadvantage or discrimination are also engaged with through each of our places and the work we do with our partners in communities.

5. Principles into practice

5.1 Fostering the right conditions

As a Trust we will work hard to foster the right conditions to ensure we can demonstrate better outcomes for all. This means ensuring we work hard to understand our communities by building meaningful and reciprocal partnerships and relationships. Our staff and members will act as our ambassadors to drive our inclusive approach. We will do this by equipping and enabling staff to work with different and diverse service users, carers in a sensitive way to ensure we deliver culturally sensitive care. This will include faith communities, gender sensitive and culturally appropriate care and support to those who have experienced trauma, using models and new approaches as they become available.

5.2 Skilling our workforce and wider networks

As a Trust employing over 4,400 staff we will ensure that all staff receive the relevant training required to deliver the approach. Processes will be put in place to ensure that we remain consistent in our delivery and maintain best practice. Our staff will be trained in and supported to understand;

- **Our Equality Duty** – this is undertaken by core mandatory training for all staff within a three year cycle and bespoke one off training
- **Legal obligations for involvement** – training will be available for key staff, volunteers, peer workers, members, service users and carers
- **Involvement techniques and approaches** – this will be delivered through quarterly in house courses for anyone who would like to attend
- **Communications** – toolkits and short workshops will be made available on using communications, including social media. These will be underpinned by insights from the different groups and communities we serve
- **Information will be tested** with people before we use it. This approach already informs our branding and communications approach
- **Branding** – consistent branding guidelines are already available, supported by templates and guidance

5.3 Knowing our audience

Knowing our audience is a key component if we are to get the strategy right. The Trust covers a diverse geographical footprint which means we need to work hard to understand who our stakeholders are. Our approach will cover the following groups of people:

- People who use services now or in the future
- Families, friends and carers
- Staff
- Membership and members council
- Local councillors and MPs
- Partner agencies including Clinical Commissioning Groups (CCGs), NHS England, NHS Trusts, Local Authority and voluntary and community sector services in each of our places
- We are also partners in two Integrated Care Systems (ICS) in West Yorkshire and Harrogate and South Yorkshire and Bassetlaw

Using a stakeholder mapping approach (add link to stakeholder map), a local Joint Needs Assessment (JNA) for communities, localities and neighbourhoods and an Equality Impact

Assessment (EIA) at a service level we will ensure we identify the right audience. This intelligence will be used as a baseline to identify the audience and inform the approach we should take.

5.4 Processes we have in place

For any conversation on service change service leads will complete a **checklist for equality, engagement and communication** (add checklist link). The checklist will be assessed by the communication, engagement and equality team and shared with patient experience. This will ensure that we get our approach right and audit trail any activity. A delivery plan for each service can be developed and actions identified. This form will identify if the Trust are required to do any work in relation to each of these areas.

5.5 Using insight

Our commitment is to use what we already know as a starting point so we are not repeating conversations. We will always conduct a desk top review of all relevant data held which has been gathered from people who use services, including their families, carers and friends and staff. Intelligence will be considered as far back as 2 years and would include:

- Staff and members survey
- Patient experience data
- Customer service comments, complaints and compliments
- Patient opinion and NHS Choices postings
- Friends and Family Test feedback
- Any previous engagement or consultation activity

This data will act as a baseline and used to inform the direction of travel for any future conversations whilst highlighting any specific areas of service improvement. A short summary report of the key themes from this mapping approach will be considered prior to any planned activity. This information will be included in our plan and reflected in a final report of findings.

5.6 Maintaining communication and providing feedback

Existing communication channels will be used to reach key stakeholders, including our staff, who will remain informed so they can represent the Trust at all levels and in the communities we serve.

The Trust website will act as our shop front and provide accessible and up to date information on Trust services, approaches, strategies and governance. Social media, written information and images will provide proactive platforms to reach audiences. An annual communication plan (add link) describes our priority programmes and approach.

When we have a conversation about a service change or improvement a report of findings will be created for each engagement and consultation activity. The report will be published and include:

- The methods and approaches we used
- The audience reached, who was in the room
- What people told us and key themes

- Equality data and any emerging themes
- What we will do with the information and next steps

A report will be published on the Trust website no late than 8 weeks following an involvement activity. This will be accompanied by a 'you said we did' section that can be updated as developments take place. We will acknowledge the contribution of those attending, and thank people for their time.

6. Equality and diversity

Equality is about creating a fairer organisation in which everyone has the opportunity to fulfil their potential. **Diversity** is about recognising and valuing difference in its broadest sense.

This strategy is about treating everyone with fairness and understanding, not necessarily treating everyone the same. It aims to reduce inequalities in our services, including those linked to deprivation and those linked to the Equality Act protected characteristics.

The Trust is committed to being responsive and supporting the needs of the diverse population it serves, reflected in the Trust's values. Equality and diversity is not an 'add on', it is central to all we do as a provider of services, as an employer and also as part of the public sector. People who use the Trust's services are all different - in terms of social circumstances.

To ensure we comply with our statutory responsibilities under the Equality Act 2010, especially the Public Sector Equality Duty (PSED), we must gather the right data and consider equality at each stage of the decision-making process.

What this means in practice is that we will gather the right data (link to equality monitoring form) and evidence (link to EIA template) to ensure we consider equality in the development of our proposals. This will **enable us to make fair and informed decisions**; identify where we need to take action to **mitigate any negative impacts or maximise any positive impacts** on equality and ensure we comply with our statutory responsibilities under the Equality Act 2010.

The Equality Act 2010 requires all public sector organisations to be able to show that in the **development of any changes or decisions that impact people, they have shown 'due regard'**.

To evidence that equality is being properly considered as part of the decision-making process, an **equality impact assessment (EIA**) will be carried out to ensure this process is documented and adhered to.

It is essential that the Trust considers the content of an equality impact assessment (EIA) in the planning, development and design of future services. The EIA will act as a baseline of evidence. This will ensure the Trust designs services that are appropriate and reflective of the population.

An EIA will be developed to support every service describing the target audience using intelligence from our local authority partners through the Joint Needs Assessments (JNA) in each local area. Each EIA will need to identify the following:

- The demographic audience of those who will use the specific service
- The demographic audience of staff working in the specific service

Once we have this data there will be more work to do as we move forward to implementation stage and future service models. We will ensure these are developed and co-designed by those who work in and use the service.

The Trust has clear guidelines on the completion of an EIA (attach link). By following the guidelines the Trust can be confident that they are working to ensure the required legislation has been met.

In situations where we have to make a quick decision such as an urgent or emergency situation, we will still maintain our commitment to evidence that equality is being properly considered. A compact equality impact assessment (EIA) (add EIA short form) will be used to ensure all known impacts have been considered, and any action required been recorded therefore identifying the need to complete or update a full EIA.

We also know that to fully consider equality we need the right people in the room. We will ensure that we have diverse representation in decision making structures that reflect the voice of the workforce and population. This will mean including staff that have lived experience who can work with and alongside system leaders.

And finally we need to ensure we have a diverse workforce representative of the communities we serve at every level of the organisation including increasing the value placed up on lived experience in roles. All systems will develop a local 'People Plan' to support this approach.

6.1 Legislation

The Equality Act 2010
The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. The Trust has included carers as an additional characteristic.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations.

All public authorities have this additional duty so partners will need to be assured that "due regard" has been paid through the delivery of all communication and involvement activity.

The Public Sector Equality Duty
The Public Sector Equality Duty states that public authorities must consider how they ensure people have equal access to services. The Trust must:

- Remove or minimise discrimination in different groups

- Take steps to meet the needs of people from different groups by using creative approaches and the principles of co-production
- Encourage people from different groups to have a say and influence the way services are planned and delivered
- Make sure people from different groups can participate by removing unnecessary barriers
- Tackle prejudice and promote understanding.

This means the Trust must consider the needs of all individuals in its day to day work, for example in shaping policies or how services are delivered. The Trust must ensure that everyone, no matter what their background or personal circumstances is treated with dignity and respect. This strategy provides a framework to ensure that this consideration takes place.

NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is that t**he NHS provides a comprehensive service, available to all**:

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS2) was designed by the Department of Health, and reviewed by NHS England, to help the NHS measure equality performance. It helps organisations evaluate practices and procedures and understand how driving equality improvements can strengthen accountability to service users and the public. EDS2 helps the Trust to ensure it meets the Public Sector Equality Duty and includes 18 outcomes grouped into 4 goals.

2 of the goals are about services:

- Better health outcomes for all
- Improved patient access and experience

And 2 are about NHS staff:

- Empowered, engaged and included staff
- Inclusive leadership.

The Trust's strategic aims for Equality are linked to these goals. The Trust Board approach is to assess Trust performance via assessment of 4 outcomes from the 18 covered by EDS2, reflecting the incremental nature of the journey to improved performance. Priorities are agreed by the Equality and Inclusion Committee, with EDS2 goals to be included in director objectives.

Workforce Race Equality Standard WRES

The 2019 Workforce Race Equality Standard (WRES) is delivered through the workforce strategy but supported by this strategy. This is because *'evidence suggests that improving racial inequality in the workplace not only improves staff experience and organisational innovation but improves safety and outcomes for service users.'* The standard has the following key roles:

- To enable organisations to compare their performance with others in their region
- Aim of encouraging improvement by learning and sharing good practice
- To provide a national picture of WRES in practice, to colleagues, organisations and the public on developments in the workforce race equality agenda
- Nine indicators of staff experience and opportunity are reported nationally and figures are analysed to understand improvements

Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is made up of ten specific measures to help compare the experiences of disabled and non-disabled staff. Mandated through the NHS standard contract its aim is to support positive change for existing employees and enable a more inclusive environment. The specific measures are:

- Line management and the recruitment and retention of disabled staff
- Improving disability declaration rates
- The role of senior leaders in supporting workplace disability
- Developing WDES action plans

Sexual Orientation Monitoring Information Standard

Research shows that LGBTQ+ people experience greater health inequalities compared to heterosexual people. This includes a higher risk of poor mental health, or missing out on routine health screening. If a healthcare service collects information on patient sexual orientation, they will be able to target specific health promotion and services to LGBTQ+ patients. Sexual orientation monitoring questions need to be part of the data we gather to ensure we meet the needs of this group. This standard provides the categories for recording sexual orientation but does not mandate a particular data collection. Data must only be collected where there is a definite purpose/use for the data, which is a requirement under the Data Protection Act. In order to meet the requirements of the Public Sector Equality Duty, there is no need to collect data from every patient; representative sampling across services is acceptable.

6.2 Objectives

The strategic objectives for equality are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. You can find the latest action plan here (add link). Our objectives are;

- Ensure the data we gather supports performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities
- Ensure services address inequalities in provision and are inclusive and accessible to all
- Ensure our services can demonstrate better health outcomes for all
- Promote person centred care and equal access to pathways of care

- Develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels
- Continue to improve equality of opportunity for staff and our volunteers

We will know we have got this right when:

- ✓ We can demonstrate meaningful engagement with communities to understand population needs, strengths and experiences.
- ✓ The Trust has a representative workforce that demonstrates we are reflective of our population and exemplars in employing people with lived experience.
- ✓ All services will have an equality impact assessment (EIA) with annual review and delivery of actions monitored through BDU governance arrangements.
- ✓ All change programmes will be co-produced where appropriate and include equality considerations informed by EIA.
- ✓ We will improve data capture and accuracy of recording in respect of protected characteristics, monitoring of service access by ethnicity in relation to the local population.
- ✓ Services will evidence equality considerations in support of Equality Delivery System (EDS2) to demonstrate how driving equality improvements can strengthen accountability to service users and the public.
- ✓ We will monitor any complaints and reported incident about access to services where discrimination was a factor
- ✓ An increase in positive stakeholder perceptions via Friends and Family Test and feedback via customer services and dedicated surveys.
- ✓ Our staff wellbeing survey results see improvements in feedback regarding equality of opportunity in training, support and career progression.
- ✓ NHS staff survey feedback will report increased staff satisfaction with equality of opportunity.

The achievement against each objective and the measures in place will be captured using a range of methods which will include publishing our EIAs used to inform decision making.

7. Involvement

A key component to delivering our strategic ambition is to ensure we involve and encourage the active participation of all our stakeholders. This includes listening to the voice of our stakeholders to ensure our services are designed to meet the needs of our audience and communities.

Involvement should not be confused with ‘patient experience’ which is in place to gather real time feedback to monitor existing service arrangements. Patient experience information will be used however, to identify hot spots or areas for improvement that require solutions. Involvement will help to identify those solutions by involving others.

When we refer to involvement in the development, design and delivery of services it includes the following:

- **Redesigning a pathway** in which people may access a service and the workforce who will deliver that service

- **Adapting or changing an environment** in which people may receive a service or a staff base
- **Identifying a new way of working** which would have an impact on people who use the service including staff
- **Enhancing or developing a new service**
- **Any change to a service which would impact on the way it is currently provided or delivered** (it is important to note that if this was deemed as significant service change then the Trust would follow the steps below and an additional approach of formal consultation which is not set out. A separate consultation plan would be developed to support this)

All NHS organisations need to work within the legal obligations set out below. Some of the duties described are delegated directly to commissioners but the Trust will be required to work within this legislation under any contract agreement.

We will also be expected to build on the work the CCG has delivered to ensure the legal obligations continue to be delivered. In addition there may need to be joint arrangements in place to support any significant service change to ensure the CCG can assure the work. The Equality Act and NHS constitution applies directly to all NHS organisations.

To identify the target audience for involvement we will go back to the EIA and identify the gaps in intelligence as a starting point. The aim will be to deliver on all or some of the following;

- To involve the audiences highlighted as a gap through the EIA
- To engage on specific topics where there are gaps in intelligence
- To engage on changes to services
- To co-design and create systems

Any involvement will be proportionate to the target audience and meet the needs of our equality duty. Stakeholders will be identified through stakeholder mapping.

The Trust will need to use the appropriate methods and approaches to involve each stakeholder. Care should be taken to ensure that seldom-heard interests are fully engaged and supported to participate.

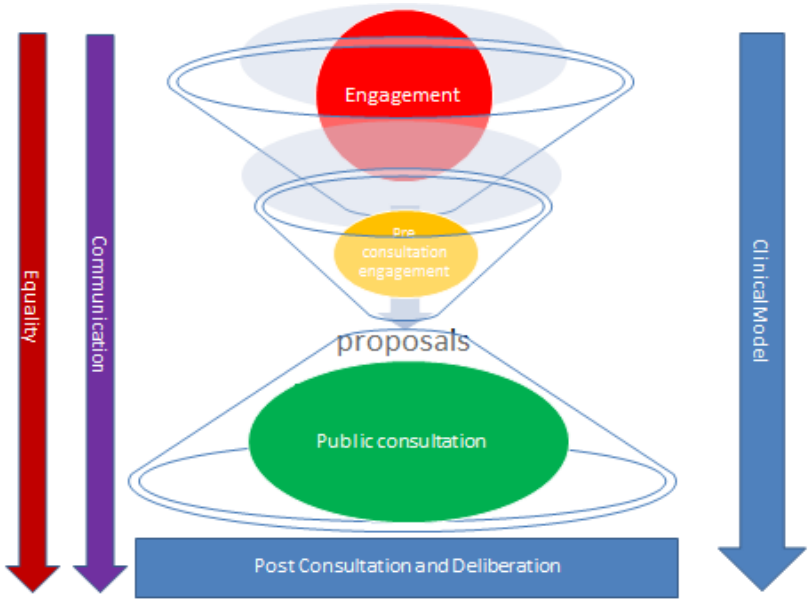
All involvement activity will be equality monitored using an equality monitoring form (add link). This will ensure that the Trust can assess the representativeness of the views gathered during the process. Where there are further gaps in gathering the views of specific groups relating to the protected characteristics, this will be addressed with more targeted engagement.

The legal responsibilities we must work to will ensure that the Trust continue to involve people in the development and design of any future proposals. Any proposals that constitute significant service change will be subject to formal consultation and the Trust will be required to work closely with the CCG and Overview and Scrutiny Committees (OSC) to support this work. If significant service change is required a separate consultation plan will be developed to support the process

Significant service change

For any proposals that may be deemed as significant service change an approach to delivering a more formal process using the functions of 'Communication, engagement and equality' will be implemented. This will include the development of a plan and timeline to support the process.

Significant service change would include any large scale transformation programmes which would result in a change to the way a service is currently provided and/or delivered. The CEE checklist will pick this up an early stage and ensure that an integrated approach, process and audit trail are in place. The approach will be supported by a plan on a page, see diagram below (or add link):



7.1 Legislation

All NHS organisations need to work within the legal obligations set out below. Some of the duties described are delegated directly to commissioners but the Trust will be required to work within this legislation under any contract agreement.

We will also be expected to build on the work the CCG has delivered to ensure the legal obligations continue to be delivered. In addition there may need to be joint arrangements in place to support any significant service change to ensure the CCG can assure the work. The Equality Act and NHS constitution applies directly to all NHS organisations.

Health and Social Care Act 2012
The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution. Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements

- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The NHS Constitution
The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is **the right to be involved directly or through representatives**:

- In the planning of healthcare services
- 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.

7.2 Objectives

The strategic objectives for involvement are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. You can find the latest action plan here (add link). Our objectives are:

- **To use what we already know** as a starting point so we do not repeat conversations or create involvement fatigue
- To **involve the right people at the very beginning** of a process so they can be part of and influence the development and design of services.
- To be clear on our reward and recognition for involvement by publishing our **payment for involvement policy**
- To use the **assets in our communities** to involve local people. We will go to where people are and not expect them to come to us.
- To keep people on the journey by **creating the right conditions** to get involved and remain involved.
- To ensure we are an exemplar in **co-production** - through equal and reciprocal relationships between people using services and professionals; recognising that both partners have vital contributions to make.
- **To record conversations, report on them** and publish our findings so people can see the information driving our service decisions.
- To demonstrate how we are **using the intelligence we capture** from involvement to deliver service improvement.
- To ensure people who access health and social care services, families, carers and the **public are involved in shaping health and care** proposals and plans.

We will know we have got this right when;

- ✓ Our communities know who we are and we have fostered reciprocal relationships
- ✓ Voice is representative of the population we serve
- ✓ We can demonstrate the number of services co-designing and co-creating services with key stakeholders
- ✓ Our stakeholders feel listened to, able to contribute and involved
- ✓ Patient experience demonstrates service improvement and we reduce customer complaints
- ✓ We publish the findings from all our involvement activity and can demonstrate an inclusive approach representative of the population we serve
- ✓ We can demonstrate real influence using a 'you said we did' approach

The achievement against each objective and the measures in place will be captured using a range of methods which will include an annual perception survey for staff and stakeholders, and will inform the following years' action plan.

8. Membership

Membership of the Trust means local people and our staff have a greater say in how services are provided in the areas the Trust serves. Members are made up of local people and staff. Membership is an opportunity to get involved and to shape the services we provide and as a foundation trust we are accountable to members.

Our aim is to develop an effective membership which is reflective of the populations we serve. All members are equal, but the Trust recognises that some members may wish to be more actively involved in the life of our Trust than others. We know that an effective membership can only be achieved if we embrace an inclusive approach, encourage diverse representation, demonstrate effective involvement and ensure accessible information and communication. We will strive to create a culture of active involvement for as many members as possible through active engagement of the membership.

Membership is free, with few specific requirements apart from a lower age limit of 11 and no upper age limit. The Trust's Constitution (add link) sets out the role and duties of members. The details of current members is publicly available on the members section of the website (add link).

The members' council
The members' council is made up of elected representatives and also nominated members from key local partner organisations. The council's role is to make sure that the board of directors, which retains responsibility for the day to day running of the Trust, is accountable to their local communities. Representatives from the members' council (governors) will be actively involved in key local community groups

8.1 Legislation

Foundation Trust governor and membership arrangements (add link) – ensuring local people have a greater say in how services are provided, supporting our governance arrangements and ensuring we are accountable to local communities.

8.2 Objectives

The strategic objectives for members are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. You can find the latest action plan here (add link). Our objectives are;

- To build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.
- To communicate effectively and engage with our public members and our staff members, maintaining a two-way dialogue and encouraging more active involvement.
- To develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services, and plans for the future.

We will know we have got this right when;

- ✓ Our members and members' council reflects the population we serve
- ✓ Members feel informed
- ✓ Members feel engaged and actively involved
- ✓ Our approach to supporting members is accessible and inclusive

The achievement against each objective and the measures in place will be captured in the member annual survey. The findings from this survey will be published (add link) and presented each year at the annual members' meeting and will inform the following years' action plan.

9. Communication

Any information and communication requirements will be supported by a planned approach to communication or a separate communication plan. We will ensure that our communication approach is;

- **Accessible and inclusive** – to all our audiences following the accessible information standard
- **Clear and concise** – allowing messages to be easily understood by all
- **Consistent and accountable** – in line with our vision, messages and purpose
- **Flexible** – ensuring communications and engagement activity follows a variety of formats, tailored to and appropriate for each audience
- **Open, honest and transparent** – we will be clear from the start of the conversations what our plans are, what is and what isn't negotiable, the reasons why and ultimately, how decisions will be made
- **Insight driven and targeted** – making sure we get messages to the right people and in the right way
- **Timely** – making sure people have enough time to respond and are kept updated
- **Two-way** – we will listen and respond accordingly, letting people know the outcome

We will make use of our existing technology and platforms to communicate and engage with our members, such as our intranet, website, social media channels and i-hub. We will also adapt and evolve as new technology and platforms become available, such as staff smartphone devices and new digital innovations.

We will work closely with our IM&T colleagues to make sure we are using technology as effectively as possible to implement this strategy's objectives. We will be mindful that digital literacy and exclusion also extends to staff and work to make sure that people who can't use digital solutions are able to access so we do not widen health inequalities and replace all communications with digital only.

As the EIA will be used as a tool to identify the target audiences we serve the Trust will create a clear and consistent narrative which will be adapted to ensure it meets the needs of the target audience and remains inclusive open and honest.

A key principle of the way we work in partnership is to build on existing communication and engagement work already in place at a local level – rather than developing new mechanisms and channels. Our focus is on informing, sharing, listening and responding.

The Trust has a developed a clear brand which will be used in all our information and communication to ensure people recognise our services.

9.1 Legislation

In the delivery of our communication approach there are a number of obligations we will adhere to. These are set out below:

- **Accessible Information Standard** (add link) – ensuring that people who have a disability, impairment or sensory loss are given information in a way that they can access and understand, and any communication support that they need is identified and provided.

- **NHS identity guidelines** (add link) – ensuring that the NHS identity, one of the most recognised brands in the world, is consistently and clearly applied. It acts as a signpost, helping people to identify NHS organisations and services. It represents high quality care, free at the point of delivery, and evokes high levels of trust and reassurance.

- **NHS standard contract** (add link) – including service condition on communicating with and involving service users, public and staff. It further strengthens the requirements on providers to communicate properly with service users about their care. It adds new obligations to put in place efficient arrangements for handling service user queries promptly and publicising these arrangements to service users, on websites and in appointment and admission letters.

- **GDPR and data protections regulations** – which protect people on the use of personal data and information. This puts an obligation on us to seek and maintain consent for the sharing of information and images.

9.2 Objectives

The strategic objectives for communication are set out below. Each year the objectives will be supported by an annual action plan which will be published on the Trust website. You can find the latest action plan here (add link). Our objectives are;

- Be visible and a recognised brand and provider in communities and for the population we serve
- To ensure we always use a tone of voice that is human, professional, reliable and has people at the centre.
- Maintain and proactively support stakeholder communications including our staff, service users, carers and families MPs, councillors and partner organisations
- Maintain credibility by being open, honest and transparent throughout our communications
- Ensure communications are in line with national and local priorities; and follows national regulations
- Strengthen our communications and marketing approach to share success stories, receive feedback and engage and involve members, service users, carers, volunteers and partners in all we do.
- Reframe perceptions that make us known as a mental health provider by doing more to communicate the full range of our activities we are able to deliver.
- Further develop two way dialogue and communications so that it becomes fully inclusive and participatory
- Reset and stabilisation (communication and engagement support – in partnership with local place leads)
- We will raise awareness and understanding of the need for joined up health and care across the Trust and also with the ICS
- Keep public, partners and staff updated on the positive difference our Partnership is making
- Making the most of digital information – whilst supporting people to take advantage of the digital opportunities (both through access and skills development), including VCS organisations that provide invaluable support.

We will know we have got this right when;

- ✓ We are a recognised brand in the places we serve
- ✓ Our audiences feel informed
- ✓ Our approach to communication is both accessible and inclusive

The achievement against each objective and the measures in place will be captured in the annual staff and stakeholder survey. The findings from this survey will be published and will inform the following year's action plan.

10. Providing assurance/governance

This strategy is subject to Trust Board approval with delivery through the Trust's Executive Management Team. The Director of nursing and quality will be the lead director who will be accountable for delivery of this strategy. This will be supported by the Director of Human Resources, Organisational Development and Estates in respect of workforce related matters, and day to day support from all executive directors, deputy directors, business delivery units (BDUs) championed by the Trust chair and non-executive directors.

Implementation of the strategy will see involvement from teams across the organisation, in both business delivery units and in support service functions. Delivery will be monitored by the Trust's equality and inclusion committee, who will sign off annual action plans and

agree priorities and goals with clear measurable targets to evidence progress against this agenda.

10.1 Equality and inclusion committee

The Trust's equality objectives are decided by the equality and inclusion committee (formerly the equality and inclusion forum) which was set up by Trust Board in 2015 and is a sub-committee of the Board. The committee's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity.

The committee will oversee this strategy, including the approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and wellbeing of local communities.

Committee membership includes the staff side representative with the lead for equality and diversity, representation from the Trust staff networks and a representative from the members' council. Duties of the equality and inclusion committee are:

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and members' council.
- To ensure that the Trust embeds diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that as a consequence of promoting the values of inclusivity the Trust's services comply with legal and national guidance, including EDS2, WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard).
- To provide updates to Trust Board following each meeting.

The committee will oversee this strategy which will be evaluated and updated in 2023. Progress will be monitored via the equality and inclusion committee and via an annual report to Trust Board, with a public facing summary report to demonstrate the Trust's commitment to equitable services.

10.2 Members' council

Our members' council is made up of elected representatives of members, including staff, and also nominated members from key local partner organisations. The role of the members' council is to make sure the Board of directors, who are responsible for the day-to-day running of the Trust, remain accountable to our local communities. The council will play a key role in delivering the strategic objectives set out in the strategy.

11. Accountability to local people

The Trust has a number of established approaches, networks and relationships that remain at the centre of our approach to ensure we are inclusive and relevant to the population we serve. These established relationships are used to support us in our work. The approaches we have are set out below:

11.1 Public Board meetings
We hold eight Board meetings a year. These meetings are open to anyone – including people who use our services, their carers, our members, partner organisations, members of the public and the media. Key performance information and board meeting minutes will still be published on this website, and interested members of the public are invited to submit questions to membership@swyt.nhs.uk

11.2 Freedom to Speak Up Guardians (FTSU)
Our FTSU guardian network consists of the staff governors on our members' council and representatives from our staff network. The guardians' role is to support the Trust to continually build a healthy culture where staff feel safe and confident to raise concerns at work. They also are able to provide confidential advice and support to staff in how to raise their concerns about patient/service user safety and/or the way their concerns were handled.

11.3 Staff networks
The Trust regularly consults and involves the networks in all aspects of Trust work. Each network is set up to support improvements in the workplace and to foster good relationships between staff, service users, carers, friends and families. This also supports our work with communities. The networks are detailed below:

- The LGBT+ network (add link)
- The BAME network (add link)
- The Disability network (add link)
- Staff who are Carers network (add link)

Each network has been set up with a view to ensure the Trust is supportive of those from the LGBT+, BAME community and those with a disability. Demonstrating a commitment to this agenda means the Trust can promote itself as a great place to work, encouraging a diverse range of staff to join. A diverse workforce means the Trust can better reflect the population we serve resulting in better outcomes for all.

11.4 Peer support workers
Recruiting staff with a lived experience ensures that the Trust can enrich care by gaining insight from workers who have experience of services. The Trust will continue to focus on the opportunities to increase peer support worker posts. This will ensure that services remain connected to lived experience of mental health.

11.5 Membership
The Trust has a membership database covering the Trust footprint which consists of 13,000 members. Our plans are to fully utilise the database we hold. A refresh of the database will take place so the Trust can use the equality monitoring data to identify members by geography and protected group. This will enable a more targeted approach to involving members going forward.

11.6 Involving our patients, carers, families and friends

The Trust has an ongoing commitment to ensure it involves people who use our services. Inpatient areas and services include and involve people using a number of different approaches. Each approach is set out below;

- **Patient groups** are in place in all of our inpatient areas. Each group is set up differently to meet the needs of the patients during their stay. Inpatient areas have notice boards, comments, complaints and compliments mechanisms and a range of published information to support their stay.
- **Carers support groups** are in place for some of our services. The Trust has recently co-created a commitment to carers which is our 'carer's passport'. The commitments set out what a carer can expect from our Trust. The commitment is visible in all our service settings. You can access a copy here (add link). The Trust will continue to build on this work by creating an annual action plan for carers. The latest version can be found here (add link)
- **Creative Minds** is all about the use of creative approaches and activities in healthcare; increasing self-esteem, providing a sense of purpose, developing social skills, helping community integration and improving quality of life. Based on partnerships, Creative Minds co-funds and co-delivers a range of projects for local people. To date Creative Minds has enabled 500+ projects, 100 sports events in partnership with 130 Creative Minds partner organisations from across all localities. Find out more about Creative Minds here (add link)
- **Spirit in Mind** is an innovative project that brings together community-based spiritual bodies in collaboration with the Trust. Working in partnership with faith leaders the project provides an opportunity for community connections as a source of comfort and support for people who use Trust services. Find out more about Spirit in Mind here (add link)
- **Recovery colleges** are in each of our places: Barnsley, Calderdale Kirklees and Wakefield. Recovery colleges offer a range of courses and one off workshops with the aim of improving mental health through learning. Courses are co-designed with local people and focus on staying mentally healthy and well. Each course is co-delivered by people with real life experience, who work in conjunction with health professionals. Find out more about recovery colleges here (add link)
- **Trust-wide volunteer service** – 230+ volunteers and growing means that we are involving people in the day to day work of our Trust. The Trust is nationally accredited for the work it does with volunteers. Volunteers provide annual feedback on their volunteering experience using surveys and events. Find out more about our volunteer service here (add link)

11.7Patient feedback and insight

Gathering the views of service users, carers, friends and family following an episode of care is an embedded way of working. The Trust has a customer service function which acts as a first point of contact and a patient experience team who systematically gather feedback using a number of approaches including the 'Friends and Family Test'. Annual staff and members surveys also form part of the insight gathered on an ongoing basis. We will be working closely with our nursing and quality directorate to ensure we always use what we know as a baseline.

11.8 Involving our partners in each place

The Trust is committed to playing an active role as a partner in each place. This means the Trust meets regularly with partner organisations, plays an active role in place based planning, workshops, events and conversations. Our partners include;

- Wider health partners including Clinical Commissioning Groups (CCG) and providers
- Local government in each of our local areas
- Healthwatch organisations
- Voluntary and community sector umbrella organisations and groups
- West Yorkshire and Harrogate Health and Care Partnership
- South Yorkshire and Bassetlaw Integrated Care System

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 11.1

Title:	**Emergency Preparedness, Resilience and Response [EPRR] Quarterly report and Flu update**
Paper prepared by:	Director of Human Resources, Organisational Development and Estates and Director of Strategy
Purpose:	This paper updates the Board in respect of the EPRR issues in the latest quarter and updates Board on the progress of the flu plan for 2020 as well as an evaluation of the 2019/20 flu campaign.
Mission / values:	The EPRR work stream is in place to ensure that the Trust can operate safely in a periods of uncertainty and during emergencies it considers key areas which could be affected by these areas and helps operational colleagues to formulate resilient plans to manage crises. The work is part of wider planning at national level. The EPRR team is also a key part of the team that delivers the flu vaccination programme each year.
Any background papers / previously considered by:	Executive Management Team (EMT) and Operational Management Group (OMG) have been updated on arrangements for EPRR and the flu campaign as part of normal operation.
Executive summary:	**EPRR quarterly priorities** The Trust EPRR team has been a key part of the Trust response to Covid 19 pandemic and continues to play a key role in this. In addition the team are preparing for winter pressures as well as Brexit. As such a key task is to deliver a stress testing exercise which covers these key challenges. This whilst continuing to deliver business as usual services and ensure the Trust meets its obligations in the field. **Flu Vaccination Programme 2020** The Trust undertakes an annual vaccination programme against influenza. The programme for 2020 is particularly challenging in light of the ongoing Covid pandemic. The vaccination programme has started early this year as it is becoming linked to a possible Covid vaccination. This is both in terms of ensuring as many people as possible are vaccinated to protect their health and by the fact that it is anticipated that a clear gap between flu and covid inoculations will be needed. As well as an early start this year's plan is to deliver as many vaccinations as possible as early as possible. This to be

	delivered in the challenging circumstances around social distancing and IPC guidance on the inoculation process. **Flu Vaccination Programme 2019** The papers also cover the analysis of the 2019 programme as part of a review and assurance process. **Risk Appetite** This plan is in line with the Trust's risk appetite for both clinical services and emergency planning.
Recommendation:	**Trust Board is asked to NOTE the contents of the report.**
Private session:	Not applicable

South West Yorkshire Partnership NHS Foundation Trust

Emergency Preparedness Resilience and Response (EPRR) Arrangements Update

1. Introduction

This report provides a general update on the issues in EPRR within the Trust. It is designed to provide an overview of current activity and to give details of key forthcoming initiatives which will improve the Trust's resilience to external challenges.

In addition the paper sets out progress on the latest flu vaccination programme as well as reviewing last year's performance.

2. EPRR Key activity

The EPRR team have mainly been involved in the response to the Covid outbreak and this continues to be a key area of operations. Reporting requirements whilst temporarily reduced in late August and September are starting to increase and a return to 24/7 reporting is anticipated. This requirement puts a strain on a very small team and requires that other staff in the Trust provide cover, this mainly being from the estates and facilities support team and specialist advisers. The protracted need for continuous cover through most of the quarter was a challenge which needs a review both in terms of its sustainability and what is achieved.

As well as the operational support to the command structure the EPRR team have taken part in external activities as part of the regional response to EPRR issues.

The team is also gathering evidence for the annual declaration of EPRR compliance as well as playing a part in winter planning scenarios and more recently the need to plan for a no deal BREXIT.

Command Arrangements

In line with the Trust's major incident plan a series of command arrangements were introduced. These arrangements are reviewed on a regular basis and since the last Board meeting, Gold Command has moved to once a week, on a Friday. Silver briefly moved to once a week on a Thursday but has reverted to meet twice a week (Monday and Thursday) and Bronze Command arrangements continue to be reviewed at an operational level.

The Gold arrangements within our local authorities at the present time are:

- Barnsley once a week with a focus on recovery.
- Kirklees: meets weekly
- Calderdale: meets weekly
- Wakefield: weekly

Given the current national situation it is anticipated that many of these arrangements will change shortly.

Operational Pressure Escalation Level (OPEL)

The Trust reviews the overall OPEL level on a weekly basis using the individual service reviews of their OPEL level. The Trust's OPEL remains at 2 despite the recent outbreaks on inpatient wards which have been managed. This is arrived at using an algorithm which has been trialled in Silver and has been shown to give an accurate Trust-wide picture whilst recognising individual areas which may require additional support. The breakdown as of 21/9/20 is given below:

- Acute Adult MH beds - OPEL 2
- Older Acute Adult MH beds - OPEL 2
- Psychiatric Intensive Care beds - OPEL 2
- Specialised Commissioning MH beds - OPEL 2
- Learning Disabilities - OPEL 2
- Barnsley Community Services - OPEL 2
- Trust-wide Community Mental Health - OPEL 2

3. Flu Vaccination Programme 2020/21

This year's flu vaccination programme has now commenced with the team involved in much of the pre planning and taking a lead in putting the flu plan together. This year the Trust will adopt a silver command to the plan as the early delivery of the plan is seen as a key part of the Covid plan. The first meeting of the silver group being on the 25th of September 2020. Providing support to multiple silver groups will become one of the teams greatest challenges going forward as the reporting arrangements for these "command" meetings are onerous. The effects of a flu epidemic are part of the future stress testing.

4. Business Continuity Planning

<u>Stress Testing exercise Autumn/ Winter Planning 2020/21</u>

The EPRR team has designed a desktop stress testing exercise which is aimed at building on previous events and learning but bringing together some of the key issues which will face the Trust across the coming months and bringing them together into an escalation exercise. The Scenario allows for

- A second wave of increased covid infections affecting both staff and service users.

- Reduction in bed capacity due to the implementation of cohort wards.
- A possible flu epidemic at the same time.
- Shortages experienced due to BREXIT.

The results will be used to further strengthen both BDU and Trust business continuity plans.

ICS EPRR system wide planning

The Trust was part of two exercises which were initiated by the regional EPRR lead which were conducted across the ICS area in both South Yorkshire and Bassetlaw and West Yorkshire and Harrogate.

Learning from these exercises has been included in the stress testing exercise which is being conducted through OMG in October.

5. Flu Vaccination Programme 2019/20 Review

This is contained at appendix 1

Alan Davis
Director of Human Resources, Organisational Development and Estates

South West Yorkshire Partnership NHS Foundation Trust

Appendix 1

EPRR update

Staff Flu Campaign 2019 – 2020 Evaluation

The 2019/2020 flu campaign gave the Trust a challenging target to achieve. The previous year's campaign had a 75% uptake of vaccine by frontline health care workers target; however the 2019 2020 campaign saw that target increase to 80%. The target increase is part of the national CQUIN incentives that all NHS Providers are expected to meet.

Campaign Data

A total of 2235 frontline staff members were identified within the Trust for the 2019 2020 campaign. A total of 1839 frontline staff members received the vaccine through a variety of methods including:

- Planned clinics within Business Delivery Units
- Drop in sessions with Occupational Health and other Peer Vaccinators
- Obtaining the vaccination at their GP's

A total of 4581 frontline staff members declined to have the vaccine, according to the flu recording facility in ESR and also paper records sent direct to the Emergency Planning Adviser. The flu recording system and paper forms requested individuals to advise why they did not wish to receive the vaccine, the following generic answers were provided:

- I don't like needles
- I don't think I will get the flu
- I don't believe the evidence that being vaccinated is beneficial to me
- I am concerned about the side effects

A further 589 staff members were exempt from receiving the vaccine as they fit the national exemption criteria, such as being needle phobic, allergic reaction to the vaccine and absent from work throughout the campaign.

Successes

The Trust achieved the 80% target with an uptake rate of 80.3% overall across the Trust. This could not have been achieved without the hard work of voluntary peer vaccinators, transport, BDU Flu Leads, Infection Control, Occupational Health and Emergency Planning.

The campaign started at the beginning of October 2019 and ended on 28 February 2020. The uptake of vaccines was at its highest in the first 9 weeks of the campaign, after which the uptake reduced quite drastically after mid-December. A concerted effort of all involved in the campaign resulted in the success of the campaign during the final weeks, through targeted delivery of vaccines to those frontline staff willing to receive the vaccine.

A further notable success was the “Have a Vaccine, Give a Vaccine” campaign, where the Trust bought and provided a vaccine for a child in need across the World, for every flu vaccination had by frontline staff members.

Challenges

Defeating the myths surrounding the influenza vaccinations and flu virus are an on-going challenge each year that the Communications and Occupational Health teams work to try and counteract. Myths include:

- The flu vaccine gives you the flu!
- The vaccination has bad side effects;
- You don’t need to get vaccinated every year;
- Vaccination doesn’t work.

Reasons for declination of the vaccine demonstrate that this is still an obstacle to overcome.

A national delay in vaccine delivery also came with its challenges, as pre-planned clinics that had been advertised and gained interest had to be cancelled.

Attendance at a number of dedicated clinics across the Trust was noted to be low, and in some cases not attended and as such there was a need to review the approach of delivery.

Lessons Learned

A number of key lessons learned were identified during and at the end of the campaign, to prepare for the 2019 2020 campaign:

1. Peer vaccinator access to the Flu Recording System to be made available in time for the programme launch so that staff vaccination figures are updated in a timely manner, to provide an accurate picture of uptake across the Trust;
2. Ensure a more targeted approach to vaccination at Team meetings / large meetings for example, due to low attendance at clinics;
3. Ensure packs of promotional materials and consumables are provided at the beginning of the programme as opposed to sporadically throughout the campaign, so to ensure peer vaccinators and their respective areas are fully prepared to deliver the campaign effectively;
4. A vaccine SITREP process requires implementation at the beginning of the campaign with regular updates to monitor stock and future allocations across the BDU's;
5. Audit of peer to peer engagement required to ensure all involved in the delivery of the campaign.

Conclusion

The 2019 2020 flu campaign, even with its challenges was a great success. The dedication and determination from all involved in delivering the campaign was commendable. The lessons learned from the campaign provided a good foundation to work towards for the 2020 2021 campaign, which is already known to be challenging due to COVID-19 restrictions and potential EU Exit implications.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 11.2

Title:	**Medical Appraisal / Revalidation Annual Report 2019/20**
Paper prepared by:	Responsible Officer
Purpose:	The purpose of this paper is to inform the Trust Board of progress in achieving satisfactory medical appraisal and revalidation.
Mission/values:	Ensuring that all medical staff are fit to practice and up to date supports the Trust's mission to enable people to reach their potential and live well in the community and demonstrates the Trust's commitment to delivering safe and effective services.
Any background papers/ previously considered by:	Not applicable.
Executive summary:	• 144 doctors had a prescribed connection with the Trust as at 31st March 2020. o 89% successfully completed the appraisal process during 2019/20, a slight drop on 2018/19 which was 92%. o 11% had an agreed postponement in line with the Medical Appraisal Policy. These were approved by either the Associate Medical Director (AMD) for Revalidation or Responsible Officer (RO) as appropriate. This is an increase of 3% since 2018/19. • 24 revalidation recommendations made between 1st April 2019 and 31st March 2020. o 24 doctors had positive recommendations made. o All recommendations made were upheld by the GMC. • The Trust continues to strengthen its appraisal and revalidation processes. **Next steps** • Consolidation of the Revalidation Oversight Group. • Ensuring the quality of appraiser training is maintained with the introduction of new trainers. • Review process for patient feedback in light of GMC consultation/updated guidance. • Review of appraisal process in light of Covid-19 and the implications this has had. **Risk appetite** Risk identified –the trust continues to have a good governance system of reporting and investigating incidents including serious incidents. The following are areas of potential difficulty for the Trust:

With all of us in mind.

	• The voluntary status of the appraisers and their importance to the system is noted annually. It remains a concern that, if under pressure from other areas of work, doctors could withdraw from this role, thus threatening the appraisal process. • Covid-19 has significantly affected revalidation and appraisals. It is felt the implications of this will affect in the 2020/21 year onwards.
Recommendation:	**Trust Board is asked to:** • **RECEIVE this report, noting that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.** • **RECOGNISE that the resource implications of medical revalidation are likely to continue to increase year on year.**
Private session:	Not applicable.

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MEDICAL APPRAISAL / REVALIDATION
ANNUAL BOARD REPORT 2019-20

1. Executive Summary

1.1 144 doctors had a prescribed connection with the Trust as at 31st March 2020.
- 89% successfully completed the appraisal process during 2019/20, a slight drop on 2018/19 which was 92%.
- 11% had an agreed postponement in line with the Medical Appraisal Policy or the Covid-19 changes to appraisal and revalidation. These were approved by either the Associate Medical Director (AMD) for Revalidation or Responsible Officer (RO) as appropriate. This is an increase of 3% 2019/20.

1.2 24 revalidation recommendations made between 1st April 2019 and 31st March 2020.
- 24 doctors had positive recommendations made.
- All recommendations made were upheld by the General Medical Council (GMC).

1.3 The Trust continues to strengthen its appraisal and revalidation processes.

2. Purpose of Paper

This report is presented to the Board:

2.1 For assurance that the statutory functions of the RO role are being appropriately and adequately discharged.

2.2 To inform of progress in medical appraisal and revalidation during 2019/20.

3. Background

3.1 2019/20 was the eighth year of medical revalidation. Launched in 2012 to strengthen the way that doctors are regulated, the aim is to improve the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical profession. As this is the eighth year, a number of doctors in the Trust are now in their second 5 year revalidation cycle.

3.2 L2P, the e-appraisal web based system that the Trust utilises is based on NHS England's medical appraisal guide (MAG) model appraisal form.

3.3 Each doctor must have a RO who must oversee a range of processes including annual appraisal, and who will at five yearly intervals make a recommendation to the GMC in respect of the doctor's revalidation.

With all of us in mind.

3.4 The RO is appointed by the Board of the organisation, termed a Designated Body, to which the doctor is linked by a Prescribed Connection.

3.5 Provider organisations have a statutory duty to support their RO in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards / executive teams will oversee compliance by:

3.5.1 Monitoring the frequency and quality of medical appraisals in their organisation.

3.5.2 Checking there are effective systems in place for monitoring the conduct and performance of their doctors.

3.5.3 Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.

3.5.4 Ensuring that appropriate pre-employment background checks (including pre-employment for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

3.5 Compliance with the Responsible Officer Regulations forms part of the Care Quality Commission inspection.

4. Governance

4.1 Trust's Revalidation Team

- Responsible Officer – Dr Adrian Berry
- Associate Medical Director for Revalidation – Dr Gerard Roney (until October 2019) Dr Mike Ventress from December 2019
- Business Manager, Medical Directorate – Julie Hickling (until March 2020), Catherine Lothian(from February 2020)
- Medical Directorate Administrator – Charlotte Lyons
- HR Business Partner with responsibility to support Revalidation – Diane Townsend

4.2 Main Tools Utilised Centrally

- L2P (web based) – e-appraisal system
- Datix (Trust system) – provision of incident, complaints and compliments data
- HR Online (Trust system) – provision of sickness data and mandatory training
- GMC Connect (web based) – designated body list

4.3 Designated Body List

The Business Manager and Administrator ensure that the designated body list of doctors is accurate. The formal list of the Trust's prescribed connections is recorded on the GMC Connect portal. As individual doctors are able to add themselves to this list, it is regularly checked to ensure that all the prescribed connections are appropriate. To facilitate this, a regular starters and leavers report is run from Electronic Staff Record.

4.4 External Oversight

The Trust is subject to the oversight of the NHS England Revalidation Team. During 2019/20, due to the Trust's continuing successful record in attaining satisfactory engagement in appraisal, an email response from the RO was the only quarterly reporting requirement. This confirms that the Trust is still on target to achieve the planned appraisal trajectory for the quarter and the year as a whole.

4.5 Internal Oversight

4.5.1 The AMD and Business Manager meet fortnightly to oversee the day-to-day running of the appraisal and revalidation processes.

4.5.2 The RO, AMD and Business Manager meet monthly to ensure that there is regular communication with the RO and that any issues are highlighted and acted upon. Where a meeting is not possible, email and telephone conversations take place to ensure matters are dealt with in a timely manner.

4.5.3 The Revalidation Team have Revalidation Review meetings to formally consider those doctors with a revalidation recommendation required within the following 12 months.

4.5.4 The Revalidation Oversight Group has the aims of:

- To advise the Responsible Officer of delivery of appraisal and revalidation processes and overall direction in terms of strategic, policy and performance.
- To advise the Responsible Officer of delivery of the improvements to revalidation based on the recommendations from Sir Keith Pearson's Taking Revalidation Forward [TRF] report.

The group has a lay member to provide independent scrutiny.

4.6 Independent Verification

4.6.1 Independent verification is required to be undertaken every 5 years. In November 2017 a Revalidation Peer to Peer Review was undertaken with Leeds and York Partnerships NHS Foundation Trust and the resulting report shared with NHS England.

5. Medical Appraisal

5.1 Covid-19 and Medical Appraisal and Revalidation

5.1.1 In March 2020 the GMC announced, in conjunction with NHS England that all medical appraisal and revalidation activity was to cease for six months, to enable doctors to focus on Covid-19. For doctors who were due to appraise in March 2020 to September 2020, this meant that their appraisal would be postponed by 12 months, therefore the appraisal data is not as high as previous years, due to having 11 months of revalidation and appraisal activity, opposed to 12 months.

5.1.2 For doctors who were due to revalidate from March 2020 until September 2020, this was postponed for 12 months.

5.1 Appraisal and Revalidation Data

	Consultant		**SAS* & Trust Grade**		**Fixed Term**	
Number of doctors as at 31st March 2020 who have a prescribed connection to the Trust	77		47		19	
Number of completed appraisals during 2019/20:	77 consultants completed 73 appraisals	94.8%	47 SAS doctors completed 45 appraisals	95.7%	19 fixed term doctors completed 10 appraisals	52%**
Number of missed/ incomplete appraisals during 2019/20:	4	5.2%	2	4.3%	9	48%
Number of doctors in remediation:	0	0%	0	0%	0	0%
Number of doctors in disciplinary processes	0	0%	0	0%	0	0%

**SAS* - Staff Grade, Specialty and Associate Specialist doctors

***Of the 9 fixed term doctors that did not complete an appraisal, 6 joined as WAST doctors in February 2020 and were due to be appraised with February 2020 to August 2020, of the remaining 3 doctors, they will be appraised in 2020/2021 year.*
See Appendix 1; Audit of missed/incomplete appraisals

5.2 Appraisers as at 31st March 2020

5.2.1 Number of appraisers – 17 (14 consultants, 3 SAS doctors)

- Eight appraisers stepped down during 19/20;

5.2.2 Support activities undertaken:

- A half day refresher training session was provided on 09.10.19 for 9 appraisers.
  - Training sessions are facilitated by at least 2 of appraiser trainers, who are experienced Trust appraisers, Dr Mike Ventress and Dr Surendra Buggineni.
- Appraiser Forums were held on 01.04.19 and 14.08.19. The Forums continue to provide an opportunity for appraisers to share good practice and discuss areas of concern/difficulty. A particular concern highlighted was around appraiser workload, given the pending retirement of some appraisers and the increase in the number of medics. As a result, efforts were increased to ensure there was capacity going forwards.
- Continuous improvement of the appraisal process in the Trust is also an important topic for discussion in the Forums and an area of good practice is discussed is around the reviewing of appraisals. The feedback was appraisals are of a good standard and are covering the required areas.

5.3 Quality Assurance Processes

5.3.1 There is a portfolio minimum data set required for appraisal and the appraisers are required to check that this is uploaded or an adequate reason provided for non-inclusion.

5.3.2 The Trust utilises the multisource feedback tool embedded within L2P. This automatically flags with the doctors when they are required to undertake the colleague and patient feedbacks (required to be undertaken every 3 years, unless new to the Trust then required within first year). The reports are then not released to the doctor unless they have gained the minimum number of responses (and undertaken their self-assessments) or their request for release to the Revalidation Team is upheld.

5.3.3 The Revalidation Team inform the doctor if they are required to change their appraiser for their next appraisal (required to change after every third consecutive appraisal with same appraiser).

5.3.4 The AMD reviews all submitted appraisals (excluding those where he was the appraiser). Checks are made on appraisal inputs (appraisal portfolio), appraisal outputs (Personal Development Plan (PDP), appraisal summary and sign-off) and where appropriate, the AMD will request further work be undertaken prior to him recommending to the RO that annual appraisal is satisfactory. Those appraisals where the AMD was appraiser, the RO reviews and checks inputs and outputs.

5.3.5 The RO also reviews the appraisals on receiving the AMD's recommendation and either concurs or requests further clarification.

5.3.6 Each doctor is asked to provide feedback about the system and appraiser after their appraisal has been submitted (see section 5.6). This is a system that is embedded in the overall L2P system. This feedback is combined with other objective measures and subject to impression of the AMD who aspires to feed back in writing on an

annual basis. If any issues arise in the course of the year, the AMD will liaise with individual appraisers.

5.3.7 There is on-going feedback to the doctors being appraised and appraisers, at the time that appraisal submissions are being reviewed. This takes the form of email correspondence or telephone conferences with the relevant doctors. The aim of this is to improve the quality of the appraisal submissions and to ensure there is satisfactory engagement.

5.3.8 The reviews undertaken by the AMD and RO also often raise agenda items for the Appraiser Forums, where for example inconsistencies are identified.

5.3.9 The appraisers receive further group feedback during Appraiser Forum meetings.

5.3.10 Issues also discussed at the refresher training that appraisers are required to attend every 2 years.

5.4 Access, security and confidentiality

5.4.1 The e-appraisal system (L2P) is required to be used by all doctors. No breaches to the system or individual portfolios were recorded during 2019/20.

5.4.2 Access to individual appraisals on L2P is restricted by login to the doctor, their appraiser, RO, Medical Director (MD), AMD and the Revalidation Team and any other person the doctor provides access to (via their own login).

5.4.3 Doctors are made aware via the L2P system that patient identifiable information should not be included in their appraisals. This is also stated in the Trust‘s Medical Appraisal Policy.

5.5 Clinical Governance

5.5.1 All doctors are provided with a PDF formatted record (including a nil response if appropriate) of their Incidents, Complaints and Sickness for their appraisal year from the Revalidation Team. This data is directly uploaded to the doctor’s appraisal record on L2P. Doctors are required to reflect on their involvement in incidents and complaints, both those included in the reports and any others that they are aware of but may not have been linked to them via Datix.

5.5.2 The minimum requirement for their appraisal portfolio is provided in a Portfolio Minimum Data Set which is reviewed every year.

5.5.3 The doctor is required to complete a checklist prior to submitting their appraisal to their appraiser and where key information (predominately the minimum data set) is missing, they are required to provide a reason for its absence.

5.6 Appraisal feedback

Of the 129 feedback questionnaires completed by doctors after their appraisal, the following is a selection of the feedback given:

Was your appraisal useful for:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Your personal development	51%	41%	8%	0%	0%
Your professional development	59%	39%	2%	0%	0%
Your preparation for revalidation	64%	33%	2%	0%	0%
Promoting quality improvements in your work	54%	40%	5%	1%	0%
Improving patient care	55%	36%	9%	0%	0%

Number of hours	<1	1-2	2-3	3-4	>4
Duration of appraisal discussion	4%	56%	30%	5%	5%

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The appraisal was satisfactory	76%	23%	0%	1%	0%
I was able to collect all the necessary supporting information from the organisation	63%	33%	2%	2%	0%

99% of the doctors either agreed or strongly agreed that they would be happy to have the same appraiser again. 1% strongly disagreed, however as doctors select their appraiser, this is unlikely to be an issue.

6. Revalidation Recommendations (1.4.19 to 31.3.20)

Number of recommendations	24
Recommendations completed on time	24
Positive recommendations	24
Deferral requests	0
Non engagement notifications	0

6.1 The Revalidation Review Group meet monthly and consider those revalidation recommendations due to be made in the following 12 months. This allows time for any further requirements to be actioned to enable a positive revalidation recommendation to be made.

6.2 As an outcome of this process, 100% of recommendations due in 2019/20 were submitted on time.

6.3 All positive recommendations were approved by the GMC and the doctors subsequently revalidated.

6.4 No recommendations were made late (within GMC category of late 7 days and under).

See Appendix 3; Audit of revalidation recommendations

7. Recruitment and engagement background checks

7.1 Substantive and Fixed Term appointments

During 2019/20, 14 substantive doctors were employed and 10 doctors were employed on temporary contracts.

7.1.1 During the application and interview process, doctors are assessed to ensure they have the qualifications and experience in order to fulfil the duties of the post.

7.1.2 For consultants, all interviewees are required to complete a 16PF (16 personality factors) questionnaire and the resulting assessment report is considered by the Advisory Appointment Committee.

7.1.3 For consultants, an assessment centre is held if more than 1 candidate for the role is to be interviewed.

7.1.4 Where appropriate, Medical HR checks the national database for Approved Clinician and Section 12 status. GMC registration is also checked.

7.1.5 Reference checks from the previous 3 years of employment are undertaken by Medical HR and the Appointing Officer confirms that they are satisfied with the references. The references will be checked for the correct dates and that the person giving them is the relevant person to provide.

7.1.6 Medical HR will meet with the doctor to verify their ID using the acceptable documents list. They request the original documents which are copied and used to process the Disclosure and Barring Service (DBS) check.

7.1.7 The Medical Directorate request information from the doctor's current/last RO, where the doctor has had one. This includes information about the doctor's last appraisal date, whether there are any concerns about the doctor's practice, conduct or health and if there are any outstanding investigations. The information received is checked by the Trust's RO, prior to final offer being made. Where this information is not received prior to the final offer being made*, the offer remains subject to satisfactory RO information or satisfactory Annual Review of Competence Progression (ARCP) outcome for those doctors joining the Trust straight from a training programme.

7.1.8 The MD checks and approves the final offer letter prior to sending.

7.1.9 If a doctor is recruited with GMC conditions, further information from the GMC is requested.

* if requests for RO information have not been responded to after 4 weeks, the Trust's RO will contact the GMC Employment Liaison Advisor to flag but recruitment will continue to ensure posts are filled as soon as possible.

7.2 Agency Locum appointments

7.2.1 Agency locum doctors do not have a prescribed connection to the Trust. Their connection is with their locum agency. It is the agency's responsibility to ensure their doctors are appraised and revalidated however the Trust's processes to engage locums, does include appraisal and revalidation checks.

7.2.2 During 2019/20 the Trust changed its primary supplier agreement from ID Medical to a neutral vender, PlusUs that is also a direct engagement portal.

7.2.3 The Medical Clinical Lead/Medical Manager usually leads on the securing of locum doctors for their areas.

7.2.4 ID Medical and subsequently PlusUs provide suitable CVs and references through an online portal.

7.2.5 If a locum doctor's appraisal is over 24 months overdue, then it is recommended the doctor is not engaged.

7.2.6 If a booking is taken forward, a checklist is sent via email confirming the doctor has a DBS, Occupational Health clearance, Right To Work etc.

7.2.7 In line with the Trust guidance on booking locum doctors, the internal lead is then required to undertake a telephone interview prior to commencement.

7.2.8 In line with Trust guidance on booking locum doctors, on their first day a locum doctor's identification should be verified through the checking of their passport or photo-card driving licence.

7.2.9 ID Medical, provided a regular list of the locum doctors working within the Trust. This included the doctor's appraisal status. This was checked by the Business Manager and if an appraisal is overdue, the agency is contacted for further information.

8. Monitoring Performance

8.1 Doctors are generally monitored through their team management structures.

8.2 In addition, a doctor's performance is monitored via the appraisal system which includes a requirement for feedback from service users and 360° feedback from colleagues on a three yearly basis.

8.3 Information in relation to whether a doctor is involved in serious untoward incidents or subject to complaint is also included in the appraisal system.

8.4 Serious untoward incidents are investigated using the Trust investigation procedures carried out by the trained investigators.

8.5 In the event that any concerns are raised, these are referred to the MD who can instigate various levels of investigation and take to the Responding to Concerns Advisory Group as appropriate.

9. Responding to Concerns and Remediation

9.1. The Trust has a Responding to Concerns and Remediation Policy which was approved in June 2018.

9.2. As at 31.3.20 the Trust had 2 trained Case Managers and 3 trained Case Investigators, all of whom are medical consultants.

9.3. A Responding to Concerns Advisory Group meets monthly wherever possible/required. It is chaired by the RO and is also attended by the Medical Director, Director of Human Resources, Organisational Development and Estates, the AMD for Revalidation, Director of Nursing and Quality, Medical Directorate Business Manager and HR Business Partner with responsibility to support Revalidation. Relevant general management representatives attend as and when required. This approach ensures there is a consistent and open approach taken across the Trust in the investigation of concerns in relation to doctors. The group's terms of reference are included in the Responding to Concerns and Remediation Policy.

9.4. Remediation, when identified, is carried out on an individual basis, being tailored to the individual's needs.

10. Risk and Issues

The following are areas of potential difficulty for the Trust:

10.1 The voluntary status of the appraisers and their importance to our system is noted annually. It remains a concern that, if under pressure from other areas of work, doctors could withdraw from this role, thus threatening the appraisal process.

Mitigating factors:

- Appraisers have time allocated in their job plans for the role.
- The workload of appraisers is regularly reviewed in the Appraiser Forum and the Revalidation Oversight Group.
- Ensuring the Trust has enough appraisers to enable the maximum number of 7 appraisals for each appraiser per year to be maintained.

10.2 Covid-19 will have a significant impact on appraisal and revalidation activities, for at least the next two years. It is expected that some doctors will struggle to collect the minimum number of patient Multisource feedback (MSF) responses, however doctors are expected to try and this will be assessed on an individual basis.

11. Actions, Improvements and Next Steps

An action plan for medical appraisal/revalidation is regularly reviewed and updated by the AMD and Business Manager and periodically reviewed with the RO.

11.1 Improvements Implemented 2019-20

11.1.1 An area of concern was raised around the quality and content of personal development plans and it was felt that doctors may benefit from structured guidance, which was issued in April 2019.

11.1.2 As part of streamlining processes, RO to RO information sharing was explored, as to whether this could form part of the standard reference, sought as part of pre employment checks. However on further exploration, this was not suitable, as an employees referee is not always their RO. In addition a new RO to RO form was devised, based on the Medical personnel information transfer (MPIT) form, which has proved useful.

11.2 Next Steps (2020-21 Actions)

11.2.1 Ensuring the quality of appraiser training is maintained with the introduction of new trainers.

11.2.2 Review process for patient feedback in light of GMC consultation/updated guidance.

11.2.3 Review of appraisal process in light of Covid-19 and the implications this has had.

12. Recommendations

12.1 The Board is asked to receive this report noting that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.

12.2 The Board is further asked to recognise that the resource implications of medical revalidation are likely to continue to increase year on year.

APPENDIX 1
AUDIT OF MISSED / INCOMPLETE APPRAISALS DURING 2019/20

DOCTOR FACTORS	**CONSULTANT**	**SAS/TRUST GRADE**
Maternity Leave during the majority of the appraisal period	0	0
Sickness Absence during the majority of the appraisal period	1	0
Prolonged Leave during the majority of the appraisal period	0	0
Suspension during the majority of the appraisal period	0	0
New starter	3	2
Postponed due to incomplete portfolio / insufficient supporting information	0	0
Lack of time of doctor	0	0
Lack of engagement of doctor	0	0
Other doctor factor (describe)	0	0
APPRAISER FACTORS	**NUMBER**	
Unplanned absence of appraiser	0	0
Lack of time of appraiser	0	0
Other appraiser factor (describe)	0	0
ORGANISATION FACTORS	**NUMBER**	
Administration or management factors	0	0
Failure of electronic information systems	0	0
Insufficient numbers of trained appraisers	0	0
Other organisational factors (describe)	0	0

APPENDIX 2
QUALITY ASSURANCE AUDIT OF APPRAISAL INPUTS AND OUTPUTS

TOTAL NUMBER OF APPRAISALS COMPLETED - 129		
	NUMBER OF APPRAISAL PORTFOLIOS AUDITED (1.4.19-31.3.20)	**NUMBER OF APPRAISAL PORTFOLIOS DEEMED TO BE ACCEPTABLE AGAINST THE STANDARDS**
APPRAISAL INPUTS		
Scope of work	128	128
Is continuing professional development compliant with GMC requirements?	128	128
Is quality improvement activity compliant with GMC requirements?	128	128
Has a patient feedback exercise been completed?	128	128
Has a colleague feedback exercise been completed?	128	128
Have all complaints been included and appropriately reflected on?	128	128
Have all significant events been included and appropriately reflected on?	128	128
Is there sufficient supporting information from all the doctor's roles and places of work?	128	128
Is the portfolio sufficiently complete for the stage of the revalidation cycle?	128	128
Other reason	128	128
APPRAISAL OUTPUTS		
Appraisal summary	128	128
Appraiser statement	128	128
PDP	128	128

All deficits were either addressed satisfactorily after the appraisal had been referred back.

APPENDIX 3
AUDIT OF REVALIDATION RECOMMENDATIONS (1st April 2019 to 31 March 2020)

Recommendations completed on time (within GMC recommendation window)	24
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	24
PRIMARY REASON FOR LATE/MISSED RECOMMENDATIONS	
No Responsible Officer in post	0
New starter / new prescribed connection established within 2 weeks of revalidation due date	0
New starter / new prescribed connection established more than 2 weeks of revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible Officer error	0
Inadequate resources or support for the Responsible Officer role	0
Other (describe)	0
TOTAL (sum of late and missed)	0

APPENDIX 4
AUDIT OF CONCERNS ABOUT A DOCTOR'S PRACTICE

CONCERNS	HIGH LEVEL	MEDIUM LEVEL	LOW LEVEL	TOTAL
NUMBER OF DOCTORS WITH CONCERNS ABOUT THEIR PRACTICE IN THE LAST 12 MONTHS				
Capability concerns (as primary category)	0	0	0	0
Conduct concerns (as primary category)	0	0	0	0
Health concerns (as primary category)	0	0	0	0
REMEDIATION/RESKILLING/RETRAINING/REHABILITATION				
Number of doctors who have undergone formal remediation				0
Consultants (permanent, employed staff)				0
Staff grade, associate specialist, specialty doctor (permanent, employed staff)				0
Temporary or short term contract holders				0
OTHER ACTIONS / INTERVENTIONS				
LOCAL ACTIONS				
Number of doctors who were suspended/ excluded (commenced or completed between 1.4.18 and 31.3.19)				0
Number of doctors who have had local restrictions placed on their practice in the last 12 months				0
GMC ACTIONS				
Number of doctors referred to the GMC between 1.4.19 and 31.3.20				0
Number of doctors who underwent or undergoing GMC Fitness to Practice procedures between 1.4.19 and 31.3.20				0
Number of doctors who had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1.4.19 and 31.3.20				0
Number of doctors who had their registration / licence suspended by the GMC between 1.4.19 and 31.3.20				0
Number of doctors who were erased from the GMC register between 1.4.19 and 31.3.20				0
NATIONAL CLINICAL ASSESSMENT SERVICES (NCAS) ACTIONS				
Number of doctors about whom NCAS has been contacted between 1.4.19 and 31.3.20				0
Reason for contacts:				
For advice				
For investigation				
For assessment				
Number of NCAS investigations performed				
Number of NCAS assessments performed				

Where 5 or more doctors have concerns about their practice in the year, a breakdown of appropriate protected characteristics will be provided

South West Yorkshire Partnership NHS Foundation Trust

Trust Board
29 September 2020
Agenda Item 11.3

Title:	**Patient Experience – Annual Report 2019/20**
Paper prepared by:	Director of Nursing and Quality
Purpose:	To provide a summary of feedback on experience of using Trust services received via the Customer Services function during 2019/20. To note also the summary Friends and Family Test results and comments.
Mission/values:	A positive service user experience underpins the Trust's mission and values. Ensuring people have access and opportunity to feedback their views and experiences of care is essential to delivering the Trust's values and is part of how we ensure people have a say in public services.
Any background papers/ previously considered by:	Previous Customer Service reports have been considered at Trust Board and CGSC.
Executive summary:	**Patient experience feedback – Annual Report 2019/20** This report provides a summary of feedback on experience of using Trusts services as received via the Trusts complaints and friends and family test (FFT) systems. In total the Trust received 1165 items of feedback in the form of complaints, concerns, comments and compliments in 2019/20. This is an increase in the previous year when feedback totalled 1187. In addition 8339 responses were received from the FFT system. **Complaints process** Extensive development work on the complaints pathway has been undertaken in 2019/20 to improve both the complaints pathway, process and data quality. We are adopting a continuous quality improvement approach to our complaints process to ensure we have a contemporary service that is fit for purpose and can respond efficiently & effectively to issues people raise. There were 166 formal complaints in the year, 332 compliments and 667 comments and concerns were raised. Access to treatment and drugs was identified as the most frequently raised negative issue. This was followed by communications, values and behaviours, clinical treatment and appointments. Most complaints contained a number of themes. **Key areas to note:** ➢ For the financial year 2019/20 the customer services team received and dealt with 1165 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 15% reduction compared to 2018/19 when the Trust received 1371 items of feedback. ➢ The customer services team dealt with 166 formal complaints in 2019/20 compared to 120 in 2018/19 which is a 38% increase. ➢ Complaints typically contain a number of different themes and issues and

With all of us in mind.

	anecdotally complaints have become more complex in nature with complainant's expectations about what can be achieved through the complaints process increased. ➢ This is also reflected by the increase in reopened complaints which has gone up four fold from 3 in 2018/19 to 12 in 2019/20. ➢ 667 comments/concerns were received in 2019/20 which is an increase of 4% from 2018/19 where 639 comments/concerns were received. ➢ 332 compliments were received in in 2019/20 which is a significant decrease of 46% compared to 612 in 2018/19. The number of compliments does fluctuate and depends on how regularly clinical services send these in for customer services to record. The Trust promotes the importance of submitting compliments so that they can be monitored, used to boost staff morale and to share best practice. ➢ Customer services monitors the progression of formal complaints against the Trust's internal target of providing a response within **40 working days** from the date that consent has been provided and the scope of the complaint investigation agreed. This is considerably quicker than the guidance set out in the NHS Complaints (England) Regulations 2009 which details that a response should be provided within 6 months from the date that a complaint is received. ➢ Proactive partnership working between customer services and clinical services to mitigate against complaint process delays has made a positive impact on achieving the Trust's internal target that 80% of formal complaints should be closed within 40 working days. The total number of complaints closed within 40 days steadily increased throughout 2019/20. **Friends and family test (FFT)** ➢ In 19/20 a total of 8339 responses were received, with 91% recommending Trust services. This is a 15% increase (18/19 7270 - 19/20 8339) on the previous year's returns. ➢ In 19/20 there was a 38% increase (18/19 3934 – 19/20 5440) in the number of returns received for mental health service and there was a 20% decrease (18/19 3336 – 19/20 2674) in responses received for community services. ➢ Text messaging contributed 33% of the returns for the Friends and Family Test in 19/20. ➢ Friends and Family Test comments and text message free text is reviewed daily by the QIA Team and address concerns with services/ teams immediately when service users expressed intentions of harm to either themselves or others. This information, from both complaints process and FFT is shared with BDUs for review. Responding to feedback and ensuring changes in practice is monitored through BDU governance processes. Development work for focus in 2020: ➢ Learning lessons from complaints ➢ Review of complex complaints ➢ Review of process to manage persistent complainants ➢ Review of process for reopened complaints ➢ Continue work on response times

	➢ Update of complaint policy ➢ Review of reports to meet commissioner requirements. **CGCS reviewed and noted the report at the meeting held on 9th June 2020** **Risk Appetite** This report provides information to Trust Board on feedback received about Trust services. Issues are escalated to the medical and nursing director and to the relevant service director to ensure action in line with the Trust's Risk Appetite Statement. Any significant risks would be included in BDU risk registers and in the organisational risk register if appropriate.
Recommendation:	**The Trust Board is asked to RECEIVE and NOTE the feedback received through patient experience systems in the financial year 2019/20.**

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Patient Experience (including complaints) Annual Report 2019/20

With **all of us** in mind.

Summary

Annual update:

- For the financial year 2019/20 the customer services team received and dealt with 1165 items of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 15% reduction compared to 2018/19 when the Trust received 1371 items of feedback.
- The customer services team dealt with 166 formal complaints in 2019/20 compared to 120 in 2018/19 which is a 38% increase.
- Complaints typically contain a number of different themes and issues and anecdotally complaints have become more complex in nature with complainant's expectations about what can be achieved through the complaints process increased.
- This is also reflected by the increase in reopened complaints which has gone up four fold from 3 in 2018/19 to 12 in 2019/20.
- 667 comments/concerns were received in 2019/20 which is an increase of 4% from 2018/19 where 639 comments/concerns were received.
- 332 compliments were received in in 2019/20 which is a significant decrease of 46% compared to 612 in 2018/19. The number of compliments does fluctuate and depends on how regularly clinical services send these in for customer services to record. The Trust promotes the importance of submitting compliments so that they can be monitored, used to boost staff morale and to share best practice.
- Customer services monitors the progression of formal complaints against the Trust's internal target of providing a response within **40 working days** from the date that consent has been provided and the scope of the complaint investigation agreed. This is considerably quicker than the guidance set out in the NHS Complaints (England) Regulations 2009 which details that a response should be provided within 6 months from the date that a complaint is received.
- Proactive partnership working between customer services and clinical services to mitigate against complaint process delays has made a positive impact on achieving the Trust's internal target that 80% of formal complaints should be closed within 40 working days. The total number of complaints closed within 40 days steadily increased throughout 2019/20.

Summary

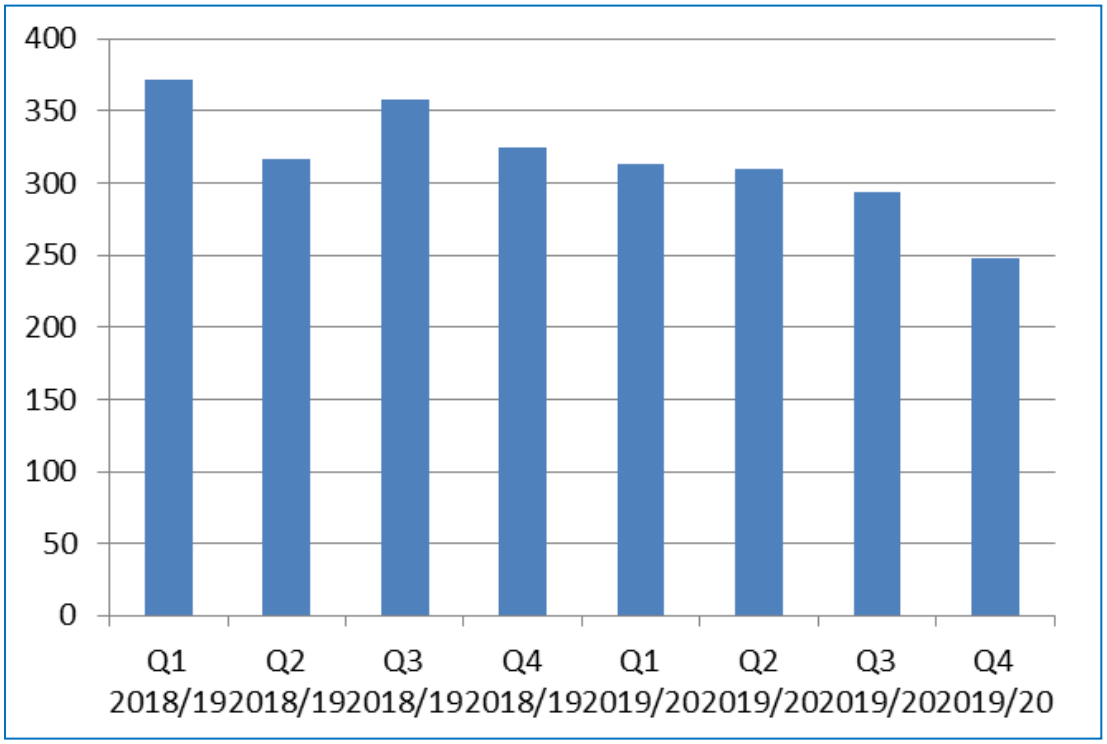
- All complaints are risk assessed on arrival in the Trust using the Trust's Risk Matrix. In the first instance, this is undertaken by the customer services manager or their Deputy. In addition, complex complaints are discussed with both the Associate director of nursing and quality and the Assistant director of legal services.
- Work is continuing to improve our customer services process to make sure that the Trust always responds in ways that ensure learning and becomes more responsive where service issues arise. This will mean services will see the issues first, with a robust process in place to support them.

Risks

- Complaints are often complex and longstanding in nature and require thorough investigation to resolve the issues raised. Complainants expectations of what can be achieved through the complaints process can be unachievable.
- Resources allocated to habitual or vexatious complainants has increased and requires a consistent and coordinated approach across the Trust.
- Anecdotally the biggest delays in the complaint process appear to be the time for the completed investigation to be returned to customer services. This is being scrutinised further to generate further discussions with clinical services about the specific challenges they face in responding to complaints i.e. resource, and how these can be overcome to improve the Trust's response timeframes.

Feedback overview

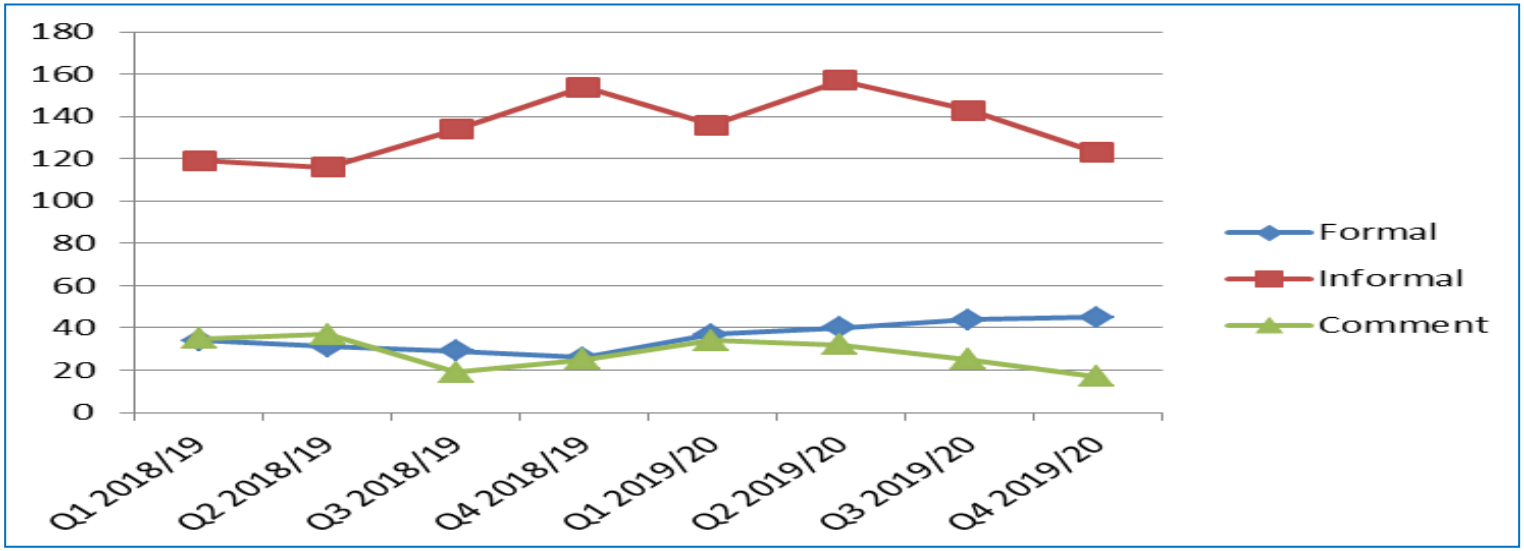
Total number of complaints, concerns, comments & compliments received into the Trust via customer services



There has been a consistent decline in feedback since Q1 2018/19. However, the biggest reduction in feedback type is for compliments which had a record high of 184 in Q1 2018/19 to a record low of 63 in Q4 2019/20 which is a 66% decrease.

Complaints activity

Number of formal complaints, informal concerns and comments made into customer services per quarter



- Overall, the number of formal complaints has gradually increased since Q4 2018/19 with a quarterly average of 36.
- There is a less consistent pattern for informal concerns and this has been gradually decreasing since Q2 2019/20.
- There has been a significant reduction in informal concerns (14%) and comments (32%) for Q4 2019/20 although formal complaints have slightly increased to an all-time high of 45.

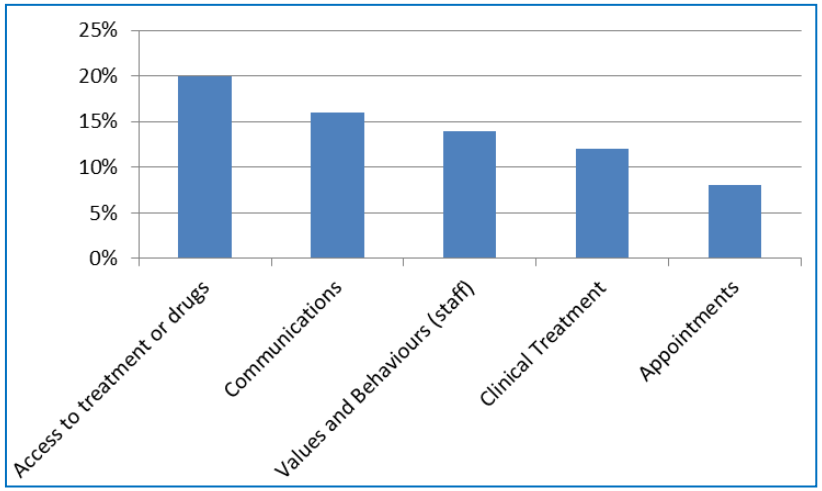
Regulation: Parliamentary Health Service Ombudsman

During 2019/20 the Trust received 6 requests for information from the PHSO. All requests have been responded to and information shared with the PHSO to enable them to review and investigate complaints at stage 2 of the Complaints process.

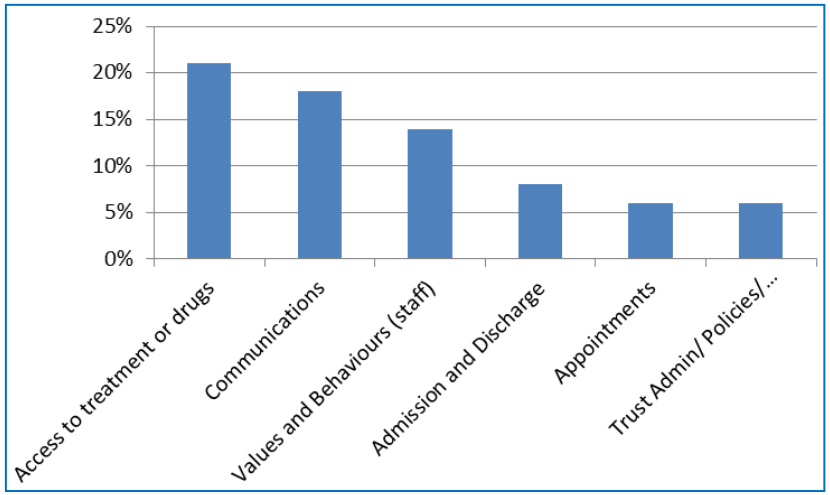
- The Trust had 5 cases open with the PHSO at the end of the financial year 18/19
  - The Trust received notification that 2 cases had closed with no further action and 3 cases were partially upheld; of these 3 cases, 2 cases involved Barnsley Mental health services with both requesting further actions and an apology and in addition in 1 of these 2 cases was to be awarded financial redress; and, 1 Community Services –Kirklees requesting further actions and an apology and awarded financial redress.
  - 2 cases were closed that had been requested and reviewed in 19/20 with no further actions
  - The Trust is still waiting for the outcome of the PHSO's investigation on 4 cases at the end of 19/20.

Top 5 themes for complaints

2019/20



2018/19

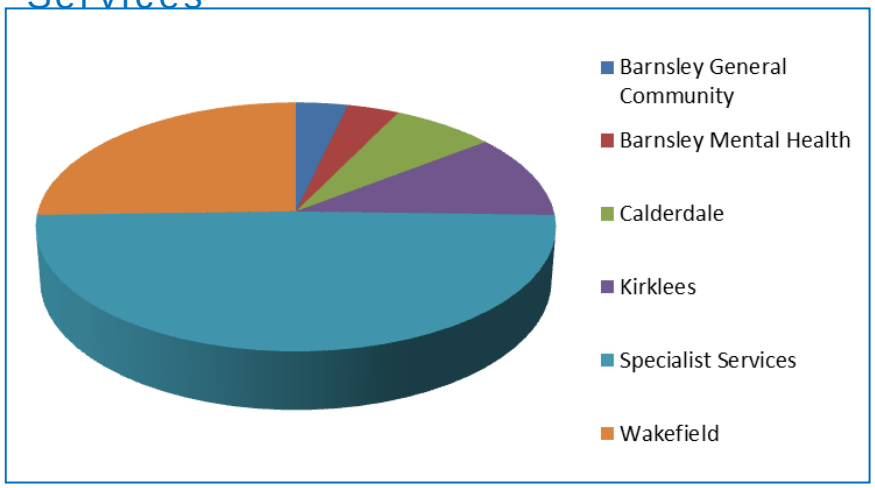


- Complaints typically contain multiple themes/issues
- The top 3 primary subjects for complaints has remained consistent across both years, including by rank order
- Access to treatment is the most common theme for complaints about CAMHS

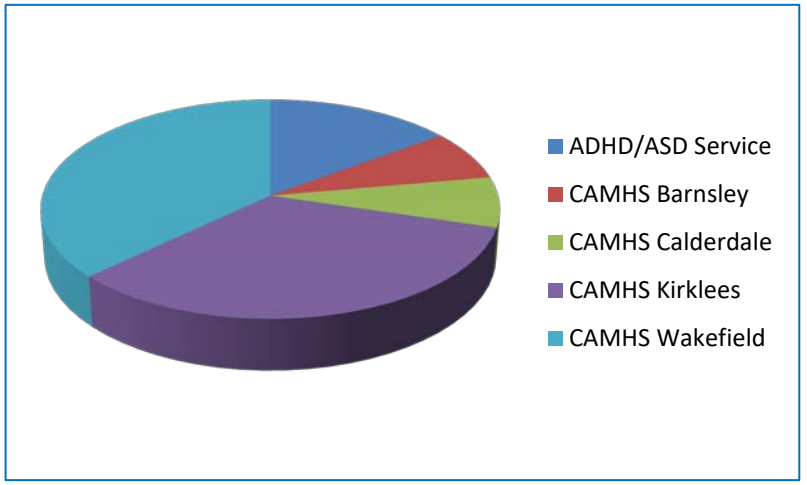
MP Contacts

- During 2019/20 the customer services team received 55 MP contacts compared to 68 MP contacts in 2018/19 which is a 19% decrease.
- 25 of the 55 MP (45%) contacts received, including those received across Specialist Services, were for Wakefield from MP Yvette Cooper.
- Even excluding Specialist Services there are considerably more MP contacts for Wakefield than any other BDU.
- Overall the service line which receives the most MP contacts is CAMHS with 42%.

MP contacts by BDU

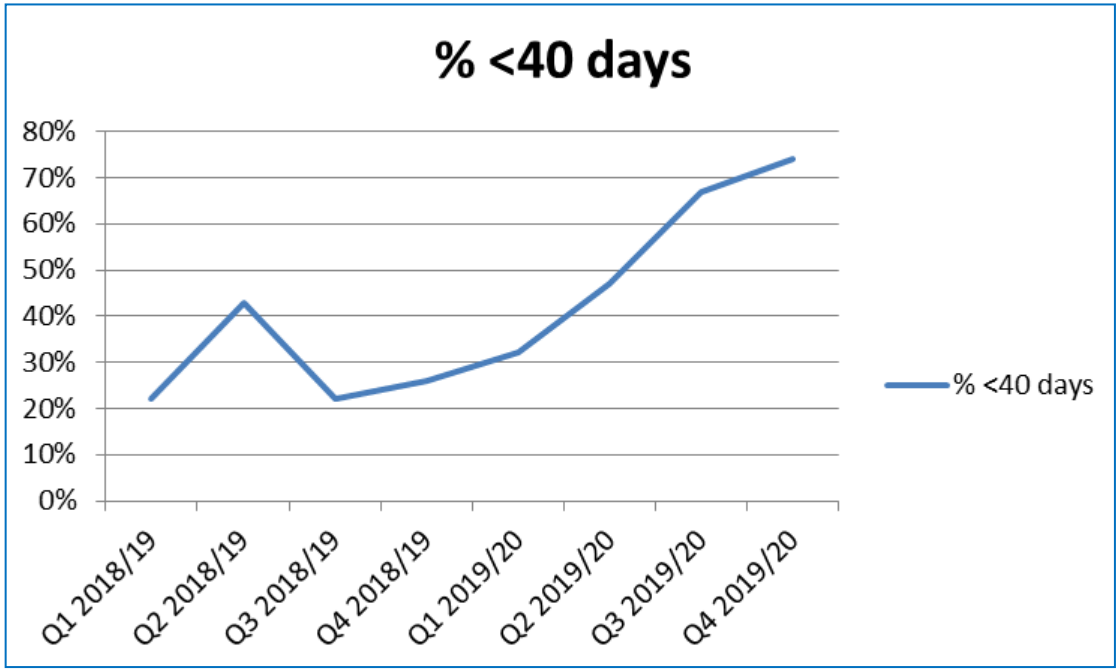


MP contacts for Specialist Services



Complaints Key Performance Indicators (KPIs)

The Trust's KPI is to close 80% of formal complaints within 40 working days



From Q3 2018/19 there has been a steady month-on-month increase in the percentage of formal complaints closed within 40 working days. Historically this figure was calculated using the date consent was received. However, from Q3 2019/20 customer services have calculated 40 working days using the date consent was received AND the scope of the complaint investigation agreed. This further improves performance figures from 47% of complaints in Q2 2019/20 closed within 40 days to 67% in Q3 2019/20 and 74% in Q4 2019/20.

In December 2019 and February 2020 we achieved the target of closing 80% of complaints within 40 days.

Reopened complaints

During 2019/20 we reopened 9 formal complaints.

Once the individual has received the Trust's response to a complaint further or outstanding issues should be raised within a reasonable time – a guideline is twelve months from receipt of the response, though it very much depends on individual circumstances. In such cases, the complaint file is reopened and further investigation will take place to ensure that the Trust has addressed all of the issues raised and a further response is sent to the individual with the findings. In some cases a second opinion or clinical advice will be sought. The Trust will endeavour to resolve re-opened complaints through local resolution, however, once it is considered by the Trust this is completed the individual is advised of their right to refer their case to the PHSO.

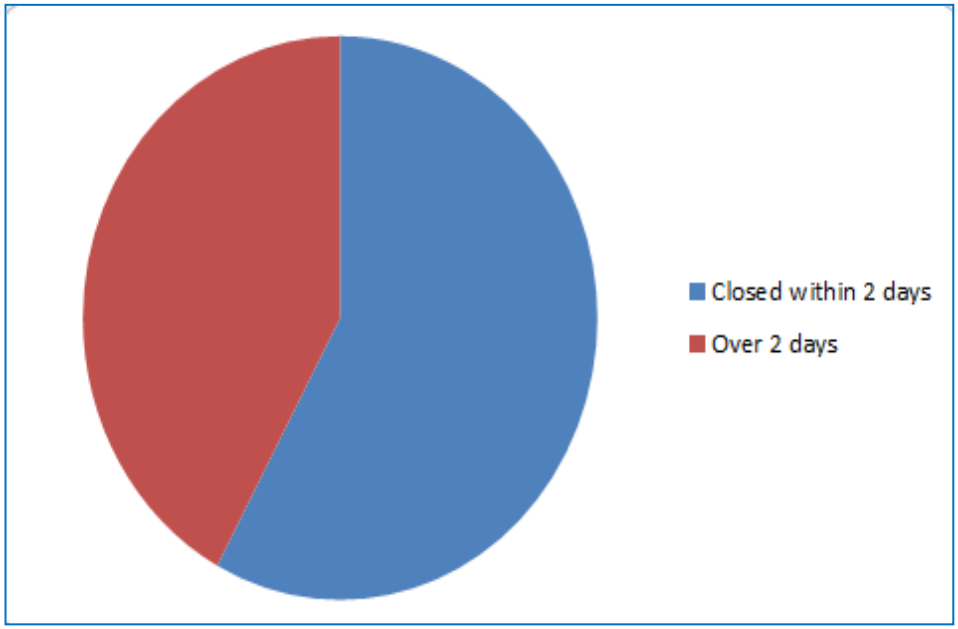
Analysis of reopened complaints is complex. The reported figures are those that were reopened within a particular time frame, regardless of when the complaint was initially responded to. Complainants coming back to tell us they are not satisfied with their response is a positive indicator they have not lost faith in our organisation’s ability to resolve their concerns as they have actively chosen to come back to us rather than approach the Parliamentary Health Service Ombudsman (PHSO) directly.

In line with the NHS Complaints (England) Regulations 2009, issues that the Trust has already responded to and is unable to provide any further meaningful comments will not be reopened or re-investigated.

We are currently developing a reporting function on DATIX to better capture the reason why complaints are reopened. This will enable us to monitor any themes and trends.

Response times for informal concerns

Informal concerns closed against 2 day target



The Trust's complaints process supports Local Resolution in the first instance and contact with the service provider to resolve concerns directly at source.

This revised approach means we are dealing with significantly more informal concerns – 530 informal concerns were dealt with in 2019/20. Of these, 60% were closed within 2 working days.

The customer services team ensures that all feedback is provided and responded to by services within a target of 2 working days for resolution or with agreement from the complainant that the timeframe can be extended.

The figures on the chart are the percentage (%) compliance rates, by BDU, for responses to informal concerns within 48 hours.

This is a new measure, hence this is a benchmark rate. Compliance goals are being agreed with senior directors.

Improvements in sign off process

- Customer services worked hard in 2019 to clear the backlog of outstanding complaint responses. We now have weekly team meetings hosted by the Customer Services Office Manager (CSOM) where we track active complaints progress and report on responses that are at 30 working days to ensure that these are being managed proactively and flagged as required.
- Sign off process has been streamlined and the internal clock for the 40 working day target now starts when we have received consent from the service user **AND** agreed the scope of what will be investigated with the complainant. Previously there were issues outside of the Trust's control when we had received consent but there were difficulties agreeing the scope with the complainant to allow the investigation to proceed which negatively impacted on our response times.
- Since 2018 responses are reviewed by the CSOM for quality at the start of the sign off process and prior to final progression to the Deputy Chief Executive. Quality improvement work on the complaint process has resulted in there being very few amends received in the latter stages of the sign off process which demonstrates that the quality of complaint responses has improved.
- Customer services have completed several reviews working alongside Business Delivery Units. As part of these reviews it was identified that we needed to understand and identify what challenges the operational teams face when they are asked to respond to a concern or complaint within the established timeframes set above i.e. 48 hours for a concern and in the current complaint pathway 15 working days are allocated to operational services to investigate a formal complaint (time from when toolkit is sent to manager to the date toolkit is retuned to CS team). Questionnaires were sent out to the services and the information returned was reviewed and recommendations implemented.
- Customer services response figures continue to improve and 80% of complaints in December 2019 and February 2020 achieved the Trust's internal target of being closed within 40 working days.

Risks

- The current most common delays in responding to complaints are related to the investigation process and customer services are reliant on the findings from clinical services to draft a response.
- The Trust's processes for responding to feedback may need to further consider the complexity of the complaint and the number of concerns which necessarily impact on our timescales for investigating and responding.

Listening to and learning lessons from feedback and experience

Anyone making a complaint under the NHS complaints procedure is entitled to three things:

1. A full and complete explanation of what happened and why, given in terminology that the complainant can understand
2. An apology if there was an error or omission on behalf of the staff
3. If an error or omission has occurred the complainant should be given information about the action that the Trust has taken, or is proposing to take, to try to prevent it happening again

- As a result of feedback raised, learning points have been implemented regarding staff to always consider the trigger factors involved in a service users care and treatment which should enable a more individual approach to be delivered. Staff to ensure that positive coping strategies, resources and safety advice is always shared with service users and their families where appropriate .

Specialist services (excluding CAMHS)

- Service to create written information in the form of a Frequently Asked Questions (FAQ) fact sheet to be included in the initial appointment letter, which will provide clear explanation regarding the upcoming assessment process . ***Adult Autism Service***

- Staff reminded of the importance of clearly communicating key information and decisions relating to service users care and treatment and documenting the service users understanding. ***Adult Autism Service***

Listening to and learning lessons from feedback and experience

Barnsley General Community Services

Acknowledged that appropriate end of life care measures were not implemented in a timely fashion and there were number of areas where this could be improved. Should have referred to District Nursing Service upon discharge from hospital to home with terminal diagnosis. Should have ensure pre-emptive medications were available at home for when condition deteriorated. Services should have recognised deterioration more quickly to ensure appropriate support provided to family at such a difficult time. ***Palliative care team***

Service resolved informally directly with service user. Apologised on behalf of the service and explained that the clinician was trying to establish whether clinically urgent and to ensure that they were seen in the most appropriate place. It transpired some of the things the GP had written on the referral were not accurate so the urgency was not clear cut. Complainant agreed to an appointment with a different clinician, which has been arranged and seemed happy with the outcome. ***Physiotherapy/Musculoskeletal***

Child and Adolescent Mental Health Services (CAMHS)

Customer services raised feedback with clinical service concerned for their contact with young person to be reviewed internally and to ensure any further appropriate action was taken. **CAMHS Barnsley**

Listening to and learning lessons from feedback and experience

Calderdale & Kirklees

Customer services spoke with clinical lead for psychology service and advised general waiting times for individual therapy and that some groups are available depending on assessed needs and whether appropriate. Provided general response to MP office as no consent to share specific details of individual case. ***Calderdale Psychology Service***

Health records reviewed which documented numerous discussions with service user prior to planned transfer to specialist placement. Acknowledged that they consider relationship with care coordinator has irretrievably broken down and team manager has allocated a new care coordinator. Explained that specialist placement funding is provided by local Clinical Commissioning Group and when mental health is more stable there will be plans to move service user closer to home area. ***Enhanced Team 2, South Kirklees***

Service are writing to the family to summarise the meeting held and hoped that they had addressed the family's concerns however they would be happy to cooperate with any formal procedures should the family wish to take it further. ***Kirklees Intensive Support Team***

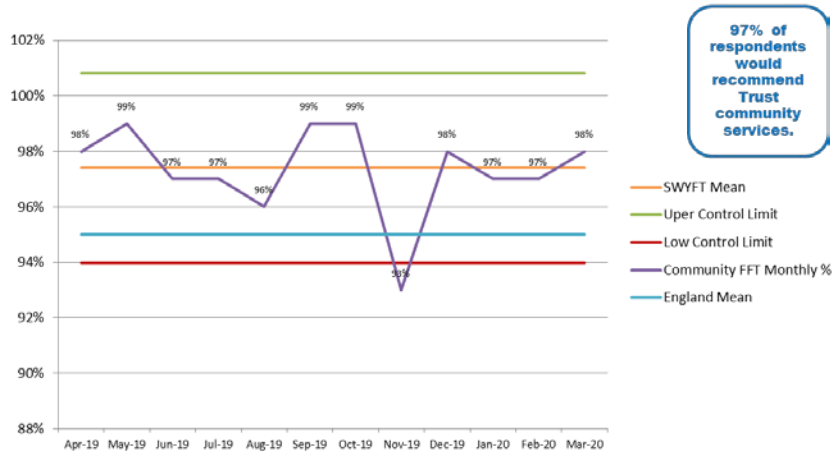
Customer services have provided a written explanation about why service user was incorrectly discharged from services following previous verbal explanation and apology. Agreed that there should have been clarification as to which service they wished to be discharged from as discharge from one service effectively discharged their whole episode of care. Also acknowledged that details should have been provided to the GP to inform them of the discharge and ensure there was a clear plan in place in the event of a deterioration in mental health or specialist advice required***. Calderdale Core Team***

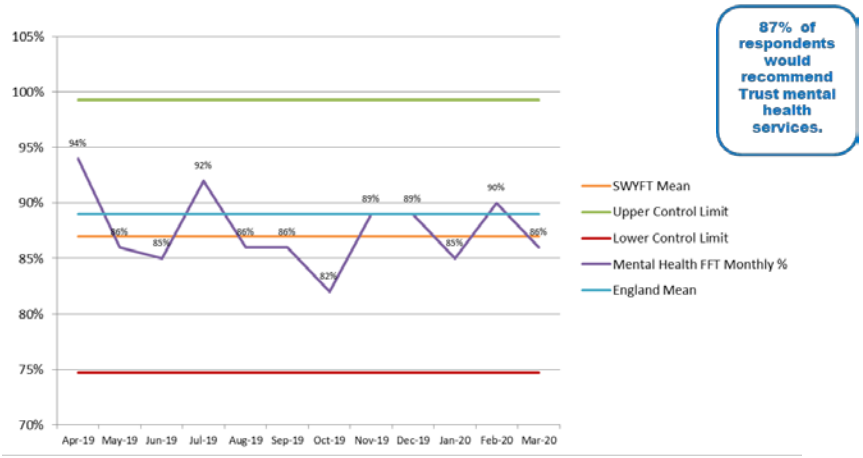
Wakefield

The senior management team will now hold a formal debrief in order to ensure that learning is implemented into clinical services and appropriate support is given when patients are transferred to another health care provider for treatment – **Poplars unit (OPS)**

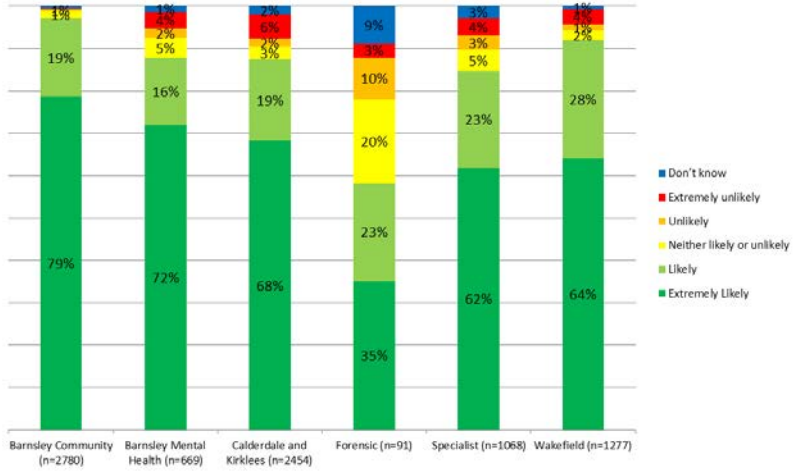
Friends & Family Test Feedback

% of respondents who would recommend Trust service by month





% of respondents who would recommend Trust service by BDU



Top three themes

Comments; positive:

- **Communication comments include:** *very good at keeping staff and family in loop, very clear communication, the communication from both practitioners was excellent, communication superb, good communication and staff were contactable.*
- **Staff attitude comments include:** *all the staff were warm, knowledgeable and supportive, staff courteous and efficient, Nurse and Doctors were very thorough and extremely helpful, great staff who are kind and caring.*
- **Access comments include:** *Appointment on time, appointment was executed in a friendly and compassionate manner, punctual appointments, quick appointment, easy accessible appointments and appointments arranged within reasonable waiting times.*

Comments; negative:

- **Communication comments include:** *Serious lack of communication from staff, extremely poor communication staff who fail to listen to patients, experienced poor communication between departments and not enough communication.*
- **Staff attitude comments include:** *Night staff to be more helpful, better reception staff, poor attitudes from many staff and staff have an ignorant attitude when approached.*
- **Access comments include:** *Four consecutive appointments cancelled, waiting time for appointment, takes a long time to get an appointment, quicker appointment from referral and length of time between appointments.*

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 11.4

Title:	**Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) summary reports and action plans**
Paper prepared by:	Director of Human Resources, OD and Estates
Purpose:	WRES and WDES summary reports and action plans require Trust Board sign off prior to submission and publication.
Mission/values:	The Trust serves a diverse population across a large geographical area and it is important we strive for a workforce that reflects the local population. A diverse workforce is vital to enable all of the communities served by the Trust to reach their potential. Equality, Diversity and Inclusion are core to the Trust's values and is an important part of its service and workforce objectives.
Any background papers/ previously considered by:	The Equality and Inclusion (E&I) Committee considered the WRES and WDES summary reports and action plans at its meeting on 22 September 2020. WRES and WDES have been a focus of the E&I Committee work over the past 12 months. The issues within the WRES action plan have been central to a number of discussions at the E&I Committee.
Executive summary:	The Trust recognises the importance, in delivering services that meet the needs of the all the communities it serves, of a diverse and representative workforce. The WRES and the WDES are designed to provide a framework to support the embedding of workforce equality. The main purpose of the WRES and the WDES is to help NHS organisations to review their workforce data against recognised equality indicators (nine for WRES and currently ten for the WDES). This review is designed to enable organisations to produce action plans to close any gaps in workplace experience between White and Black, Asian and Ethnic minority (BAME) staff, and disabled and non-disabled staff, and to improve representation at a senior level of the organisation. There is considerable evidence across the NHS that suggests BAME and staff with a disability experience less favourable treatment which has a significant impact on the efficient and effective running of services. The Trust has a key leadership role in shaping a collective and inclusive culture across all protected characteristics and many of the actions can be equally applied across the organisation and to all protected characteristics. **WRES 2020:** Whilst the results of the Trust's staff survey suggest overall BAME staff are more positive overall in terms of their workplace experience there are significant areas of concern:

- Bullying and Harassment of BAME staff, particularly from Service Users and Carers.
- Appointment from being shortlisted of BAME applicants compared to white applicants.
- Career development of BAME staff

- The key actions and focus for 2020/2021 in terms of WRES are:

- Appointment of a WRES OD Lead: to accelerate through positive action and organisational development achieving WRES.
- Review and redesign of the Trust's Recruitment and Selection process: to ensure that any barriers which prevent a diverse workforce are removed.
- Roll out of a clinical framework which includes appointment of Equity Guardians: to reduce bullying and harassment from service users and carers.
- Development of a BAME Talent Pool as part of the Trust's Talent and Succession Strategy: to actively support career development of BAME staff.
- Review the Trust's leadership and management arrangements: to ensure we have representative decision making forums.

WDES 2020:

The Trust's staff survey suggests that staff with a disability are less positive about their experience in the workplace than non-disabled staff with particular areas of concern:

- Bullying and Harassment
- Accessing Trust's buildings
- Support in the workplace to manage their disability

- The key actions and focus for 2020/2021 in terms of WDES are:
- A minor works programme for 2020/2021: to improve accessibility of the Trust's Estate.
- Continue support for the Disability Staff Equality Network: to ensure we have active contribution from staff with lived experience.
- Development of a Disability Policy in partnership with the Staff Equality Network: to ensure that staff with a disability are well supported.
- Focus on preventing Bullying and Harassment of staff with a disability as part of the Trust's framework: to ensure staff with a disability feel staff and supported.

Attached are the following documents:

WRES:
- WRES Summary Report (Appendix 1)
- WRES Action Plan (Appendix 2)
- WRES Data (Appendix 3)
- **WDES**:

	• WDES Summary Report (Appendix 4) • WDES Action Plan (Appendix 5) **Risk Appetite** The WRES and WDES data is outside of the risk appetite and this has been recognised in the action plan and on the risk register.
Recommendation:	**The Board is asked to APPROVE the WRES and WDES summary reports and action plans.**
Private session:	Not applicable.

Appendix 1

Workforce Race Equality Standard
REPORTING TEMPLATE
Template for completion

Name of provider organisation	**Date of report; month/year**	
South West Yorkshire Partnership NHS Foundation Trust	Month: August	Year: 2020
Name and title of Board Lead for the Workforce Race Equality Standard		
Alan Davis, Director of human resources, organisational development and estates		
Name and contact details of lead manager compiling this report		
Claire Hartland, HR business manager, claire.hartland@swyt.nhs.uk 07881 008185		
Names of commissioners this report has been sent to		
Wakefield CCG, Barnsley CCG, North Kirklees CCG, Greater Huddersfield CCG, Calderdale CCG., NHS North of England SCT		
Names and contact details of co-ordinating commissioner this report has been sent to		
Amanda Capper	Head of Contracts	NHS Barnsley Clinical Commissioning Group	Amanda.capper@nhs.net Michael Bennett | Senior Contract Manager | NHS Calderdale & NHS Greater Huddersfield CCG | michael.bennett2@greaterhuddersfieldccg.nhs.uk Rita Thomas | Head of Mental Health | NHS England, North of England Specialised Commissioning Team (Yorkshire & Humber Hub) | rita.thomas1@nhs.net		
Unique URL link on which this report will be found https://www.southwestyorkshire.nhs.uk/about-us/performance/workforce-equality/		
This report has been signed off by Alan Davis, Director of human resources, organisational development and estates on behalf of the Board on 24.9.19		

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data
No issues

b. Any matters relating to reliability of comparisons with previous years
No issues

2. Total numbers of staff

a. Employed within this organisation at the date of the report
There were 4411 staff employed by South West Yorkshire Partnership NHS FT as at 31st March 2020

b. Proportion of BME staff employed within this organisation at the date of the report
9.6% BME staff in the workforce as at 31st March 2020

3. Self reporting

a. The proportion of total staff who have self-reported their ethnicity
100% of staff have self-reported their ethnicity

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity
The Trust uses ESR employee self-service which staff have been encouraged to use to self-report and check their own data. The reporting level is now at 100%

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity
Self-reporting is currently at 100% but we plan to ask staff to check their personal data stored on ESR on an annual basis

4. Workforce data

a. What period does the organisation's workforce data refer to?
Years ending 2018/19 and 2019/20

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below – the detail should be contained in accompanying WRES action plans

	Indicator	**Data for reporting year**	**Data for previous year**	**Summary points**
	For each of these four workforce indicators, the Standard compares the metrics for White & BME staff.			
1	Percentage of staff in each for the AfC bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Percentage of staff in each of the AfC bands 1-9- or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.	Please see Appendix 1	Please see Appendix 1	The number of BAME staff in the workforce has increased by headcount of 17, this equates to 0.1%. The total percentage BAME staff in workforce now 9.6%. (Total workforce 4411 at 31.3.20)
2.	Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts	1.55	1.08	The data shows that BME applicants are less likely to be appointed from shortlisting than white applicants.
3.	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: this indicator will be based on data from a two year rolling average of the current year and the previous year	0.59	0.78	The average figure required by the Indicator shows that BME staff are less likely to enter a formal disciplinary process than White staff.
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	0.56	0.80	The data show that BME staff are more likely to access non-mandatory training and CPD than White staff. The data includes medical staff.

	Indicator	Data for reporting year		Data for previous year		Summary points
	For each of these four staff survey indicators, the Standard compares the metrics for each survey question response for White and BME staff					
5.	KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	27.60	White	28.00	The 2019 staff survey was sent to all staff in the Trust. The response rate was good (1838 responded) at 45%. This is 5% higher than the previous year 2019 staff survey indicates that the BME staff who responded indicated they were more likely to experience harassment and bullying from service users and carers than white staff. This position has worsened since last year.
		BME	42.40	BME	32.40	
6.	KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	19.90	White	19.10	2019 staff survey indicates that the BME staff who responded indicated they were more likely to experience harassment and bullying from staff than white staff. This position has improved since last year.
		BME	23.70	BME	28.40	
7	KF21. Percentage believing that the Trust provides equal opportunities for career progression or promotion	White	86.10	White	86.90	2019 staff survey indicates that the BME staff who responded indicated they were more negative regarding believing the Trust provides equal opportunities for career progression or promotion than white staff. This position has worsened since last year.
		BME	75.30	BME	81.30	
8	Q17b. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White	5.70	White	4.60	2019 staff survey indicates that the BME staff who responded indicated they were more likely to experience discrimination at work from their Manager/team leader or other colleagues than white staff. This position has worsened since last year.
		BME	10.30	BME	8.10	

	Board representation indicator. For this indicator, compare the difference for white and BME staff			
9	Percentage difference between the organisations Board membership and its overall workforce disaggregated by: Voting membership of Board Executive membership of Board	 + 7.1% +15.4%	 + 7.2% +15.5%	The Trust has 2 BME Board members. In 2020 have 1 less Exec board member compared to 2019 2020 2 BME 6 white, 2019 2 BME 7 white Reporting year White workforce 90.4% BAME workforce 9.6% Previous year White workforce 90.5% BAME workforce 9.5%

Note 1: All provider organisations to whom the NHS Standard Contract applies are required to conduct staff surveys though those surveys for organisations that are not NHS Trusts may not follow the format of the NHS Staff Survey.
Note 2: Please refer to the Technical Guidance for clarification on the precise means of each indicator.

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Co-ordinating Commissioner or by regulators when inspecting against the “well led domain”

The Trust also publishes a detailed Equality Workforce Monitoring Annual Report on our website, link at No 7 below. Progress regarding the Equality agenda is monitored by the Trust Board at the Equality and Inclusion Committee

The Trust provides secure services across Yorkshire and Humber which has a different population make up compared to that of its local services.

7. If the organisation has a more detailed Plan agreed by its Board for addressing these and related issues you are asked to attach it or provide a link to it. Such a plan would normally elaborate on the steps summarised in section 5 above setting out the next steps with milestones for expected progress against the metrics. It may also identify the links with other work streams agreed at Board level such as EDS2

The Trust has developed a WRES workforce 4 point action plan, please see link below:
https://www.southwestyorkshire.nhs.uk/about-us/performance/workforce-equality/

South West Yorkshire Partnership NHS Foundation Trust

Appendix 2

WRES workforce 4 point action plan 2020 V3

Key Action – Recruitment	
WRES Indicators ***1)To increase the % of BME staff in each of the AfC bands 1-9 and VSM (inc Executive Board members) to reflect the % in the local population*** ***2) To ensure that the relative likelihood of BME staff being appointed from shortlisting across all posts is the same as that of white staff***	
Agreed Action	**Update**
• Appoint WRES OD lead	Expressions of interest received and values based shortlisting in progress
<u>Increase applications from BAME population</u> • Continuing with the 'New Horizons' project, working with schools and colleges in North & South Kirklees. Project includes engaging with the local BME community on the areas of mental health awareness, employability skills and promoting the Trust and wider NHS as an employer of choice	Plans for this year currently suspended due to covid, will be revisited at a later date
• Updated recruitment information continues to include use of social media showing a diverse workforce	Recruitment stand for careers events shows diverse images, WRES OD lead to review
• Continue and enhance the work with Universities to increase the number of students from BME communities on health related degree courses	WRES OD lead to review
• Re-introduce Positive Action Training (PAT) scheme	In planning stages, working with colleagues from BAME network
<u>Ensuring our recruitment processes are fair and transparent</u> • Centralised exit interviews for all staff have been approved and the process is now in operation. The feedback will be collated and reviewed by the EMT and Workforce and Remuneration Committee	WRES OD lead to review
• Review recruitment process. Look at including BAME representative on all key appointments include 8a and above. Review if there are key areas where there is under representation, e.g. corporate services bands 5 to 7 and key clinical jobs	WRES OD lead to review to include ensuring we have diverse and representative panel for key appointments

Key Action – Representative leadership at all levels	
WRES Indicators ***4) To ensure that the relative likelihood of BME staff accessing non-mandatory training and CPD is the same as that of white staff*** ***7) To increase the numbers of BME staff believing the Trust provides equal opportunities for career progression or promotion*** ***9) To have a Trust Board whose BME voting membership reflects its overall BME workforce***	
Agreed Action	**Update**
• Review of all key decision making groups within the Trust to ensure they are representative of the BAME workforce, e.g. Silver command, OMG etc	Data being reviewed
• Include representative workforce focus in annual workforce planning discussions with BDU's and services	E&D continues to be a focus in the annual workforce planning meetings with BDU's
• The Trust will actively promote and support BME staff onto the NHS Leadership Academy 'Stepping Up' and 'Ready Now' programmes. (These offers are incorporated in the Trust's Leaders and Managers development pathway)	The Trust continues to sponsor a number of candidates on these national leadership programmes. In addition, access to the regional 'RADAR' programme is now available and we sponsor colleagues to attend the NHS Leadership Academy 'Mary Seacole Local' programme, delivered in partnership with 2 x other Mental Health Trusts in West Yorkshire. The Trust LMD Leads are currently undertaking a review of our Leaders & Managers Pathway to ensure opportunities for aspiring and current leaders & managers. This includes priority access to 360-feedback and licensed self-development tools (e.g. MBTI, etc.) for colleagues from under-represented groups.
• The Trust will continue to deliver the 'Moving Forward' programme in partnership with Bradford District Care, Leeds &York Partnership and Mid Yorkshire NHS Trusts	The Trust's in-house 'Moving Forward' programme was delivered between October 19 and April 2020 and includes BME staff from 2 of our MH alliance partners along with our Wakefield Continue Care alliance partners. The core modules of the programme were delivered as scheduled, with the remaining elements, including the NHS Leadership Academy 'Edward Jenner' programme, due to be completed by end of September 2020. Discussions with partners in redesigning the programme to reflect current circumstances are currently underway and will inform the next run of the programme from December 2020 to July 2021.

• Crucial conversations training/coaching to be offered to Trust participants on the Moving Forward Programme	The Trusts 'Crucial Conversations' programme includes priority places for colleagues from under-represented groups. The programme is now under review and redesign to reflect current circumstances, post-lockdown. This will inform resumption of the programme in September 2020
• Continue with Reciprocal Mentoring scheme for BME staff	An evaluation of the first pilot cohort of 6 x mentees and mentors is currently underway. This will inform completion of the remainder of the pilot programme and the programme is being expanded to include a second cohort. Priority will be given to colleagues on our targeted programmes (Stepping-Up, Moving Forward, 12LM, etc.).
• Continue to deliver aspiring directors (Shadow Board) programme and executive coaching/ mentoring for senior leaders/managers	The Trust has now resumed planning discussions about a further joint 'Shadow Board' programme with Mental Health partner Trusts in West Yorkshire and which is now intended to run between January and July 2021
• Medical leader's development programmes launched in Spring 2019	Following the Trust launching a 'Medical Leaders Pathway', the programmes paused throughout Lockdown are being restarted. Initially, this is with 'JAPS' and a 'Senior Medical Leaders Masterclass'. The Pathway will see the addition of a 'New Consultant' programme in October 2020
• Introduction to Leading & Managing (I2LM) programme offer to include staff from under-represented groups	The Trusts 'Introduction to Leading & Managing (I2LM)' programme was launched in 2019; a further cohort started prior to Lockdown. Both 12LM programmes are currently paused and include priority places for colleagues from under-represented groups. The I2LM programme is now under review and redesign to reflect current circumstances, post-lockdown. This will inform resumption of both programmes in September 2020
• Coaching and Mentoring framework to include offer to staff from under-represented groups	In further developing its 'Coaching & Mentoring Framework' the Trust commissioned an in-house ILM Level 5 qualification programme to be delivered in partnership with our Mental Health partners in West Yorkshire. This includes priority places to colleagues from under-represented groups. In completing the programme, participants will be required to provide coaching support to other colleagues across the Trust, priority again being given to those from these target groups of our staff. The 10-month programme was due to commence in May 2020 as is now on hold until October 2020.

	The Trusts executive coaching, coaching and mentoring offer has been available throughout the period of Lockdown, with priority access to our staff from BME communities, this access is now being extended to include 360-feedback and licensed self-development tools. (E.g. MBTI, etc.)
• Introduction of Building Leadership for Inclusion	The Trust will resume our 'Building Leadership for Inclusion' activities post-lockdown via the NHS Leadership Academy. The priority will be to further develop our approach to 'Inclusive Leadership' via a 'Board Development' (ILDBO) programme to inform a revised Trust-wide strategy and plans.
• Introduction of BAME Talent Pool	This development is currently being scoped out.
Key Action – Bullying and Harassment (including Race Forward)	
WRES Indicators ***3) To ensure that the relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation is the same as that of white staff*** ***5) To reduce the numbers of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months*** ***6) To reduce the numbers of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months*** ***8) To reduce the numbers of BME staff who have personally experienced discrimination at work from manager/ team leader or other colleagues in the last 12 months***	
Agreed Action	**Update**
• Re-launch the Race Forward network with a zero tolerance approach regarding harassment and bullying from service users, carers and visitors	Race Forward is being reconfigured to include medical leadership and greater clinical involvement. The network has formed a cross organisational group with similar NHS organisations in the Region to look at developing shared pieces of work to progress this agenda.
• The Trust is planning to hold 'engage and listen' events for BAME staff during the next 12 months.	Workforce H&WB lead and WRES OD lead (ongoing work)
• Preventing Harassment and Bullying Framework to include communications programme on racially motivated B&H.	Workforce H&WB lead and WRES OD lead (ongoing work) Now have B&H advisors from the BAME network
• Great Place to Work to focus on healthy teams including supporting BAME staff and promoting diversity.	The 'Great Place to Work (GP2W)' senior leader's forum and programme was paused during the Lockdown. It is now being redesigned and will be a key element of our revised Inclusive Leadership strategy delivered though our

	Health & Wellbeing Support Centre offer to teams. The programme aims to further embed our BLFI activities to date into work practices of all staff.
• Review of Disciplinary procedure will include an EIA which will consider the impact on BAME staff	A new Resolution Process has been agreed with staff side and introduced in addition to the existing process. The full procedure will be reviewed in its entirety and will include a decision tree in line with the ' A Model Employer' strategy
• Appointment of Equity Guardians to support staff throughout the Trust who are experiencing racial bullying and harassment from service users and carers	Currently Equity Guardians have been appointed in Wakefield and Kirklees
Key Action – BAME Health and Wellbeing	
No WRES Indicators	
Agreed Action	**Update**
• Established BAME H&WB task force	Task force meets on a weekly basis
• BAME risk assessments to be undertaken for all staff including Bank staff	All staff risk assessments undertaken and follow up appointments in progress
• Appointment of a BAME H&WB practitioner	Appointment made, estimated start date mid-October
• Complete EIA for OH & WB services	Completed
• Staff wellbeing survey now includes questions for WRES audit. The most recent survey was carried out July 2020 and the results are currently being reviewed.	WRES OD lead to work with Workforce H&WB lead

Appendix 3

WRES data for summary report 2020

	2018/2019				2019/2020			
	Non-Clinical		Clinical		Non-Clinical		Clinical	
Grade	**White**	**BME**	**White**	**BME**	**White**	**BME**	**White**	**BME**
Band 1	71	7	3	0	3	0	1	0
Band 2	142	3	294	33	201	11	315	35
Band 3	353	17	503	47	368	22	497	54
Band 4	172	10	103	7	173	5	145	17
Band 5	105	2	573	67	112	5	555	68
Band 6	60	4	714	64	53	3	801	58
Band 7	45	4	338	24	47	3	349	25
Band 8a	40	0	130	6	39	1	141	7
Band 8b	20	1	51	1	19	0	49	2
Band 8c	3	0	17	0	5	0	20	1
Band 8d	9	0	7	1	9	0	7	1
Band 9	0	0	1	0	0	0	1	0
Medical & Dental Consultants			31	47			33	48
Medical & Dental Non-consultant career grade			15	34			18	35
Medical & Dental Trainee grades			6	20			8	19
Medical & Dental Other			1	0			0	0
VSM*	7	2	0	0	6	2	0	0
Executive Board	6	1			6	1		
Grand Total	**1033**	**51**	**2787**	**351**	**1041**	**53**	**2940**	**370**
Not Stated	**14**				**14**			
Total Staff Number	**4236**				**4418**			

* **"Very Senior Managers (VSM)"** *are defined as exclusively including:*
• Chief executives
• *Executive directors, with the exception of those who are eligible to be on the consultant contract by virtue of their qualification and the requirements of the post*
• *Other senior managers with board level responsibility who report directly to the chief executive*

	2018/2019				2019/2020			
	Non Clinical		Clinical		Non Clinical		Clinical	
Grade	**White**	**BME**	**White**	**BME**	**White**	**BME**	**White**	**BME**
Band 1	1.68%	0.17%	0.07%	0.00%	0.07%	0.00%	0.02%	0.00%
Band 2	3.35%	0.07%	6.94%	0.78%	4.55%	0.25%	7.13%	0.79%
Band 3	8.33%	0.40%	11.87%	1.11%	8.33%	0.50%	11.25%	1.22%
Band 4	4.06%	0.24%	2.43%	0.17%	3.92%	0.11%	3.28%	0.38%
Band 5	2.48%	0.05%	13.53%	1.58%	2.54%	0.11%	12.56%	1.54%
Band 6	1.42%	0.09%	16.86%	1.51%	1.20%	0.07%	18.13%	1.31%
Band 7	1.06%	0.09%	7.98%	0.57%	1.06%	0.07%	7.90%	0.57%
Band 8a	0.94%	0.00%	3.07%	0.14%	0.88%	0.02%	3.19%	0.16%
Band 8b	0.47%	0.02%	1.20%	0.02%	0.43%	0.00%	1.11%	0.05%
Band 8c	0.07%	0.00%	0.40%	0.00%	0.11%	0.00%	0.45%	0.02%
Band 8d	0.21%	0.00%	0.17%	0.02%	0.20%	0.00%	0.16%	0.02%
Band 9	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.02%	0.00%
Medical & Dental Consultants	0.00%	0.00%	0.73%	1.11%	0.00%	0.00%	0.75%	1.09%
Medical & Dental Non-consultant career grade	0.00%	0.00%	0.35%	0.80%	0.00%	0.00%	0.41%	0.79%
Medical & Dental Trainee grades	0.00%	0.00%	0.14%	0.47%	0.00%	0.00%	0.18%	0.43%
Medical & Dental Other	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%
VSM	0.17%	0.05%	0.00%	0.00%	0.14%	0.05%	0.00%	0.00%
Executive Board	0.14%	0.02%	0.00%	0.00%	0.14%	0.02%	0.00%	0.00%
Grand Total	**24.39%**	**1.20%**	**65.79%**	**8.29%**	**23.56%**	**1.20%**	**66.55%**	**8.37%**
Not Stated	**0.33%**				**0.32%**			
Annual Total	**100%**				**100%**			

South West Yorkshire Partnership NHS Foundation Trust

Appendix 4

SWYPFT WDES Annual Summary Report 2020

The WDES is the Workforce Disability Equality Standard that enables NHS organisations to compare experiences of disabled/non-disabled staff. It is mandated in the NHS standard contract and is made up of ten evidence based metrics. NHS organisations are required to publish the data and develop action plans. It will enable organisations to undertake year on year comparisons, highlight areas of improvement and areas where further work is needed to improve the experiences of disabled staff. The trust is required to complete and submit a pre-populated WDES spreadsheet to NHS England and NHS Improvement via the Strategic Data Collection Service by 31st August 2020. For ease of reading the data contained in the spreadsheet is duplicated below and summarised where appropriate. The WDES data submission spreadsheet can be supplied on request.

The information contained in this report is based on ESR data as at 31st March 2020 and the 2018 and 2019 staff survey results.

Metric 1 – Workforce representation based on staff in post 31.03.20							
Non Clinical Staff	**Total Disabled**	**% Disabled**	**Total Non Disabled**	**% Non Disabled**	**Total Unknown**	**% Unknown**	**Total Overall**
Cluster 1 (bands 1-4)	34	4.3%	588	75.1%	161	20.6%	783
Cluster 2 (bands 5-7)	10	4.4%	165	73.5%	50	22.2%	225
Cluster 3 (bands 8a-8b)	4	6.8%	39	66.1%	16	27.1%	59
Cluster 4 (bands 8c-9 & VSM)	0	0%	24	82.8%	5	17.2%	29
Clinical Staff	**Total Disabled**	**% Disabled**	**Total Non Disabled**	**% Non Disabled**	**Total Unknown**	**% Unknown**	**Total Overall**
Cluster 1 (bands 1-4)	71	6.65%	725	67.95%	271	25.4%	1067

Cluster 2 (bands 5-7)	141	7.57%	1465	78.64%	257	13.79%	1863
Cluster 3 (bands 8a-8b)	14	7.04%	143	71.86%	42	21.11%	199
Cluster 4 (bands 8c-9 & VSM)	1	3.33%	20	66.67%	9	30%	30
Cluster 5 (medical and dental consultants)	1	1.23%	53	65.43%	27	33.33%	81
Cluster 6 (medical and dental, non-consultants career grade)	3	5.56%	38	70.37%	13	24.07%	54
Cluster 7 (medical and dental, trainee grades)	0	0%	24	85.71%	4	14.29%	28

Overall, 4% of the non-clinical and 7% of the clinical workforce (excluding medical and dental staff have declared a disability through the NHS Electronic Staff Record.

For medical and dental staff, 0% of trainee grades, 6% of non-consultant career grade and 1% of consultants had declared a disability.

There remains a significant percentage (19%) of staff with an undeclared/unknown status.

Metric 2 – Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts based on recruitment data year to 31.03.20			
	Disabled		**Non disabled**
Number of shortlisted applicants	394		5340
Number appointed from shortlisting	62		580
Relative likelihood of shortlisting/appointed	0.16 (0.19 prev. year)		0.11 (0.25 prev. year)
Relative likelihood of disabled staff being appointed from shortlisting compared to non disabled*		0.69 (1.29 prev. year)	

*A figure below 1:00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

Based on the recruitment data for the year to 31 March 2020, disabled staff are more likely to be appointed from shortlisting compared to non-disabled staff. This is a significant improvement on the previous year.

Metric 3 – Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. N.B Metric based on data from a two year rolling average (2018/19 and 2019/20)				
	Disabled		**Non disabled**	**Unknown**
Number of staff in workforce	279		3284	855
Number of staff entering the formal capability process	1		2	1
Likelihood of staff entering the formal capability process	0.00		0.00	0.00
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff*		5.89		

*A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.

The above figure appears to suggest that disabled staff are more likely than non-disabled staff to enter the formal capability process. However, as the total number of staff entering the formal capability process over the reporting period is very low (4 in total and only 1 with a declared disability) it is not possible to draw any firm conclusions from the data.

WDES 2018 and 2019 Staff Survey Data												
	2019						2018				2019 Benchmarking Group average*	
Metric/Indicator	% Dis-abled	N=	% Non-disabled	N=	Trust	N=	%Dis-abled	%Non-disabled	Trust	Change in position	% Dis-abled	% Non-disabled
4a) % experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	36.6	424	26.8	1359			39.0	25.6		Improved	33.1	24.4
4a) % experiencing harassment, bullying or abuse from managers in the last 12 months	16.2	421	8.3	1356			15.4	7.6		Worsened	16.9	8.7
4a) % experiencing harassment, bullying or abuse from colleagues in the last 12 months	21.1	417	12.2	1345			23.5	12.1		Improved	22.7	13.8
4b) % reporting harassment, bullying or abuse	53.5	200	55.5	427			51.4	58.0		Improved	57.2	58.3
5) % believing that the Trust provides equal opportunities for career progression or promotion	76.7	262	87.4	916			80.9	87.6		Worsened	78.9	87.2
6) % experiencing pressure from manager to attend work when unwell	25.2	302	15.6	675			29.8	17.0		Improved	24.2	15.3
7) % staff satisfaction with extent work is valued by organisation	37.1	423	50.6	1359			36.7	47.6		Improved	41.3	51.9
8) % of disabled staff saying that adequate adjustments have been made	71.6	250	n/a	n/a			75.3	n/a		Worsened	76.9	n/a
9a) staff engagement score	6.6	425	7.1	1370	7.0	1836	6.4	6.9	6.8	Improved	7.2	7.0

*Combined mental health/learning disability and community benchmark group median.

A higher proportion of disabled staff compared to non-disabled staff state they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months however, this has improved compared to the previous year.

A higher proportion of disabled staff compared to non-disabled staff state they have experienced harassment, bullying or abuse from managers in the last 12 months and this has worsened since the previous year.

A higher proportion of disabled staff compared to non-disabled staff state they have experienced harassment, bullying or abuse from colleagues in the last 12 months however, this has improved compared to the previous year.

There is lower reporting of harassment, bullying or abuse from disabled staff compared to non-disabled however, this has improved since the previous year.

A lower proportion of disabled staff compared to non-disabled staff believe that the trust provides equal opportunities for career progression or promotion and this has worsened since the previous year.

Disabled staff report being more likely, compared to non-disabled staff to experience pressure to attend work despite not feeling well enough to perform their duties however, this has improved since the previous year.

Disabled staff report less satisfaction that their work is valued by the organisation compared to non-disabled staff however, this has improved since the previous year.

71.6% of disabled staff report that the trust had made adequate adjustments to enable them to carry out their work. This has worsened since the previous year when 75.3% reported that adequate adjustments had been made.

Disabled staff report a lower NHS staff survey engagement score than non-disabled staff however, this has improved since the previous year.

Metric 9b – Has your trust taken action to facilitate the voices of disabled staff in your organisation to be heard?

Yes. The trust continues to support the development of a staff disability network and has engaged with a stakeholder group (including disabled members and staff side) to develop a staff disability policy.

Metric 10 – Board representation based on ESR data as at 31.03.20			
	Disabled	**Non disabled**	**Unknown/null**
Total Board members - % by disability	0%	93%	7%

Voting Board members - % by disability	0%	92%	8%
Non Voting Board members - % by disability	0%	100%	0%
Executive Board members - % by disability	0%	100%	0%
Non Executive Board members - % by disability	0%	86%	14%
Overall workforce - % by disability	6%	74%	19%
Difference (Total Board – overall workforce)	-6%	19%	-13%
Difference (Voting membership – overall workforce)	-6%	17%	-11 %
Difference (Executive membership – overall workforce)	-6%	26%	19%

There are no board members reporting a disability.

NHS trusts are required to publish the WDES data and associated action plan by 31st October 2020, following Trust Board ratification. An action plan has been produced following discussions with the staff disability network steering group and is attached as a separate document.

WDES Actions Undertaken in 2019/20

Since the introduction of the WDES in 2019, the Trust has undertaken a number of actions following a review of the initial data. These are summarised below:

- Correspondence drafted by the disability network vice chair in conjunction with HR to encourage employees whose disability status is recorded as null/not known to update their personal records. A data collection campaign was being planned for early 2020 however, this was placed on hold due to Covid-19 and it is now included as a specific action in the 2020/21 WDES action plan.

- The trust is signed up to Project Search in partnership with Mid Yorkshire Hospitals NHS Trust. The project is a pre-employment programme which helps young people with learning disabilities gain the skills they need to obtain meaningful paid employment. We anticipate commencing an internship in 2021.
- The trust has included a positive statement in our recruitment information on NHS Jobs advertisements which states “We know there’s a wealth of talent among people who have a disability as well as those who have experience of mental of physical health problems. So, if you need any support with your application just give us a call on 01226 644088”.
- The trust launched a new harassment and bullying framework in 2019 which covers all staff groups and protected characteristics. This is supported by the expansion of a pool of harassment advisors.
- A stakeholder group was established to develop a staff disability policy. The group consists of staff network members, staff side and HR representatives. A first draft of a proposed policy has been introduced and engagement/consultation is being planned in the near future.
- The trust continues to support the ongoing development of a staff disability network. Work is being planned to update and increase the membership and to re-establish the committee structure following the resignation of 2 committee members.
- A review of reasonable adjustments for staff attending training has been undertaken resulting in changes to the booking process (for both ESR and study leave forms) to allow staff to request adjustments prior to attending the training. Confirmation and reminder emails now include the contact details for the learning and development team for requesting reasonable adjustments/support.
- The trust has undertaken an access audit report and has actively engaged with the network vice chair to discuss the recommendations contained in the report. A programme of work to address the recommendations has been agreed and is being implemented.
- Positive action has been undertaken to develop the peer support worker role.
- Wellbeing conversations form part of the annual appraisal process which provides a vehicle for disability related discussions to take place.

South West Yorkshire Partnership NHS Foundation Trust

Appendix 5

Workforce Disability Equality Standard (WDES) Action Plan 2020/21

The following action plan has been developed following a review of the WDES data as at 31st March 2020 and the 2019 national NHS staff survey results. It has a direct link with our strategic objective of making this a great place to work and aligns with our trust vision and values.

WDES Indicator	Action	Responsibility	Timescale
1. Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers compared to the percentage of staff in the overall workforce.	• Data collection campaign to improve disclosure rate for disabled staff and to reduce the number of null/not known categories on ESR.	Workforce systems Trust communications	January 2021
4. Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public. ii. Managers iii. Other colleagues	• Continue to promote the trust framework for the management and prevention of harassment and bullying. • Promote further the support available to staff through the bullying and harassment advisors. • Recruitment of bullying and harassment advisors with lived experience of disability/health issues. • Continue to review and update the resources and support available for teams.	HR Trust communications	Ongoing Ongoing Complete Ongoing

5. Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression and promotion.	• Review the current recruitment and selection training offer to ensure that key equality messages are prominent. • Ensure that relevant policy and guidance are up to date and appropriate.	Recruitment Recruitment	December 2020 March 2021
6. Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	• Develop in partnership with the staff network a staff disability policy and disability passport for consultation with staff side.	HR/staff network/staff side	December 2020
7. Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	• Continue to support the ongoing development of the staff network, agreeing priorities and work plans as appropriate. • Engage with staff via the network to identify learning and associated actions arising from lived experience.	HR/staff network HR/staff network	Ongoing Ongoing

8. Percentage of disabled staff saying that their employer has made adequate adjustments to enable them to carry out their work.	• Develop in partnership with the staff network a staff disability policy and disability passport for consultation with staff side • Identify if any additional guidance or training is required following the implementation of the policy (next year) • Ensure that disabled staff via the staff network are fully engaged with accessibility audits and associated action plans. • An agreed programme of minor works as part of the trust estates plan to ensure accessibility.	HR/staff network/staff side HR/staff network/L&D HR/staff network/Estates HR/staff network/Estates	December 2020 April 2021 Complete Complete
9a&b. The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score for the organisation. Action taken by the organisation to facilitate the voices of disabled staff.	• Continue to support the development of the staff network. • Identify and utilise opportunities to engage with disabled staff via the staff network.	HR HR/staff network	Ongoing Ongoing

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 11.5

Title:	**Audit Committee chair appointment**
Paper prepared by:	Corporate Governance Manager
Purpose:	To seek approval from the Trust Board for appointment of the Audit Committee chair.
Mission/values:	Good internal meeting governance and structure supports assurance, compliance and risk management in support of the delivery of the Trust's mission and strategic objectives.
Any background papers/ previously considered by:	Not applicable.
Executive summary:	The role of Audit Committee chair was previously held by Laurence Campbell whose term as Non-Executive Director ended 31 August 2020. Mike Ford was appointed as Non-Executive Director with the Trust from 1 September 2020. Following a review of the skills and experience of the Non-Executive Directors conducted by the Chair, it is recommended to the Trust Board that Mike Ford be appointed as Audit Committee chair, backdated to 1 September 2020. The Chair communicated this recommendation to Trust Board members in advance of the formal approval at Trust Board on 29 September 2020 to seek agreement in principle and ensure there was no gap in the role. It is noted that there were no objections received.
Recommendation:	**Trust Board is asked to APPROVE the recommendation to appoint Mike Ford as Audit Committee chair from 1 September 2020.**
Private session:	Not applicable.

With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 11.6

Title:	**Committee Terms of Reference**
Paper prepared by:	Corporate Governance Manager
Purpose:	To inform and seek approval from the Trust Board for changes to the Terms of Reference for Committees.
Mission/values:	Good internal meeting governance and structure supports assurance, compliance and risk management in support of the delivery of the Trust's mission and strategic objectives.
Any background papers/ previously considered by:	N/A
Executive summary:	• The following changes have been made to the membership of Committees: o Audit Committee – Mike Ford, chair (if approved by Trust Board 29 September 2020). o Equality & Inclusion Committee – Mike Ford, member. o Mental Health Act Committee – Charlotte Dyson, member. • An action from the risk and governance audit completed by 360 Assurance in 2020 was for Committee Terms of Reference to include: o Regular reports received by the Committee. o Any sub-committees / meetings that report into the Committee. This information has been updated in the Mental Health Act Committee terms of reference, and other committee updates will follow to be presented to a future Trust Board for approval.
Recommendation:	**Trust Board is asked to APPROVE the updated Terms of Reference**
Private session:	Not applicable.

With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

AUDIT COMMITTEE
Terms of Reference
To be approved by Trust Board 29 September 2020

All Trust Board Committees are responsible for the scrutiny, monitoring and provision of assurance to Trust Board on key issues set out in their terms of reference and / or allocated to them by the Board. Agendas are set to enable Trust Board to receive assurance that scrutiny and monitoring processes are in place to allow the Trust's strategic objectives to be met and to address and mitigate risk.

The Audit Committee was established in June 2002. The Terms of Reference of the Committee are reviewed annually and, if appropriate, amended to reflect any changes to the Committee's remit and role, any changes to other committees and revised membership. The Audit Committee is a non-executive committee of the Board and has no executive powers other than those specifically delegated in these terms of reference and, as appropriate, by Trust Board. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

Purpose
The Audit Committee's prime purpose is to keep an overview of the systems and processes that provide controls assurance and governance within the organisation as described in the Annual Governance Statement on behalf of Trust Board and that these systems and processes used to produce information taken to Trust Board are sound, valid and complete. This includes ensuring independent verification on systems for risk management and scrutiny of the management of finance. On behalf of the Trust Board, it will have an oversight of related risks, providing additional scrutiny of any such risks which are outside the Trust's Risk Appetite, giving assurance to the Board around the management of such risks.

Membership
Taking guidance from Monitor (referred to as NHS England & Improvement) and the Department of Health into consideration, neither the Chair of the Trust or the Chief Executive attends this Committee unless invited to do so. The Committee is always chaired by a Non-Executive Director of the Trust and the membership consists of a minimum of two other Non-Executive Directors.

Membership as at 1 September 2020
Chair – Non-Executive Director - Mike Ford
Non-Executive Director - Chris Jones;
Non-Executive Director - Sam Young.

Attendance
The Director of Finance and Resources is in attendance (as lead Director) at meetings. The Company Secretary also attends meetings. Representatives of internal and external audit are also invited and expected to attend. The Chair of the Trust, the Chief Executive, other Directors, and relevant officers attend the Audit Committee by invitation. Administrative support is provided by the Personal Assistant to the Director of Finance and Resources

With all of us in mind.

Quorum

The quorum will be two Non-Executive Director members. Members are expected to attend all meetings. In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the chair.

Frequency of meetings

The Committee will meet a minimum of four times per year to reflect best practice. The Chair of the Committee, External Auditor or Head of Internal Audit may request a meeting if they consider one is necessary. There will also be an additional meeting to approve the annual report, accounts and Quality Accounts.

It is the responsibility of the Lead Director to ensure items are identified for the Committee's agenda in line with the Committee's terms of reference, its work programme agreed at the beginning of each year and the current risks facing the organisation, and to agree these with the Chair of the Committee.

Authority

The Committee is authorised by Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed by Trust Board to co-operate with any request made by the Committee. The Committee is also authorised by Trust Board to obtain external legal or other independent professional advice and to secure the attendance of external bodies or individuals with relevant experience and expertise if it considers this necessary.

Sub-committees and reporting requirements into the Committee

To fulfil its duties and to ensure the Trust complies with its statutory responsibilities and duties, the Committee will receive reports from identified sub-committees.

The Committee receives regular reports on risk and assurance, including the triangulation of risk, performance and governance, plus reports and annual plans for internal and external audit, counter fraud and financial reporting.

The Committee receives the Trust annual report and accounts before approval at Trust Board, and the Charitable Funds annual report and accounts before approval by the Corporate Trustee.

Duties

<u>Governance, risk management and internal control</u>

The Committee shall review the establishment and maintenance of effective systems and processes that provide internal control within the organisation. In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements, in particular, the Annual Governance Statement and declarations of compliance with value for money assessments together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by Trust Board;
- the underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of management of principal risks and the appropriateness of the above disclosure statements. This includes assessing the fitness

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for purpose of the assurance framework including risk appetite and providing assurance that action plans are in place to address significant control issues;
- the policies and processes for ensuring compliance with relevant regulatory, legal and code of conduct requirements, including the NHS England & Improvement risk assessment framework;
- the systems for internal control including the risk management strategy, risk management systems and the risk register;
- the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State's directions and as required by the Counter Fraud and Security Management Service;
- the work of other committees whose work can provide relevant assurance regarding the effectiveness of controls and governance arrangements.

In carrying out its work, the Committee will primarily utilise the work of Internal and External Audit; however, it will not be limited to these audit functions. It will also seek reports and assurances from Directors and managers concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness. The Committee will use the Trust's Assurance Framework to guide its work and that of the audit and assurance functions reporting to it.

The Committee will also review arrangements that allow Trust staff (and other individuals where relevant) to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The Committee will ensure that:

- arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action;
- ensure safeguards for those who raise concerns are in place and that these safeguards operate effectively;
- such processes enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure valid concerns are promptly addressed; and
- these processes reassure individuals raising concerns that they will be protected from potential negative repercussions.

<u>Internal Audit</u>

The Committee shall consider the appointment of the Internal Auditor (for approval by Trust Board) and ensure there is an effective internal audit function established by management that meets Public Sector Internal Audit Standards, that provides appropriate independent assurance to the Audit Committee, Chief Executive, Chair and Trust Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation or dismissal;
- review and approval of the Internal Audit approach, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework;
- consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between internal and external auditors to optimise audit resources;
- ensure the Internal Audit function is adequately resourced and has appropriate standing within the organisation;
- annual review of the effectiveness of internal audit.

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External audit

The Committee shall review the work and findings of the External Auditor appointed by the Members' Council and consider the implications and management's responses to its work. This will be achieved by:

- consideration of the appointment and performance of the External Auditor, as far as NHS England & Improvement's rules permit;
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual audit plan and ensure co-ordination, as appropriate, with other external auditors in the local health economy;
- discussion with the External Auditors of its local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee;
- review of External Audit reports, including agreement of the annual audit letter before submission to Trust Board and any work carried on outside of the annual audit plan, together with the appropriateness of management responses;
- Review of each individual provision of non-audit services by the External Auditor in respect of its effect on the appropriate balance between audit and non-audit services.

The Committee will also advise the Members' Council with regard to the appointment and removal of the Trust's external auditors and, to inform this advice, carry out a market testing exercise for the appointment of the external auditor at least every five years.

Counter fraud

The Committee shall review the work and findings of the Local Counter Fraud Specialist as set out in the NHS Counter Fraud Authority Standards for Providers and as required by the NHS Counter Fraud Authority. In particular:

- consider the appointment of the Trust's Local Counter Fraud Specialist, the fee and any questions of resignation or dismissal;
- review the proposed work plan of the Trust's Local Counter Fraud Specialist ensuring that it promotes a pro-active approach to counter fraud measures;
- receive and review the annual report prepared by the Local Counter Fraud Specialist;
- receive update reports on any investigations that are being undertaken.

Financial reporting

The Committee has responsibility for approving accounting policies. It also has delegated authority from Trust Board to review the annual report and financial statements, both for the Trust and for charitable funds, and the Quality Accounts / Report on its behalf and to make a recommendation to the Chair and Chief Executive on the signing of the accounts and associated documents prior to submission to NHS England & Improvement, Trust Board and the Members' Council. In particular, the Committee shall focus on:

- changes in, and compliance with, accounting policies and practices;
- major judgemental areas; and
- significant adjustments arising from the annual audit.

The Committee also ensures that the systems for, and content of, financial reporting to Trust Board, including those of and for budgetary control, are subject to review so as be assured of the completeness and accuracy of the information provided to Trust Board.

The Committee also:

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- reviews proposed changes to the Trust's Standing Orders, Standing Financial Instructions and Scheme of Delegation before these are laid before Trust Board;
- examines the circumstances associated with each occasion Standing Orders are waived;
- reviews schedules of losses and compensations on behalf of Trust Board.

Relationship with the Members' Council

To reflect best practice and NHS England & Improvement's Code of Governance, Trust Board will consult with the Members' Council annually on the Audit Committee's terms of reference. At the discretion of the Chair of the Committee and / or the Chair of the Trust, governors may be invited to attend meetings of the Committee to support the Members' Council in meeting its duty to hold Non-Executive Directors to account for the performance of the Board.

Monitoring

The Committee will monitor its performance both in terms of providing assurance to Trust Board and in terms of ensuring it meets the remit as set out in its terms of reference through agreement of an annual work plan, inclusion in the work plan of any items delegated to the Committee by Trust Board and through the Assurance Framework, monitoring implementation of the annual work plan, assessment of the Committee's performance through an annual self-assessment, and an evaluation of the Committee's performance through an annual report to Trust Board.

The Committee will assess, measure and evaluate its impact, both quantitatively and qualitatively, and include the outcome of this in its annual report to Trust Board.

Reporting to Trust Board

Trust Board will receive the minutes of Committee at the Trust Board meeting following the Committee meeting. The Committee will also report to the Board annually on its work and include commentary on its support of the Annual Governance Statement, the effectiveness of assurance systems, the work of internal and external audit and the annual accounting process.

All Trust Board Committees have a responsibility to ensure they foster and maintain relationships and links between Committees and Trust Board. Each Committee also has a responsibility to ensure action identified and agreed is placed within the organisation either through the Executive Management Team or other internal groups, such as Trust-wide Action Groups.

To be approved by Trust Board: 29 September 2020
Next review due: April 2021

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South West Yorkshire Partnership NHS Foundation Trust

EQUALITY AND INCLUSION COMMITTEE
Terms of Reference
To be approved by Trust Board 29 September 2020

The Committee is a committee of the Board and has no executive powers other than those specifically delegated in these terms of reference and, as appropriate, by the Trust Board. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

Purpose
The Equality and Inclusion Committee's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity. The Committee will develop and oversee a strategy, including an approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities.

Membership
The Equality and Inclusion Committee is chaired by a Non-Executive Director. At least one other Non-Executive Director also sits on the Forum as well as relevant Directors of the Trust.

Membership as at 29 September 2020
Chair - Chair of the Trust - Angela Monaghan
Non-Executive Director - Chris Jones
Non-Executive Director - Erfana Mahmood
Non-Executive Director – Mike Ford
Chief Executive - Rob Webster
Lead Director - Director of Nursing and Quality - Tim Breedon
Director of Human Resources, Organisational Development and Estates - Alan Davis

Attendance
Technical support is provided by Human Resources Managers and Equality and Engagement Development Managers, who are in attendance. A Governor (appointed by the Members' Council), the staff side representative with lead for equality and diversity, a representative from each of the staff equality networks, and a representative for each BDU equality forum, is also invited to attend meetings. Other directors and relevant officers attend the Committee by invitation. Administrative support is provided by the Personal Assistant to the Director of Nursing and Quality.

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Quorum

The quorum will be half of the membership which must include one Non-Executive Director and one Director; however, members are expected to attend all meetings. In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the chair. In the absence of executive Director members, deputies are permitted to attend, however they will not form part of the quorum.

Frequency of meetings

The Committee will meet a minimum of four times per year and be reviewed every twelve months.

Duties

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To monitor, scrutinise and provide assurance to Trust Board that the Trust has a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers, staff and Members' Council.
- To monitor and provide assurance to Trust Board that the Trust is embedding diversity and inclusion in all its activities and functions.
- To monitor, scrutinise and provide assurance to Trust Board that the Trust is compliant with legal and national guidance, including Equality Delivery System (EDS2), the Workforce Race Equality Standard (WRES), and the Workforce Disability Equality Standard (WDES).
- To agree an annual work plan that links to the Trust's strategic direction, workforce plan and the wider priority programmes and to monitor progress.

Monitoring

The Committee will monitor its performance both in terms of providing assurance to Trust Board and in terms of ensuring it meets the remit as set out in its terms of reference through agreement of an annual work plan, inclusion in the work plan of any items delegated to the Committee by Trust Board and through the Assurance Framework, monitoring implementation of the annual work plan, assessment of the Committee's performance through an annual self-assessment, and an evaluation of the Committee's performance through an annual report to Trust Board.

The Committee will assess, measure and evaluate its impact, both quantitatively and qualitatively, and include the outcome of this in its annual report to the Audit Committee and to Trust Board.

Reporting to Trust Board

Trust Board will receive the approved minutes of Committee at the next Trust Board meeting following the Committee meeting at which they are approved. The Committee will also report to the Board annually on its work (see above).

All Trust Board committees have a responsibility to ensure they foster and maintain relationships and links between the Forums / Committees and Trust Board. Each committee also has a responsibility to ensure actions identified and agreed are placed within the organisation either through the Executive Management Team or other internal groups, such as Trust-wide Action Groups.

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Authority

The Committee is authorised by Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed by Trust Board to co-operate with any request made by the Committee. The Committee is also authorised by Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Approved by Trust Board: 29 September 2020
Next review due: April 2021

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South West Yorkshire Partnership NHS Foundation Trust

MENTAL HEALTH ACT COMMITTEE
Terms of Reference
To be approved by Trust Board 29 September 2020 ~~28 April 2020~~

All Trust Board Committees are responsible for scrutiny and providing assurance to Trust Board on key issues allocated to them by the Board. Agendas are set to enable Trust Board to be assured that scrutiny processes are in place to allow the Trust's strategic objectives to be met and to address and mitigate risk.

The Committee was established in June 2002. The Terms of Reference of the Committee are reviewed annually and, if appropriate, amended to reflect any changes to the Committee's remit and role, any changes to other committees and revised membership. It is a non-executive committee of the Board and has no executive powers other than those specifically delegated in these terms of reference. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

Purpose

The Mental Health Act Committee is responsible for ensuring the organisation is working within the legal requirements of the Mental Health Act (1983), as amended by the 2007 Act and Mental Capacity Act 2005, and with reference to guiding principles as set out in the Code of Practice and associated legislation as it applies to the Mental Health Act, the Mental Capacity Act and Deprivation of Liberty. On behalf of the Trust Board, it will have an oversight of related risks, providing additional scrutiny of any such risks which are outside the Trust's Risk Appetite, giving assurance to the Board around the management of such risks.

Membership

The Mental Health Act Committee is chaired by a Non-Executive Director. Two other Non-Executive Directors also sit on the Committee as well as relevant Directors of the Trust.

Membership as at 1 September 2020 ~~1 April 2020~~
Chair – Non-Executive Director - Kate Quail
~~Non-Executive Director - Laurence Campbell~~
Non-Executive Director - Charlotte Dyson
Non-Executive Director - Erfana Mahmood
Lead Director - Medical Director - Dr Subha Thiyagesh
Director of Nursing and Quality - Tim Breedon
Director of Strategy - Salma Yasmeen

Attendance

Representatives of the four local authorities, a representative from each of the three acute trusts covering the Trust's geography, and one Associate Hospital Manager (the Chair of the Hospital Managers' Forum), are invited to attend meetings. The Committee also has scope to invite other external individuals on an ad-hoc basis where it is felt expertise or specialist advice is required. The Director of Operations; Deputy Director of Operations, Legal Services; and Clinical Legislation Manager are in attendance at meetings.

The Chief Executive, other Directors, and relevant officers attend the Mental Health Act Committee by invitation. Administrative support is provided by the Personal Assistant to the Medical Director.

Quorum

The quorum will be two Non-Executive Director members and the lead Director (or nominated Director) plus one other Director. Members are expected to attend all meetings. In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the chair. In the absence of executive Director members, deputies are permitted to attend, however they will not form part of the quorum.

Frequency of meetings

The Committee will meet a minimum of four times per year to reflect availability of quarterly reports.

It is the responsibility of the Lead Director to ensure items are identified for the Committee's agenda in line with the Committee's terms of reference, its work programme agreed at the beginning of each year and the current risks facing the organisation and to agree these with the Chair of the Committee.

Authority

The Committee is authorised by Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is also authorised by Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Sub-committees and reporting requirements into the Committee

To fulfil its duties and to ensure the Trust complies with its statutory responsibilities and duties, the Committee will receive reports from identified sub-groups including but not limited to:

- Hospital Managers' Forum
- MHA/MCA Code of Practice ~~o~~Oversight G~~g~~roup

The Committee receives regular reports on risk and assurance including statistical information on the use of the MHA 1983 and MCA 2005 in the form of the quarterly performance report.

Duties

1. To monitor the Trust's implementation of, and compliance with, current mental health legislation and proposed changes to such legislation, in particular the Mental Health Act 1983 and the Mental Capacity Act 2005, within the Trust taking into account best practice.
2. To consider the implication of any changes to legislation and regulations within a local context.
3. To receive reports from Associate 'Hospital Managers' in their role of hearing appeals and to scrutinise the processes for and outcome of appeals and tribunals.

4. To ensure there is an appropriate number of Hospital Managers in place with the appropriate skills and experience to fulfil their role.
5. To monitor trends in the application of the Mental Health Act 1983 (and any new Mental Health Acts or revisions to the existing Act) within the Trust and make recommendations where necessary.
6. To receive reports following Care Quality Commission (CQC) Mental Health Act visits for information and comment and to ensure appropriate action is agreed and implemented within the organisation.
7. To scrutinise delivery against the Trust's action plan developed as a result of the Care Quality Commission's Annual Report as instructed by Trust Board.
8. To receive Trust policies relating to the Mental Health Act and Mental Capacity Act which have been approved by the Executive Management Team.
9. To receive policies reviewed/updated by the Trust's Policy Group.
10. To scrutinise the application of these policies throughout the Trust.
11. To address training issues in terms of delegation of responsibilities under the Mental Health Act 1983.
12. To address quality issues in terms of delegation of responsibilities under the Mental Health Act 1983.
13. To manage risks identified and delegated by Trust Board and to identify and report to Trust Board any new risks that require escalation.
14. To request specific reports relevant to the application of the Mental Health Act.
15. To undertake duties relevant to the Committee set out in the 'Duties of Hospital Managers' Policy.
16. To provide assurance that there are appropriate systems in place to enable the views and experiences of service users, carers and clinicians to shape service delivery in relation to the Mental Health Act 1983 and the Mental Capacity Act 2005.
~~15.~~17. To consider, in all its functions, the experience and views of service users, carers and families, with a particular focus on those from vulnerable groups, Black Asian and Minority Ethnic communities and all those who have protected characteristics.

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Monitoring

The Committee will monitor its performance both in terms of providing assurance to Trust Board and in terms of ensuring it meets the remit as set out in its terms of reference through agreement of an annual work plan, inclusion in the work plan of any items delegated to the Committee by Trust Board and through the Assurance Framework, monitoring implementation of the annual work plan, assessment of the Committee's performance through an annual self-assessment, and an evaluation of the Committee's performance through an annual report to Trust Board.

The Committee will assess, measure and evaluate its impact, both quantitatively and qualitatively, and include the outcome of this in its annual report to the Audit Committee and to Trust Board.

Reporting to Trust Board

Trust Board will receive the minutes of Committee at the next Trust Board meeting following the Committee meeting at which the minutes are ratified, wherever practical.

- The Committee will also report to the Board annually on its work (see above).

All Trust Board Committees have a responsibility to ensure they foster and maintain relationships and links between Committees and Trust Board. Each Committee also has a

responsibility to ensure action identified and agreed is placed within the organisation either through the Executive Management Team or other internal working groups.

Approved by Trust Board: 29 September 2020 ~~28 April 2020~~
Next review due: April 2021

Mental Health, Learning Disability & Autism Collaborative Committees in Common

Terms of Reference Review – July 2020

1. Purpose

This paper:

- Reviews the work of the Committees in Common against its existing terms of reference, to identify areas for improvement.
- Reviews the existing terms of reference against recognized self-assessment questions, and
- Recommends changes to the terms of reference as a result

2. Introduction

2.1 The memorandum of understanding (MOU) between BDCFT, LYPFT, SWYPFT and LCH to form the West Yorkshire Mental Health Services Collaborative was agreed in April 2018 and included terms of reference (TOR) for the Committees in Common (CiC).

2.2 The TOR included a requirement for review 'at least annually' but due to a meeting cancellation in March 2019 this was not done, and given the appointment of a new Programme Director in June 2019 a wider review of programme and committee roles/responsibilities was undertaken instead.

2.3 Now that these arrangements have settled it was agreed by the CiC in January 2020 to conduct a formal review of the terms of reference for the group. Feedback on this has been received via email, or verbally from members and responsibility for making recommendations delegated to the Programme Director (Keir), previous Chair (Angela) and current Chair (Cathy), for approval at the April 2020 CiC.

2.4 However, due to the impact of COVID 19 the focus of the April CiC was changed to reflect the immediate pressures. The terms of reference have now been revised again to consider learning during the COVID period and are presented for approval at the July CiC.

3. Reviewing the effectiveness of the Committees in Common

3.1 The Committees in Common has delivered against most of its requirements over the review period.

3.2 This includes ensuring collective oversight of the work, developing a more robust risk management process, agreeing a strategy, sharing the outputs of the CiC with boards, maintaining appropriate representation at meetings and paying due regard to

the best interests of the system in decision making.

3.3 However there have also been elements within the terms of reference that have not been delivered, or at least not been delivered in the way imagined when the TOR was first developed. These are:

3.3.1 *'approving the appointment, removal or replacement of key programme personnel'*

The CiC did endorse the revised programme team structure as part of the wider strategy and governance review, but did not have a formal approval role in any appointments, including the Programme Director appointment. However, this was undertaken by Executive Directors from each member in the collaborative.

This requirement was therefore not delivered but for sensible reasons. It is recommended to update the TOR to reflect this reality rather than tighten expectations that this is delivered.

3.3.2 *'each…member will nominate a deputy to attend on their behalf….'*

Deputies have attended meetings (such as NEDs for Chairs) but this has not been through a formal nomination. This is due to needing an element of flexibility in the attendance list and an understanding that there are a range of Executives and NEDs within each organization who can deputize as required.

This requirement was therefore not delivered but for sensible reasons. It is recommended to update the TOR to reflect this reality rather than tighten expectations that this is delivered.

3.3.3 *'there shall also be a Deputy Chair nominated. The Deputy Chair will be the succeeding chair of the CiC at the end of the incumbent Chair's term'*

No deputy chair has been nominated. Although there is a pragmatic transition period being undertaken as the Chair rotates after April 2020. Given the frequency of meetings is only quarterly the likelihood of the Chair being absent is slim and in an unforeseen scenario any of the other Chairs would be an appropriate 'stand in'.

This requirement was therefore not delivered but for sensible reasons. It is recommended to update the TOR to reflect this reality rather than tighten expectations that this is delivered.

3.3.4 *'the CiC will review the effectiveness at the end of each meeting'*

This does not happen routinely. Previous discussions have indicated that time is often tight and we are going to both extend meeting length and hold an annual strategic meeting to enable a wider discussion.

This requirement was therefore not delivered and more could be done. It is recommended to include an item on each CiC agenda specifically for the purpose of reviewing meeting effectiveness.

4. Reviewing the TOR against self-assessment questions

4.1 The approach taken to reviewing the TOR themselves was to use the same set of questions that SWYPFT utilizes to review the effectiveness of its internal board committees. Often these questions were appropriate to the work of the CiC, and where they weren't, we made some changes in interpretation.

4.2 The review covered areas such as how realistic the TOR are given the role of the CiC, the establishment of clear work plans and sufficient resources, the knowledge and expertise of the CiC, annual reporting, performance assurance and alignment to strategic objectives.

4.3 Overall, the TOR still deliver against many of these questions but given the evolution of the CiC, the wider Health and Care Partnership and the Mental Health, Learning Disability and Autism Programme (MHDLA) Board there are some revisions to make. These include:

- Keeping the high-level work plan in view for agenda setting and at each meeting
- Using the material provided for system 'check and challenge' sessions to provide an annual report to CiC and Trust boards, and reflecting this in Quality Accounts
- Ensuring we utilize provider governance expertise as relevant to agenda items in each meeting
- Bringing the learning disability and autism focus to the fore more explicitly
- Clarifying the role of the CiC vs the wider MHLDA programme, covering:
    - Decisions on funding. Including transformation funding vs capital funding
    - Engagement and communications – and the specific role of the CiC
    - Assurance and governance – through development of an infographic taking into account place/system and provider/commissioner responsibilities
- Ensuring that the work of the CiC links to the Partnerships ten big ambitions, including an understanding of population health
- Agreed CiC objectives for each year, which link to the workplan and are agreed at the annual strategic session
- Identifying issues for internal provider board committees, including related to wider transformation, integration and innovation.

It is recommended that each of the bullet points above is reflected in the revised Terms of Reference.

5. Learning from COVID

5.1 The impact of the COVID pandemic has been unprecedented and significantly impacted the work of the collaborative. It has driven innovation, sped up the sharing of learning and reinforced the strength of existing relationships to provide mutual aid and support across partners.

5.2 Yet, it has also highlighted where more work is needed to share and streamline how we take decisions for the wider benefit of West Yorkshire patients.

5.3 Some of the considerations to be factored into the new TOR include:

- How partners respond to individual requests for aid from local commissioners and ensure all appropriate members of the collaborative are aware of and involved in decision making regarding the use of resources.

- Ensuring clarity and consistency of the messaging regarding doing things once at West Yorkshire level where appropriate.

- Existing organizational policies and procedures are barriers to shared operational delivery, aligning these where appropriate is necessary to give the collaboration sufficient value to frontline teams.

- There is significant variance in operational response and organizational culture to pressing challenges. Many of which are for good reason, and often linked to estates limitations or existing clinical models, but which can make true sharing and adapting/adopting difficult.

- The role of the CIC as a committee in times of crisis (such as COVID 19) and how it can support swift, collective risk assessment and decision making to consider the impact on all partners.

West Yorkshire Mental Health, Learning Disability & Autism Collaborative

Committees in Common (CinC) - TERMS OF REFERENCE

1. Scope

    a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.

    b. The Collaborative is one part of the wider West Yorkshire and Harrogate Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:

        i. Achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)

        ii. Reduce suicide by 10% by 2020/21 and achieve a 75% reduction in targeted areas by 2022

    c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. This responsibility is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Programme Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.

    d. **The Committees in Common for the Collaborative reports into the Board of each individual provider within the Partnership (BDCT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Partnership.**

    e. This Terms of Reference is approved through each individual provider Board.

    f. Appendix 1 to the Terms of Reference describes this relationship in a diagram

2. Standing

    a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

3. General Responsibilities of the Collaborative Committees in Common

a. Ensuring alignment of all parties to the WY&H Mental Health, Learning Disability and Autism strategy, confirming the role of the Collaborative in delivery;

b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism;

c. To emphasize the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:

    i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY&H first' viewpoint, rather than an individual organizational viewpoint.

    ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.

    iii. The CinC will consider and agree adoption of joint policies and procedures across all organizations that will benefit the work of the collaborative.

d. Formally recommending the roles and responsibilities within identified workstreams, reviewing the key deliverables and ensuring adherence with required timescales;

e. Receiving assurance that identified workstreams have been subject to robust engagement and impact assessments;

f. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;

g. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;

h. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;

i. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU:

j. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;

k. Reviewing and approving the Terms of Reference for the Committees in Common;

l. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Partnership Transformation Funding and CCG baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

4. Members of the Collaborative Committees in Common

    a. Each part will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.

    b. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.

    c. Each Party will be considered as one entity within the Collaborative.

    d. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

5. Proceedings of the Collaborative Committees in Common

    a. The Committees in Common will meet quarterly, or more frequently as required. In addition an annual strategic meeting will be held to review overall progress and set the direction and objectives for the year ahead.

    b. The Chair may call additional meetings as required. Other members may request the chair to call additional meetings by making individual representation, although the chair will make the final decision on whether to proceed.

    c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.

    d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of twelve months. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.

    e. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.

    f. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).

    g. Members of all Parties will be required to declare any interests at the beginning of each meeting.

    h. A meeting of the Committees in Common may consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously.

i. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.

j. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.

k. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

6. Decision making within the Collaborative

a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.

b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.

c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.

d. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.

7. Attendance of third parties at the Committees in Common

a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meeting of the Committees in Common. The Chair will agree final attendance lists for each meeting.

8. Administration for the Committees in Common

a. Meeting administration for the Committees in Common will be provided by the MHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.

b. The Chair will be responsible for finalizing agendas and minutes, based on the agreed workplan and in collaboration with the MHLDA Programme Team.

c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on decision making and due diligence.

d. Papers for each meeting will be sent by the MHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled

before the meeting.

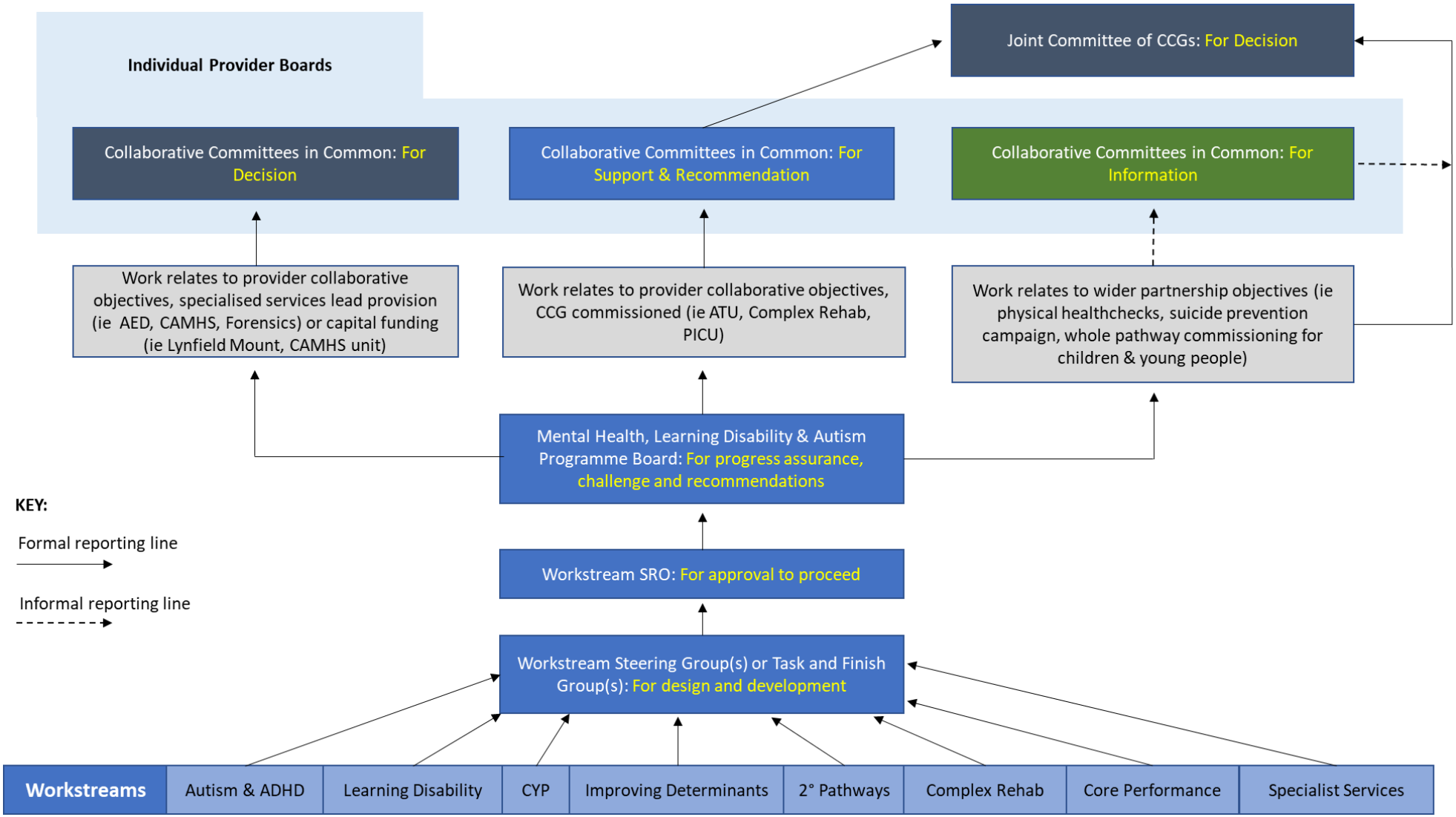
e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.

f. Following the annual Partnership 'check and confirm' session for the MHLDA programme a report will be made available by the Programme Director for the Committees in Common to review. Each Party should reflect the work detailed in this report within their annual Quality Accounts.

9. Review

a. The Committees in Common will review these Terms of Reference at least annually.

Appendix 1 – Decision making relationship between the Committees in Common and the wider Partnership



Trust Board and Corporate Trustee* committee membership
(as from 29 September 2020)

South West Yorkshire Partnership NHS Foundation Trust

	Audit Committee	Clinical Governance & Clinical Safety Committee	Equality & Inclusion Committee	Mental Health Act Committee	Workforce & Remuneration Committee	WYMHLDASC Committees in Common	Finance, Investment & Performance Committee	Charitable Funds Committee* (*committee of the Corporate Trustee)
Angela Monaghan	-	Member	**Chair**	-	Member	Member	-	Member
Charlotte Dyson	-	**Chair**	**-**	Member	Member	**-**	**-**	-
Mike Ford	**Chair**	-	Member	-	-	-	-	Member
Chris Jones	Member	-	Member	-	-	-	**Chair**	-
Erfana Mahmood	-	-	Member	Member	-	-	**-**	**Chair**
Kate Quail	-	Member	-	**Chair**	-	-	Member	-
Samantha Young	Member	-	-	-	**Chair**	-	Member	-
Rob Webster	-	-	Member	-	Member (NV)	Member **(LD)**	Member	-
Tim Breedon	-	Member **(LD)**	Member **(LD)**	Member	-	-	Member	Member
Dr Subha Thiyagesh	-	Member	-	Member **(LD)**	-	-	-	-
Mark Brooks	Attends **(LD)**	-	-	-	-	-	Member **(LD)**	-
Alan Davis	-	Member	Member	-	Attends **(LD)**	-	-	-
Carol Harris	-	Attends	-	Attends	-	-	Attends	-
Sean Rayner	-	-	-	-	-	-	-	-
Salma Yasmeen	-	-	-	Member	-	-	-	Member **(LD)**
Andy Lister (from 11 May 2020)	Attends	-	-	-	-	-	-	-
QUORUM	**2 NEDs**	**2 NEDs, LD & 1 ED**	**1/2 Members inc. 1 NED & 1 ED**	**2 NEDs, LD & 1 ED**	**2 NEDs**	**1 Member**	**2 NEDs & 2 EDs**	**3 Members**

Non-Executive Director (NED)
Executive Director
Other Director (non-voting Trust Board member)
Company Secretary
LD Lead Director
NV Non-voting committee member

WYMHLDA SC – West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative

Members' Council Group membership and attendance

South West Yorkshire Partnership NHS Foundation Trust

	Members' Council	Members' Council Coordination Group	Members' Council Quality Group	Nominations Committee
Angela Monaghan	**Chair**	Member	-	**Chair**
Charlotte Dyson	Attends	Member	-	-
Laurence Campbell	Attends	-	-	-
Chris Jones	Attends	-	-	-
Erfana Mahmood	Attends	-	-	-
Kate Quail	Attends	-	-	-
Samantha Young	Attends	-	-	-
Rob Webster	Attends	-	-	Attends
Tim Breedon	Attends	-	**Chair**	-
Dr Subha Thiyagesh	Attends	-	-	-
Mark Brooks	Attends	-	-	-
Alan Davis	Attends	-	-	Attends
Carol Harris	Attends	-	-	-
Sean Rayner	Attends	-	-	-
Salma Yasmeen	Attends	-	-	-
Andy Lister (from 10 May 2020)	Attends	Attends	-	Attends

Non-Executive Director (NED)
Executive Director
Other Director (non-voting Trust Board member)
Company Secretary
LD Lead Director
NV Non-voting committee member

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 11.7

Title:	**Trust Board Development Proposal**
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	The purpose of this paper is to update the Board on discussions and proposals on the potential next phase of Board development.
Mission/values:	The Trust mission and values clearly supports the continuous development of the organisation including the Trust Board.
Any background papers/ previously considered by:	The Trust Board has for a number of years undertaken a variety of development activities to support its effectiveness. The latest programme was the NHSI Leading for Improvement which was completed at the start of this calendar year.
Executive summary:	Attached is a presentation detailing four potential options for a Board development programme over the next 12 months. The first option relates to a nationally funded programme called Inclusive Leadership Development for Boards of Organisations (ILDBO), which is part of the Building Leadership for Inclusion initiative. The aim is to: ➢ Raise the level of ambition on inclusion. ➢ Quicken the pace of change towards inclusion. ➢ Ensure that leadership is equipped to achieve and leave an ever increasing and sustainable legacy of inclusion. The programme is fully funded and the Trust has expressed an interest in undertaking the programme. The Trust has been given an indication that it will be supported to undertake the programme, however, there have been delays nationally given various organisational issues in confirming whether the programme will now procced. The original ILDBO programme is outlined in the attached presentation. The delays in any decision making nationally has led to the Trust exploring other potential Board development programmes which are included in the attached presentation. Outlined in the presentation are three other potential Board programmes all with very experienced development providers. The Trust would need to fund these options. The Board is asked to consider the ILDBO programme and whether we should continue with our interest in undertaking the programme. This may include setting a timescale for a response.

With all of us in mind.

	Secondly the Board is asked to consider whether we should continue exploring proposals with the other development providers as outlined in the presentation attached. **Risk Appetite** The Board Development programme is a key element of the Well Led domain within the CQC ratings and is within the Trust's risk appetite.
Recommendation:	**Trust Board is asked to consider the next steps for Board Development.**
Private session:	Not applicable.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Board Development Programme

- options appraised

August-September 2020

v3.0

Author: Andrew Cribbis – Head of Leadership & Management Development

With **all of us** in mind.

Options Appraised:

for 'Inclusive Leadership' Board Development programme

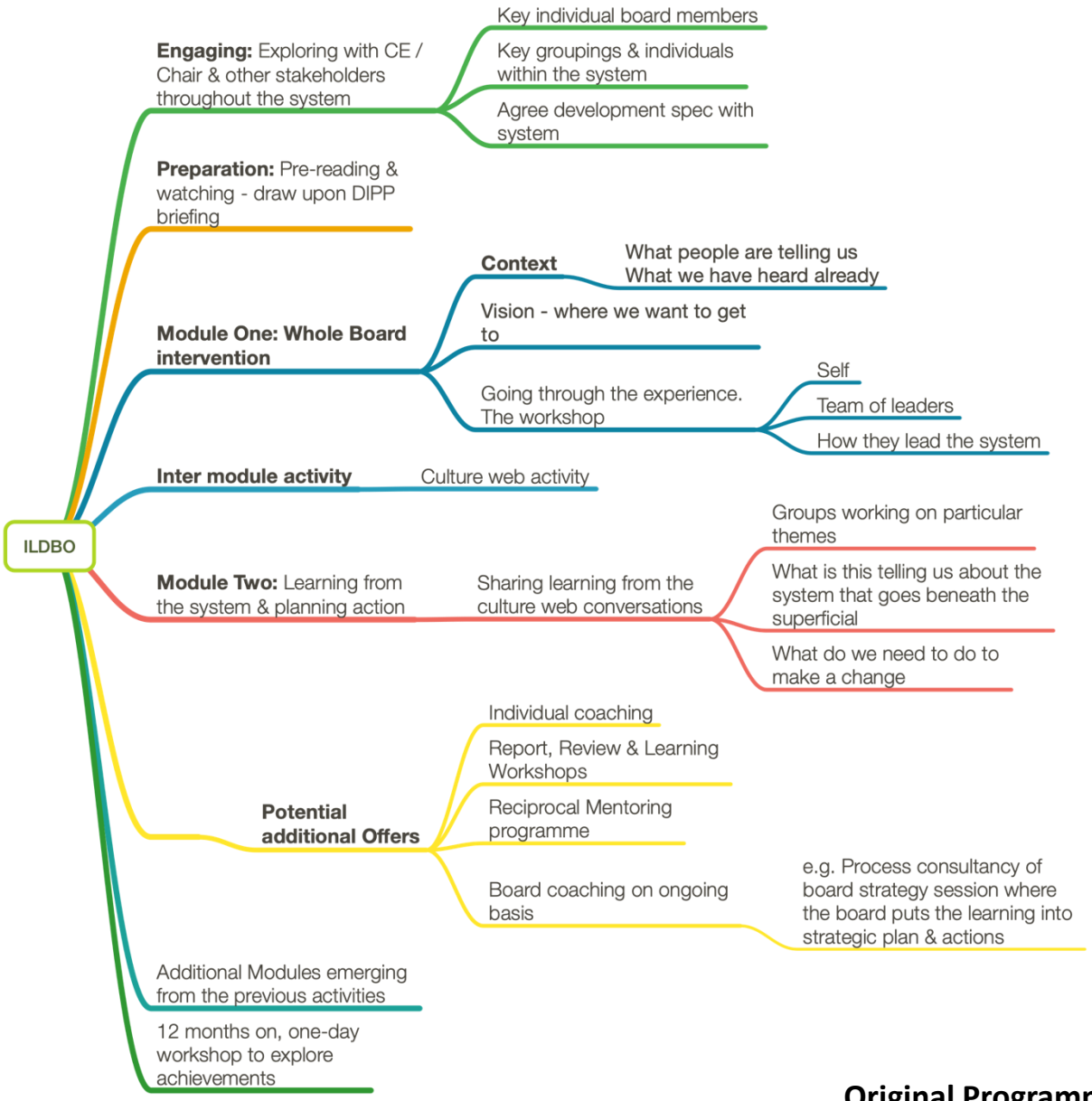
South West Yorkshire Partnership NHS Foundation Trust

Provider	Contact	Format	Duration	Start	Cost
NHSI / NHSE (BLFI) * branded	Christine Wint / Samia Fazil	ILDBO programme comprising 2 x modules / 5-days over 12-months; Associated individual & collective activities between modules to embed learning & ensure impact across the Trust - *currently awaiting ratification at NHSE/NHSI*	12 months	tbc Autumn 2020	Fully-funded
People Opportunities bespoke variation	Eden Charles	Replicates ILDBO programme with opportunity to tailor some aspects of programme to fit our needs - *ongoing discussions with Eden Charles paused awaiting decision by NHSE/NHSI*	12 months	tbc Autumn 2020	£tbc
Kings Fund bespoke	Deborah Homer	8-days over 7 modules delivered onsite over 12-months - *discussions on hold pending our decision*	18 months	tbc Autumn 2020	£41k
Tavistock Institute bespoke variation	Camilla Child / Dr Mannie Sher	Diagnostic process, plus tailored programme over 4-modules based upon our results and defined needs. Builds upon previous work undertaken as a part of 'Building Leadership For Inclusion' - *discussions on hold pending our decision*	12-months	tbc Autumn 2020	£40-50k

**** Preferred Provider***

With **all of us** in mind.

Building Leadership for Inclusion:
Inclusive Leadership Development for Boards of Organisations and for Whole Systems



Original Programme

Proposed Schedule

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

September 2020
ratification of funding & offer (5-days) made
contracting of an approved provider

October 2020
diagnostic conversation with approved provider
redesign & approval / contracting of a 5-day ILDBO programme

November 2020
launch & preparatory tasks prior to e-workshop 1

December 2020
delivery of e-workshop 1

January to November 2021
delivery of e-workshops 2-5(?)
completion of associated tasks & learning
evaluation of impact & sharing learning
scoping of future needs

With **all of us** in mind.

contacts:

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Steering Group:

Angela Monaghan – Chair
angela.monaghan@swyt.nhs.uk

Alan Davis - Director of HR, Organisational Development & Estates
alan.davis@swyt.nhs.uk

Andrew Cribbis - Head of Leadership & Management Development
andrew.cribbis@swyt.nhs.uk

For further information on access to leadership and management development:

Learning & Development Service
LandM.programmes@swyt.nhs.uk
01924 316269

With **all of us** in mind.

www.southwestyorkshire.nhs.uk

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020

Agenda item 12a – Assurance from Trust Board committees

Clinical Governance & Clinical Safety Committee

Date	15 September 2020
Presented by	Charlotte Dyson, Deputy Chair (Chair of Committee)
Key items to raise at Trust Board	➢ Waiting times and IAPT performance – to ensure clarity of role between CGCS and Finance, Investment & Performance Committee. ➢ Quality Accounts – approved with some minor amendments, to include in private session of Trust Board and then into Members Council. ➢ CQC improvement Plan update – positive progress noted during pandemic and engagement remains strong ➢ CAMHS – positive performance acknowledged and extension of improvement plan across all places noted ➢ Clinical risks in terms of Covid 19 – report received and action noted ➢ Apparent Suicides Report – good quality report, to consider version for Members Council via MC quality group ➢ Serious Incidents Q1 Report - report received and discussed ➢ Smoking Policy – update report received further detail on implementation plan to come to next CGCS.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 9 June 2020 (attached).

Equality & Inclusion Committee

Date	22 September 2020
Presented by	Angela Monaghan, Chair (Chair of Committee)
Key items to raise at Trust Board	➢ Reviewed committee assigned risks, including new risk 1536. Identified possible gaps in risk descriptions and actions, for further review. ➢ Discussed and supported the draft Equality, Involvement, Communication and Membership Strategy and requested further amendment before final approval. ➢ Reviewed and approved the WRES and WDES summary reports and action plans. ➢ Received the Trust's EDS2 report for 2019/20 and recommendations for 2020/21 and onwards and agreed an overall Trust grading of *developing.* ➢ Received updates from the Trust's staff networks (Disability, BAME, LGBT+ and working carers) and BDU equality forums. ➢ Agreed to recommend changes to the committee's terms of reference, including membership.

Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 2 June 2020 (attached)

Finance, Investment & Performance Committee

Date	25 August 2020 and 22 September 2020
Presented by	Chris Jones, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	➢ Update on lead provider risk has been clarified and the planning and finances for this major change are complex. ➢ Financial performance update on surge in the use of out of area beds and increase in acuity. ➢ Updated financial forecasting showing we need £10m which are not as clear in terms of likelihood of being incurred. ➢ Concerns around timing and nature of financial planning process and where it will leave the Trust if the arrangements do not provide us with the income we need.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 23 June 2020 & 27 July 2020 attached and 25 August 2020 to follow.

Mental Health Act Committee

Date	25 August 2020
Presented by	Kate Quail, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	➢ **Two pieces of service user experience work:** 1. Newton Lodge, incorporating the BAME service user study. Project group. 2. Service user experience of virtual Tribunal hearings – reporting in November. ➢ **CQC feedback** – noted our Mental Health Act related work and improvements. Generally positive feedback to CQC from service users, carers and advocates. Issues identified with care planning and individual risk assessments, which are both being addressed by wider Trust work. ➢ **Section 132 rights Deep Dive -** looked at over 400 patient's notes. Found massive improvement in recording of the initial giving of rights to patients detained to hospital under the Mental Health Act (MHA). Overall the Trust achieved 92% compliance. It was noted that Matrons and MHA office staff have done an excellent job. Deep dive identified some problems and an action plan relating to referral of service users to advocacy services. ➢ **Virtual hearings and reviews due to Covid 19** – Speedy, agile development of complex virtual processes and protocols for running hearings and reviews. The Act in Practice session described strong commitment, determination and joint working between MHA administrators and Hospital Managers to ensure they work well for services users.
Approved Minutes of previous	Minutes of the Committee meeting held on 12 May 2020 (attached).

meeting/s for receiving	

West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative Committees in Common

Date	9 September 2020
Presented by	Angela Monaghan, Chair (Chair of Committee)
Key items to raise at Trust Board	➢ The committees in common held a strategic session, the purpose being 'What do we want the role of the CinC to be in 12 months' time, what do we need to do to get there and what should we have achieved by then?'
Approved Minutes of previous meeting/s for receiving	➢ Minutes from the meeting on 23rd July 2020 ➢ Slides of the Committee meeting held on 9 September 2020 attached.

Note, assurance from the Charitable Funds Committee is provided to the Corporate Trustee for charitable funds.

South West Yorkshire Partnership NHS Foundation Trust

Minutes of Clinical Governance and Clinical Safety Committee held on 9 June 2020 Via MS Teams (COVID -19)

Present:	Angela Monaghan (AM)	Chair of the Trust
	Charlotte Dyson (CD)	Deputy Chair (Chair of the Committee)
	Tim Breedon (TB)	Director of Nursing and Quality (Lead Director)
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Kate Quail (KQ)	Non- Executive Director
	Dr Subha Thiyagesh (SThi)	Medical Director
Apologies:		
In attendance:	Mike Doyle (MD)	Deputy Director of Nursing & Quality
	Sarah Harrison (SH)	PA to Director of Nursing and Quality (author)
	Carol Harris (CH)	Director of Operations
	Sue Barton (SB)	Deputy Director of Strategy & Change Strategy
	Yvonne French (YF)	Assistant Director of Legal Services

CG/20/50 Welcome, introductions and apologies (agenda item 1)

The Chair Charlotte Dyson (CD) welcomed everyone to the meeting acknowledged the current situation and that the meeting by Microsoft Teams will continue until further notice. The revised agenda was also acknowledged due to COVID-19. It was also noted that the meeting would be recorded for note taking purposes and the Committee agreed. It was also agreed that due notice had been given to those entitled to receive it and that, with quorum present, the meeting could proceed.

CG/20/51 Declaration of interest (agenda item 2)

The Committee noted that there were no further declarations over and above those made in the annual return to Trust Board in March 2020 or subsequently.

CG/20/52 Minutes of previous meeting held on 7 April 2020 (agenda item 3)

Kate Quail noted that on page 3 of the minutes where she mentioned workforce and succession planning and possible increase in suicides, these are two separate issues to be noted.

Minutes of the previous meeting were agreed.

It was RESOLVED to APPROVE the minutes of the meeting held on 7 April 2020

With all of us in mind.

CG/20/53 Matters Arising (agenda item 4)

The Committee noted the complete actions.

CG/20/39 - Reporting and Management
Circulating the ToR to CGCS. It was confirmed that these were circulated via Board and Committee Members have received – **complete.**

CG/20/42 Sub Committees - Safety & Resilience – Alan Davis (AD) will cover in the tag update on this agenda. - **complete**

CG/20/42 Sub Committees - Physical health strategy still to be circulated.

CG/19/133 Transformation & Priority programmes. An update will be covered on this agenda. **Complete**

CG/19/146 Whistleblowing & Freedom to Speak up Guardians– An update will be covered on this agenda - c**omplete.**

CG/20/54 Consideration of items from the organisational risk register relevant to the remit of the Clinical Governance & Clinical Safety Committee (agenda item 5)

The Committee agreed that the key items had already been discussed at Board however there were a number of Covid-19 related risks shown on the corporate risk register with the Board as owner, the Board have taken the view that these risks will be aligned to the Clinical Governance & Clinical Safety Committee.

RISK ID 1522
RISK ID 1523
RISK ID 1524
RISK ID 1528
RISK ID 1537

AD advised that RISK ID 1524 has been discussed with Carol Harris (CH) and Mark Brooks. AD has considered this risk and noted the point regarding weak staff morale and feels that this needs to be removed from this risk as the issue relates to PPE /personal safety. CD clarified with AD that weak staff morale remains an issue and AD agreed with this comment as this is part of a broader staff wellbeing issue and AD confirmed there are some areas still being addressed. Alison Thomas from the IPC team is working closely with staff and the BAME network in relation to confidence around the PPE arrangements. The Committee agreed that that staff morale and wellbeing should sit with the Workforce & Remuneration Committee. AD added that the WRC is to be reestablished for July 2020

Action: AD

It was agreed EMT would revisit the risk description of PPE,personal safety and weak staff morale and make a recommendation to Board regarding the change

CH agreed with AD's point and feels the PPE is a resourcing risk and that it needs to be reworded.

Action: CH

Angela Monaghan (AM) raised a query in relation to RISK ID 1531 – Covid-19 disproportionately affects people with protected characteristics. AM noted the specific action around the risk scan report and the task groups that will be looking at this but queried if there is a wider action as an organization regarding race equality issues and having the right approach and leadership. AM highlighted that it will be discussed at Board this month to ensure the right actions and equality responses are considered and also to use the Equality Impact Assessment within the actions on this risk. AD agreed with AM and highlighted that it is also related to WRES action plan and informed the Committee that WRES data has been collected despite guidance that this could be paused. This years data has just been finalised from which a number of issues have been highlighted e.g. representative, leadership arrangements. The Building for Leadership & Inclusion is an important programme which will underpin a cultural change and Tavistock will be undertaking a second phase of the Board leadership programme.

RISK ID 1531- assigned to E&IC but also to be considered at CGCS to understand the impact.

RISK ID1537 CD highlighted the need to look at control measures and to obtain a completion date. TB advised that this is in hand following a discussion with TB, CH and SThi.

CD raised a query in relation to RISK ID 1528 in terms of the assigned actions. TB advised that the existing QIA process is missing from the action section and this will be added.

Action:TB

RISK ID 1523 and 1528 – Kate Quail queried as to whether there are clinical frameworks to measure the outcomes. Sue Barton confirmed to the Committee that in relation to the learning work, testing is present with mechanisms in place to review outcomes. CD questioned whether the risk appetite of 1-6 still remains appropriate TB agreed that it was and there was the need to take into account the "new normal" and having the right controls in place to monitor and changes made.

It was RESOLVED to NOTE that the items on the ORR relevant to the CGCS have been considered and the Committee satisfied themselves that they are assured that the current risk level, although above risk appetite given the current environment is appropriate. The committee noted the work to date in mitigating the Covid19 risks.

CG/20/55 Quality Accounts (agenda item 6)

TB informed the Committee that this update had already been to Trust Board and the Committee confirmed that this had been read and received.

The Committee RECEIVED and NOTED position on the production of the Quality Account.

CG/20/56 Learning Lessons Report (deferred) (agenda item 7)

CG/20/57 Clinical Audit and Practice Effectiveness Annual Plan (CAPE) (agenda item 8) (deferred)

CG/20/58 BDU Governance Report (deferred) (agenda item 9)

CG/20/59 Consideration of External Audit Report and Trust Quality Accounts (agenda item 10) (deferred)

CG/20/60 Transformation & Priority Programmes Update (agenda item 11)

11.1 Revised Priorities Impact- Covid 19

SB informed the Committee that the papers have been to Trust Board and gave a brief overview.

SB advised that in line with the Trust strategy, the Trust Board have agreed 4 strategic objectives which are to improve health, improve care, improve use of resources and make SWYPFT a great place to work.

Initial planning work on the priority programmes has been adapted to take into account the current circumstances in relation to Covid19. The agreed areas of focus include the aim to support the Trust and our partners to deliver high quality services and to respond to the challenge of the pandemic. They have been developed in collaboration with the executive leadership team, Extended Management Team.

Further work has now commenced in light of the current context to reprioritise the scope and deliverables of proposed work.

SB confirmed that priorities are being reviewed again in terms of stabilisation and recovery.

AM queried if the programmes are aligned/ allocated to specific strategic objectives and SB confirmed that they are. AM noted that it would be helpful to indicate this in future documents.

CD queried if there was any change in terms of assurance for the actions and what progress has been made. SB confirmed that EMT is priority programme Board which received regular reporting and that the process remains the same.

CD queried what the impact delayed programmes was having on service users and the quality of the service offered. SB confirmed that this will be looked at during the stabalisation & recovery phase. AM added as to whether the Trust EIA been applied to the paused programmes and SB informed that it will be applied in the next phase

11.2 Recovery “new normal”- Covid-19

SB confirmed to the Committee that this presentation has been through Trust Board already. Committee had no further Comments.

AM raised a query that the NEDs had discussed regarding the strategic objectives and have also discussed with Rob Webster, regarding restoration and recovery. NEDs will be looking to reflect on whether we have the health inequality issues reflected appropriately and this will be picked up at Board.

SB confirmed to the Committee that this is reflected twice in great place to work and partnership work / PLACE.

CG/20/61 CQC (agenda item 12)

12.1 Care Quality Commission Improvement Plan

MD gave an update on CQC action plan and noted that there is some suspended work on improvement plans but this is being monitored through clinical governance groups and OMG clinical risk reports. Specific items will be resurrected and routine updates will be recommenced. The CQC are looking to get up and running again and are looking for unannounced visits to be up and running again from June onwards.

MD also highlighted that the NHS England Infection Prevention & Control (IPC) Board assurance framework is to be completed and that this has been sent out which is a self assessment against various standards of IPC, this is near completion and this will be used to support the emergency frameworks going forward. MD confirmed that the final version of the assurance tool will be provided to Board at the end of June.

MD highlighted that the CQC have identified some concerns re deaths in certain populations across England and the Trust have looked into this and noted that there was nothing of concern in relation to South West Yorkshire Partnership NHS Foundation Trust (SWPFT)at this time. MD went on to note that the CQC are also looking closely at MHA visits and the Trust have had 4 visits between April and May. In May the Trust received the Insight Report which shows national and regional data and highlighted that the Trust have made some improvements but also noted some areas of concern in relation to bed occupancy and were awaiting information from the CQC about taking this forward.

The CQC are aware of the Trusts cohort ward being open on Johnson ward for a short period. This related to the outbreak on Sandal ward which was managed well utilising the appropriate guidance in the Covid-19 pathway.

In general terms the improvement plan is on track and progressing well, in particular the resusitation quality improvement work. Risk assessments to be restarted within CAMHS which is a priority.

CD acknowledged there is a lot going on and asked for an updated action plan for the next Committee in September 2020.

Action: MD

TB highlighted that regarding the MHA visits this will be discussed at the MHA Committee. KQ confirmed that this has been discussed at the MHAC. The key point to note is that the CQC speak directly to the Ward Manager and MHA administrator as this gives real time feedback and it was hoped that this would continue.

The Clinical Governance and Clinical Safety Committee NOTED the latest CQC Improvement plan and how the Trust is responding to changing guidance and maintaining effective engagement with them.

12.2 MHA Visits inc Quality Monitoring Visits

Covered at previous item

CG/20/62 Trust Achievements (deferred) (agenda item 13)

CG/20/63 Patient Experience Report (agenda item 14)

It was noted that the Committee had received and read the report and the Committee commented as follows:-

CD raised a query regarding reopened complaints as there seems to be a lot and is this normal. TB confirmed that this is where they have been asked to be reopened after the complaint has closed. Recently the Trust has been keen to get a satisfactory closure for people which has meant opening and readdressing issues however the customer services team are becoming more skilled in responding to the first ask.

AM queried as to whether at the end of the complaint does the Trust ask the complainant to take part in a survey. TB advised that there is nothing formal however the team will log entry in Datix of the detailed conversations that are taking place between staff and the complainant and that this it is highlighted through other patient surveys however there isn't a specific survey relating to complaints.

Committee agreed that this is something to consider.

Action: MD

The Committee REVIEWED and NOTED the feedback received through patient experience systems in the financial year 2019/20.

CG/20/64 Update on Covid-19 (agenda item 15)

15.1 National issues / guidance

TB informed the Committee that there is a close eye on guidance for testing and visitor guidance which is relatively new advice from Public Health England. This is reported into Silver command and up to Gold for decision as appropriate. The Committee queried how long the command meetings will be required / frequency and TB advised that the Opel levels determine this which are reviewed at each meeting.

AM raised a query regarding the recent changes re face covering / masks and whether this will apply to all staff in clinical and non clinical areas and will training be required. TB confirmed that there is a piece of work going through Silver Command regarding this and next steps were being identified. It was noted that face coverings and face masks are very different. The Trust is on standby waiting for the announcement from the Government on this. NEDs have asked for clarity on this once it is received.

Action: MD

15.2 Updated command and control structures
The Committee received and noted the command structures.

CG/20/65 Workforce update with response to Covid-19 (agenda item 16)
16.1 Safer Staffing
MD informed the Committee that the Trust is managing very well and business continuity plans are still in place with staff absences being updated regularly. This is monitored through a live document. It was noted that Covid-19 related absence is down to 7% from 11%. Track and trace is now place which may increase this figure however PPE / social distancing in place to reduce this.

MD also noted in terms of business continuity plans the positive reduction in the use of agency, however there is also a risk that staff are not taking leave, however a policy is now in place for this to be carried over for the next 2 years.

CD queried how the Trust manages pressure points within the Trust such as the IPC team. MD informed the Committee that there was a process of redeployment for critical functions and a talent pool could also be drawn upon. Repurposing and redeploying has been used where appropriate together with Bank where appropriate.

16.2 Testing
Committee agreed that they found the papers helpful.
MD confirmed to the Committee that antibody testing is to be complete for all staff within the Trust by the 10th July.
TB highlighted that this has been a good example of being nimble in terms of a response as not only has this been needed to be quick but there had also been a lot of change. All involved have been outstanding.

AM informed the Committee that she has received a positive response from a member of staff who has volunteered to undertake the testing and Committee wanted to thank all staff for everything that they are doing.

16.3 Volunteers
CD highlighted the great response to volunteers week that has been noted on twitter.
AM raised the question around if volunteers were able to get the antibody testing through the Trust. MD confirmed this was correct.

CG/20/66 Staff wellbeing (agenda item 17)
17.1 How are things working / support
AD informed the Committee that the Trust was aware that staff health & wellbeing was going to be an issue early on so the workforce support hub had been set up and activated early on including additional phone lines. Feedback received on how we have engaged with individuals has been positive. AD went on to note that whilst the overall absence is high with Covid-19, general absence has gone down and levels are the lowest they have ever been. However as things return to the new normal and people start to reflect on the last few months the Trust could start to see an impact on health and wellbeing., A fuller understanding of how staff are feeling, for example the impact of staff being able to work from home, would be gained from the staff health & wellbeing survey from Robertson Cooper. This will aid what support what can be put in place for staff.

The BAME taskforce has also been set up to look at health & wellbeing and the risk assessment has been rolled out to all BAME staff including bank and agency.

EIA - BAME equality network for the health & wellbeing offer and occupational health offer to ensure the offer is right based on best evidence.

CD queried when the results of the Robertson Cooper would be available and AD informed its around 2 weeks after the survey has closed.

Committee all agreed on the positive progress.

The Committee NOTED the update and SUPPORTED the ongoing actions.

17.2 Freedom to Speak Up Guardians Network report and Action Plan

AD gave a brief update to the Committee and noted that the case work has gone down as issues were being raised though other avenues e.g services. This was a positive sign showing that people felt confident to raise issues and as a Trust we are keen to build on this.

AD also noted that a part time FTSUG is to be appointed later in the year to provide additional support and hopefully this will be an internal candidate.

AM raised the issue that new governors have not felt able to join the FTSUG and AD confirmed that 2 had came forward and 1 was due to go on the course. 1 other governor felt it was not the right the time for them. AD will follow this up

Action: AD

Paul Brown (HR) is now a FTSUG supporting Estelle Myers and Adrian Deakin.

Marios Ademou and Lin Harrison are freedom to speak up guardians.

AM would like the wording changed in the document relating to the governors “not feeling able to join” as it was clear that they have and that the report needed to reflect this and describe the network in relation to the members.

Action: AD

CD raised the query of when the action plan would be looked at again. AD confirmed that this is part of restoration and recovery and the workforce support hub is expected at the end of this month.

Action plan to come back to the next Committee.

Action: AD

CG/20/67 Delivery of Clinical Services (agenda item 18)

Update and impact on all clinical areas: -

Inpatient

- Focus on optimising patient flow - positive effect on OOA placements and capacity in inpatient units.

- Matrons covering 7 days a week - wards coping reasonably well with pressures as acuity and demand for admissions is increasing. Morale amongst all staff is generally good.
- All PPE access and usage sorted and staff generally confident. Work is commencing on environments and room usage.
- Cohorting Standard Operating Procedures are in place and an inpatient clinical pathway has been agreed for COVID 19 positive patients. Matrons review daily patient numbers re cohort phase. NOTE we didn't close beds to make cohort ward

CD queried if there was an increase in acuity, restrictive measures for the Trust? CH informed that the Trust has noticed in recent weeks that people have been more poorly and acute increase in psychotic presentations and MD informed that the biggest concern is self-harm and suicide however there is no obvious increase at the moment and MD informed that restraint is down and will be referred to later on the agenda.

Community Mental Health Services

- Generally in community services morale is good - Teams are pulling together positively. Staff have WhatsApp groups to give support to each other. Some anxiety re contact with service users subsequently tested or suspected positive, this is being worked through.
- Service users RAG rated, Use of video conferencing for clinical work and staff are exploring efficacy and evidence base for AirMid and other clinical intervention vehicles through task and finish groups.
- There have been two serious incidents in Calderdale and Kirklees, involving assault and injury to staff from service users in the community. Being investigated – learning started through task and finish group
- Referral rates for SPAs are increasing (to around 70% of usual levels.) 24/7 helpline started.

- Reduced L&D offer due to police/court restrictions etc. This is starting to change as restrictions lifted.

- NHSE guidance identifies importance of maintaining IAPT. At same time referrals down 60%+ in April. Group based offer been compromised but working through video-link options. Patient experience being evaluated. Generally positive feedback.

- Recovery College created emotional health offer for staff in partner agencies

- Working with BHNFT to support ICU staff.
- Support of staff – across partner agencies (e.g. BHNFT) – developing as key contribution to system continuity

Barnsley Community

- We continue to undertake priority 1 and 2 visits in NNS. There is an increase in COVID positive patients within the community, especially within the Care Home setting.
- Community Matrons and End of Life/Virtual Care Home team increased service offer to provide additional support to care homes, particularly those with high numbers of COVID positive residents. Barnsley wide care home network established in partnership with Local Authority and Barnsley Hospital Foundation Trust (BHFT). Swabbing / core support / same day assessments.

- Stroke ESD service opening referral routes further from 1 June to include GP and Community referrals – with a view to picking up the stroke cases who may not have presented at HASU or ASU during Covid lockdown.
- Gradual reduction of SRU beds to commence from 1 June. First phase is to reduce from 16 to 14. Plan to reduce to target of 12 beds from 1July, Covid permitting
- BDU general community Recovery and restoration TAG established 26th May 2020
- Urban House –meeting with PH this week – identified as a household, managing – settling. No further risks id

CAMHS

- Managing appointments over phone and through AirMid – but face to face support provided where clinically required. Face to face work planned to increase incrementally from 8 June.
- Moved to 7 day working in crisis teams, all age liaison consultation to recommence.
- Wakefield waiting for treatment 189 (down from 514 in Oct 2019)
- Barnsley waiting for treatment 135 (down from 309 in end Sept)
- Referrals reduced by 50%+ in covid period
- ASC/ADHD waiting list work being completed as far as possible by phone. This means service is 'stacking' observation work necessary for final diagnosis
- Waiting lists (neurodevelopmental pathway) continue to increase due to pressure of referral numbers;
- Kirklees 573, longest wait May 2019
- Calderdale 251, longest wait November 2018
- Position understood by CCG's and initiatives underway.
- Looking to capture learning from each service area in relation to telephone/video interventions. Draft report produced for Barnsley team.
- Wetherby/Adel Beck CAMHS maintaining minimum onsite staffing levels for urgent work. Lockdown at Wetherby means CYP only allowed out of cell for 1 hour per day – so limited opportunities for therapeutic work.

Forensic

ADHD/ ASD

- Pathways redesigned to ensure KPI targets can be reached despite the current crisis. Commissioners aware and supportive.
- Service has received the prestigious ACOMHS accreditation awarded by the Royal College of Psychiatrists**.**

LD

- As community mental health re RAG rating.
- In balance, our CLDTs have all <u>commenced new activity</u>:
    - Supporting LD care-homes
    - Ensuring all service-users with LD known to our services have up to date Hospital Passports and additional supporting medical and reasonable adjustment information re respiratory related issues (in line with national guidance).
    - New activity to reduce impact of isolation/loneliness and loss of traditional services – welfare calls, knitting groups, increased social media presence etc.
- Work around the development of 2 x ATU's across West Yorkshire has recommenced with a weekly call.

Forensics

- Forensics moved to Phase 2 of the Cohort Plan following a number of service users on Sandal testing positive. They have now moved back

- Number of staff in Low Secure also tested positive.(more than the number of SU's in total)
- BCP in operation and holding up well although there have been some staffing challenges staffing the additional Covid ward (Johnson).
- Service user flow unaffected by covid positive cases (Sandal were able to accept an urgent admission during covid cohort ward).
- Positive feedback received by commissioners re the LD FOLS service which is continuing to serve a caseload in excess of 70 SU's despite the crisis.
- Weekly Mutual Aid call with other secure service providers across West Yorkshire has proved useful.
- Forensic Development Plan remains a key priority.

Committee asked for the notes to be circulated and also for a CAMHS report to the next Committee - 15 September.

Action: SH

AM asked what the IAPT waiting time is at the moment and are we in a position to respond to needs. CH confirmed that the Trust is in a position to respond and CH will get the details.

Action:CH

AM also queried the number of OOA beds which had reduced significantly during Covid-19 are now seeing an increase and is there a change in trend. CH confirmed that the Trust has not seen an increase in OOA beds.

AM noted that the Trust have overall maintained all services even though some have been adapted. CH noted that some things had been deferred but no services have stopped. The Committee recognised all the hard work that has taken place.

CG/20/68 Patient Safety (agenda item 19)

19.1 Introduction of Covid-19 Pathway

The Committee received and noted the Covid-19 pathway. Subha Thiyagesh (SThi) highlighted the incredible amount of work that has taken place and cross working especially with acute trust colleagues and also this is supported by the standard Operating Procedure.

19.2 Incident Trends

TB informed the Committee that an additional scan has been added in to clinical risk scan each week which looks at Covid-19 related incidents, there are no particular trends, there are some themes which are being monitored on a regular basis, but nothing that requires immediate action.

TB also noted regarding trends and the information produced by CQC and LD deaths which has been reported. The position has been reviewed considering a year on year comparison, this has shown that we have had 22 deaths reported in this year compared to 27 in the previous year, thus there are no immediate concerns although further scrutiny will take place. TB also noted that further information from CQC is being sourced as no report is yet available, only a web page, and that LeDer data will be compared as this comes through

19.3 PPE Arrangements

TB informed the Committee that there is a PPE bronze group which reviews the position on a regular basis and looks at future predicted use. There are good supplies in place, this will be reviewed in light of recent changes and the outcome will go to silver command. TB also

informed that whilst the Trust had good supplies at the moment, the trust relies on a central delivery system over which we do not have full control. Therefore mutual aid with local partners has been important and we can evidence strong partnership working.

CG/20/69 Issues arising from Integrated Performance Report, not covered on the agenda (agenda item 20)

- Developing Covid 19 section of IPR and taking comments at Board on how this can be enhanced

CG/20/70 Quality Impact Assessment (agenda item 21)

TB informed the Committee that the QIA process is continuing as it would normally although less than previously and that the EQIA work is running along side this which has been through Board recently.

The Committee RECEIVED and NOTED the progress, plans and areas of risk.

CG/20/71 Serious Incident Quarterly Report Q4 and Annual report inc LeDer (agenda item 22)

MD gave a brief overview to the Committee.

- The Trust showed a 4% increase in incidents reported on the previous year.
- 87% of all incidents reported resulted in no harm or low harm. A high level of incident reports, particularly of less severe incidents is an indication of a strong safety culture (NPSA Seven Steps to Safety).
- The number of incidents reported across the Trust (13206) has increased and the number of serious incidents (47) has slightly increased on last year. However the reporting threshold in Forensic services has changed during the year, increasing the number of Forensic SIs. A number of amber incidents were classed as serious incidents and investigated by the service. The overall proportion of serious incidents is about the same (0.35) compared to previous years.
- During 19/20 there have been no 'never events'.
- There has been one homicide.

We have reviewed 286 deaths that were in our learning from healthcare deaths scope. This is comparable with 2018/19 (270). The reviews ranged from accepting the death certification, case record reviews through to investigations, in line with the National Quality Board levels

AM raised a couple of queries on the report and asked Mike Doyle (MD) to address these.
AM noted that there may be an increase in self harm / actual harm in Q4 whilst other categories show a decline or as steady and asked if this this is an area of concern and also regarding duty of candour, the report says that 44 cases have yet to be completed Are there any breaches in Q4?.

AM also queried figure 14 on page 19 of the report where it shows serious incident figures per 100,000 population by BDU as showing below 3.4 and then the total goes up to 3.81.

It was also noted that there was a discrepancy in figure 22 and 23, with one showing 46 LD deaths and the LeDer showing 49.

MD informed that in relation to the self harm issue it was noticed through the monitoring of impact Covid-19 that there was an increase in self harm which is being monitored weekly. It was noted that between same period Jan-May there was 393 self injury incident compared to 273 in the previous year which is largely due to 2 specific service users. MD also noted that in terms of suicide the Trust has been notified of 22 last year and 25 this year.

MD informed the Committee that the Trust remains cautious in reporting duty of candour until the monitoring information from services is received and confirmed no breaches to date.

MD informed the Committee regarding the discrepancy is fig 22 & 23 relating to LD deaths and LeDer that he will check the report and notify the Committee.

Action: MD

TB updated the Committee on the following:-

- The National Reporting and Learning System report, published in March 2020, shows no evidence of potential under reporting and that our reporting rate per 1000 bed days remains consistent. Our reporting timeliness has improved.
- Our current internal 360 audit report (awaiting formal internal sign off) shows significant assurance and includes positive comments on our learning from incidents approach
- Highest incident category is apparent suicide which affirms our focus on suicide prevention – this is the subject of a report due in September
- The production of the report by the patient safety team, given current circumstances, was noted.
- The report provides important assurance which will be considered again alongside the apparent suicide annual report at the next meeting.
- The committee noted that the current covid-19 incident monitoring and review of learning disability deaths (discussed during the covid-19 response section of the agenda) will be included in future quarterly reports.

Clinical Governance & Clinical Safety Committee RECEIVED and commented on the annual report on incident management and NOTED the next steps identified.

CG/20/72 Internal Audit Report – update on Incident Review (agenda item 23)

As noted above.

CG/20/73 Health & Safety Annual Report, Objectives and Action Plan (agenda item 24) (deferred)

CG/20/74 RRPI Annual Report (agenda item 25)

MD informed the Committee that there was an issue with the benchmarking and that the report was from 18/19. In more recent times the increases seen in violence and restraint has been reduced due to measures put in place.

CD raised a query in relation to restrictive practices in terms of covid-19 and whether there has been an increase. MD confirmed that there has not been an increase terms of Covid-19 however overall year on year there has been an increase.

Clinical Governance & Clinical Safety Committee RECEIVED and NOTED the report.

CG/19/75 IPC Annual Report (agenda item 26) (deferred)

CG/20/76 D&T Annual Report (agenda item 27)

SThi highlighted the key actions from the report:

D&T away day agreed the potential new areas of work to be contained within the workplan. Areas to note include

- Implementation of electronic prescribing and medicines administration
- Further deployment of falsified medicines directive
- Implementation of a pharmacy workforce strategy to include the recommendations within the Carter 2 mental health and community services report and maintaining the communication with operational services.
- Implementation of electronic transfer of information to community pharmacies (TCAM)
- Homecare delivery of long acting injections
- Harmonisation of clozapine providers for safety and cost effectiveness.

The Committee noted the huge amount of work and detail that had gone into the report.

AM asked regarding the electronic prescribing and whether the Trust is compliant. SThi confirmed the Trust is compliant and that funding had been received in March and that the Project Manager is also in place and two Project Board meetings have taken place so on track for March 2021.

CG/20/77 Safeguarding Annual Report (agenda item 28)

It was noted that this was a thorough report and acknowledged some of the on hold items and asked when these items would be started again going forward. TB confirmed to the Committee that none of the work had stopped other than some that would have been in partnership across the system e.g. training groups. All board have remained active throughout lockdown. An internal meeting took place today about where we are in relation to near normal. This will be ramped up from now however to keep a focus internally regarding support as this develops and gets the balance right as the team are undertaking a lot at this time.

CG/20/78 Sub-groups – exception reporting (agenda item 29)

Drug & Therapeutic

SThi highlighted that a lot of work has been done by the Sub Committee and continued to meet every month and provide support for clinical queries e.g. ECT

It was RESOLVED to NOTE the report.

Safety & Resilience
Report received and noted.

It was RESOLVED to NOTE the report.

Infection Prevention and Control & IPC BAF
Reports received and noted
CQC improvement plan have been required to complete the assurance framework which is nearly complete and will come through to Board. The Committee agreed that it would be circulated to members prior to board submission.

It was RESOLVED to NOTE the report.

Safeguarding adults & children
Report received and noted

It was RESOLVED to NOTE the report.

Reducing Restrictive Physical Interventions Group
Report received and noted

It was RESOLVED to NOTE the report.

Improving Clinical Information Governance Group
TB informed that the ICIG has been carefully monitoring the sharing out arrangements in Systm One in relation to Covid-19 and also monitoring confidentially breaches in relation to Covid-19.

It was RESOLVED to NOTE the report.

Physical Health
SThi reported that a huge amount of work has been done as noted above regarding clinical pathways in relation to, training, oxygen, team nurse training and highlighted that If the Trust should see a surge the Trust will manage due to amount of training and planning that has taken place.

It was RESOLVED to NOTE the report.

Clinical Ethics Advisory Group
It was noted that that the ToR had been received at Board and approved by the group. The group has since met and stood up meetings to take queries and give advice and undertake training. The next steps will be to consider wider consultation to set up the formal group from Operational Management Group, Professional Leaders Group, Medical Staff Committee, Members Council and Staff Equality Networks. This will happen over the next 3 months and then will come back to CGCS in September (if read)y and the Chair of the group will report directly into CGCS (clinical chair).

CG/20/79 Serious Incidents Update (agenda item 30)
TB noted that CH highlighted the 2 serious incidents above in the agenda.

TB updated on the following:-

- SANCUS report.
- Inpatient suicide low secure services.
- Agency staff incident at Christmas in Newton Lodge.
- SThi wanted to report to the Committee a Clinical Negligence Claim which related to an incident in 2018 where a service user following discussion with HCSW left the ward and died the claim has now closed.

Yvonne French wanted to highlight an action from the log which related to CQC visit to Ashdale and a reference to a CAMHS bed. Yvonne has been in touch with the CQC and reference to the CAMHS bed has been removed.

CG/20/80 Issues and items to bring to the attention of Trust Board and other Committees (agenda item 31)
Issues were identified as:

- Review of Committee related risks with focus on Covid-19 related risks. (Action for workforce committee)
- Key Clinical Risk focus on Covid-19 including impact on Workforce / Staff wellbeing / Delivery of clinical services / Patient Safety / Patient experience.
- Update on CQC Action Plan
- Assurance reports taken
    - Serious Incidents Quarterly Report and Annual LeDer
    - RRPI Annual report
    - D&T Annual Report
    - Safeguarding Annual Report

CG/20/81 Consideration of any changes from the organisational risk register relevant to the remit of the Clinical Governance & Clinical Safety Committee (agenda item 32)
- TB reiterated the importance that the Committee review the register but noted that at the moments all actions are in place and gave assurance that the right systems and processes are also in place.

CG/20/82 Work Programme (agenda item 33)
Noted the items that have been deferred and all items have been logged due to COVID-19

19.1 Record of deferred items from 9 June 2020 was noted.

TB and CD will discuss on how all deferred items from this and previous Committee will come back into Committee

CG/20/83 Date of next meeting (agenda item 34)

15 September 2020

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of Equality and Inclusion Committee held on 2 June 2020
Meeting room 1, Block 7, Fieldhead, Wakefield

Present:	Angela Monaghan (AM)	Chair of the Trust (Chair of Committee)
	Tim Breedon (TB)	Director of Nursing and Quality (Lead Director)
	Erfana Mahmood (EM)	Non-Executive Director
	Alan Davis (AD)	Director of Human Resources, Organisational Development and Estates
	Chris Jones (CJ)	Non-Executive Director
	Rob Webster (RW)	Chief Executive
Apologies:	Members	
	Sean Rayner	Director of Provider Development
	Attendees	
	Dr Subha Thiyagesh (SThi)	Medical Director
	Tim Mellard (TM)	LGBT+ staff network/Matron
	Sue Threadgold (ST)	Forensic and specialist services BDU equality forums/Deputy DirectorDeputy Director of Operations
	Chris Lennox(CL)	BAME staff network/Specialist Physiotherapist
	Cherill Watterston (CW)	HR Business Manager
	Claire Hartland (CH)	Non-Executive Director
	Laurence Campbell (LC)	LGBT+ staff network/Matron
	Donna Somers	
In attendance:	Sarah Harrison (SH)	PA to Director of Nursing and Quality (author)
	Zahida Mallard (ZM)	Equality & Engagement Manager
	Dawn Pearson (DP)	Marketing, Communications, Engagement & Inclusion Lead
	Aboobaker Bhana (ABB)	Manager (Public Engagements Lead) Partnerships Team
	Christine Symonds (CS)	Disability staff network/Senior Finance Manager
	Elaine Shelton (ES)	Unison Branch Secretary
	Mohammad Navsarka (MN)	BAME staff network/Activity Coordinator
	Sam Jarvis (SJ)	Calderdale & Kirklees BDU equality forum/General Manager

EIC/20/20 Welcome, introductions and apologies (agenda item 1)

The Chair Angela Monaghan (AM) welcomed everyone to the meeting and noted apologies. It was noted that due notice had been given to those entitled to receive it and that, with quorum present, the meeting could proceed. AM also acknowledged the high Covid-19 focus, EIA and equality strategy agenda and highlighted how important it is at this time. A lot of evidence and guidance has been produced in relation to Covid-19 and equalities issues, and it is important that the Trust gains a full overview and acknowledges the actions being taken. Rob Webster (RW) reminded the Committee that the trust had not paused collection of the Workforce Race Equality System (WRES) data even though nationally a decision was made that this was not required,

With all of us in mind.

AM informed the Committee that a recording of meeting is taking place to assist with notes and asked the Committee had any objections. None were raised. AM confirmed that once the notes were complete the recording would be deleted. AM advised that Kate Quail was attending as an observer of the Committee.

EIC/20/21 Declarations of interest (agenda item 2)

The Committee noted that there were no further declarations over and above those made in the annual return to Trust Board in March 2020 or subsequently.

EIC/20/22 Minutes of previous meeting held on 3 March 2020 (agenda item 3)

Minutes of the previous meeting were agreed as a correct record.

It was RESOLVED to APPROVE the minutes of the meeting held on 3 March 2020

EIC/20/23 Matters arising (agenda item 4)

Actions from the meeting held on 3 March 2020 were noted and the action log was updated as appropriate.

- AM acknowledged the deferred items on the action log due to the focus of Covid-19 however asked if any updates were available. Deferred items will be discussed in full at the next meeting in September.

- EIC/20/05 Consideration of risks - Tim Breedon (TB) - Risk ID 1157 (RACE forward) advised that a new Lead and Deputy, both senior medical staff, have been identified and a formal handover meeting will be held within the next two weeks.
- EIC/20/05 Consideration of risks- patient experience will be covered at item 5 on the agenda

EIC/20/24 Consideration of items from the organisational risk register relevant to the remit of the Equality and Inclusion Committee (EIC) (agenda item 5)

TB advised that this report has included risks that the Committee might be interested in but are currently not formally assigned to the Committee. Risk 1157 has been assigned and Trust Board has recently assigned risk 1531 to the Committee. TB advised that we have established a new equality and inclusion taskforce/sub-committee to look at this point (which will take place on the 10th June) to help articulate the risk in more detail. Any thoughts or points to be taken into the meeting will be welcome. TB also highlighted that this is being discussed at clinical risk panel and work is underway with commissioners and partners in both integrated care systems (ICSs). RW acknowledged that it was very helpful to see the others risks highlighted in the report and felt that the trust wide Covid-19 equality impact assessment (EIA) and the new risks need to be considered together to ensure they are aligned. RW noted that RISK 1536 is assigned to the Workforce and Remuneration Committee (WRC) however the WRES and the Workforce Disability Equality Scheme (WDES) are a joint responsibility and therefore this committee should be joint owner.

The Committee agreed that the risk should be assigned across both committees as the WRC are not meeting at the moment and the EIC should take the lead. TB to take back to the Board.

Action: TB

The Committee DISCUSSED and commented on the current Trust-wide corporate/organisational level risk, relevant to this Committee and ASSURED themselves that the current risk level, although above the Trust risk appetite, given the current environment, is appropriate.

EIC/20/25 Equality Impact Assessments (EIAs) Update (agenda item 7)

Dawn Pearson (DP) provided an overview to the Committee of the EIAs.

The Trust aim in responding to the Covid-19 pandemic is to ensure that staff, service users, carers and their families are kept safe, well and resilient during this time.

Covid-19 does not discriminate, but there is evidence emerging that there are disproportionate impacts on different parts of the population, some of whom have protected characteristics.

Because of this, it is important that a systematic approach is taken to ensure that our service users and wider communities feel supported and help us develop approaches to ensure that we can together address any issues that may impact them directly.

The Trust's approach to equality and inclusion, based on emerging evidence on the impact of Covid-19, is to ensure that a Covid-19 EIA captures those specific impacts which need to be addressed, with actions identified and delivered. The process to deliver the EIA is as follows:

- A Trust-wide Task Force be set up to manage the Covid-19 EIA and action plan
- That the Covid-19 EIA will be used in conjunction with existing EIAs and not in place of
- That silver command are now starting to use the Covid-19 EIA as a tool in the review of amended policies and procedures
- A BAME staff task force now lead on staff, which will align with a Trust-wide approach

DP went on to inform the Committee that this is an iterative document that is responding to research as it develops, and Zahida Mallard (ZM) and Rachel Moser (RM) are assisting in the gathering of data and research as it becomes available. The document is setting out the clear disproportionate impact, especially on people from a BAME background and people with disabilities, that need addressing and advised that this Trust-wide EIA will run alongside the service EIAs to address the additional impacts, and to use to the tool to understand what actions can be taken, both at the beginning of processes, and to understand the actions required following review.

DP advised that this is a dynamic document so it will be revised.

AM confirmed to the Committee that this paper went through Trust Board at the end of May 2020. AM queried if the EIA had been applied retrospectively and DP confirmed that it has been through silver command and applied retrospectively.

RW highlighted to the Committee that this version of the EIA was promoted in the Brief, which is cascaded to all staff every month, to raise the profile and it is also to be published on the Trust website.

Chris Jones (CJ) wanted to pass thanks to Dawn, Zahida and colleagues for producing the document which covers the primary and secondary impacts, however would like to see more data in section 7 around BAME colleagues, service users and communities. CJ also acknowledged in the document the impact Covid-19 has on men and the fact that men are more prone, although no corresponding actions are shown. As data emerges, this will be tracked.

Action: DP

DP agreed and noted that RM is collating data and a spread sheet is being progressed with all data collated using evidence-based research. ZM is linked into national working groups and is sharing data/information with RM. ZM informed that data is emerging nationally and the need is to make this more local, which can sometimes become an issue. Services need to communicate back to the team so data can be collated which populates the evidence to give local context in to the system.

Aboobaker Bhana (ABB) noted the issues of patient experience and protected groups need more local level work and through learning we can have more active interventions.

RW thanked everyone for the work that has taken place and noted that assessment is a key part of what the Trust is doing and action is what really matters. RW asked if the Committee feels that the actions have been captured. RW noted the extensive work that has been undertaken around BAME staff but felt the Trust also needed to consider its commitment to carers. Although positive work is taking place through the integrated care system on carers, RW asked whether the same amount of activity and action has happened at Trust level. TB agreed with RW about the extensive work that has taken place around the workforce, and agreed the level is not the same in relation to service users, carers and their families in the same way, and noted that the Taskforce will be looking at this aspect.

Action: TB

EM highlighted the importance of gathering the information on a timely basis and need to show how the outcomes are managed. Also noted this is a good piece of work and a lot of focus on BAME issues, but noted it would be useful to see more on learning disabilities.

Christine Symonds (CS) raised a query around risk assessment for staff with disabilities. CS highlighted that staff are reticent in recording disabilities or long term conditions and asked how is the Trust going to reach these staff.

Alan Davis (AD) acknowledged that people are reluctant to record a disability, and noted that the disability staff network has an important role to play in building confidence and trust amongst staff, promoting the positive actions which are being taken, and responding to feedback.

AM raised a query regarding shielded staff, which highlightsthose staff who have a long term condition, and whether this is then being discussed with the staff member?

AD informed Committee that all staff that have been shielding have been contacted and confirmed that the process of shielding has revealed more during this situation and that occupation health have made contact regarding what support can be offered.

ZM informed the Committee that the Covid-19 staff risk assessment circulated last week, which was initially for BAME staff, would also be suitable for other vulnerable groups.

AM questioned the intention to assess representation of BAME staff in decision-making structures (command structures), which is mentioned in the trust-wide EIA, and queried if this has happened.

DP confirmed that this is the recommendation.

AD noted that BAME representation is one of the things to be highlighted out of the WRES data. In the short term, clear deficits need to be managed to ensure representation now, plus talent management and succession planning for the medium-term, and diversity in recruitment is key to move this forward. AD also noted that staff networks play an important role in this and we need stronger investment to drive this agenda forward, especially in relation to the WRES.

RW wanted to highlighted the command and control structures established for the pandemic, and the recognition nationally that only white males were typically seen within the command and control structures. There needed to be much more diverse representation and that needed to be at all levels, including in this Trust. This was discussed at our Gold command, which is made up of our executive management team (EMT), and our Trust has a diverse EMT with respect to gender and BAME representation. Silver command also has BAME representation. Bronze command is at service level and diverse representation here isn't clear. RW wants EIC to feel assured that the Trust has thought about and engaged in such a way as to ensure hawse have a diverse set of voices in the command structures, so the right choices can be made about the impact on people.

AM would like the representation within command and control structures to be discussed by the Taskforce

Action :TB

The Committee RECEIVED the EIA as a Trust-wide assessment of impacts to date and COMMENTED on the impacts identified and mitigating actions.

EIC/20/26 Feedback from Staff Equality Networks (agenda item 11)

Disability

CS provided an update to the Committee on the work of the disability staff network:

- Resources and engagement are both a concern
- CS is the only member
- CS and Paul Brown (HR) will do a drive / relaunch to try and re-engage staff
- Shielding staff are going to be a focus for CS and Paul Brown.
- Work has started on the disability policy however given the current situation this has become more difficult.
- Access audit - nothing further on this at the moment.
- AM thanked CS for all she is doing and her continuing commitment.
- AD – confirmed access audits have been paused, however they are a fundamental part of the estate work plan.
- TB – informed that the WDES annual report could support and encourage people to get involved. TB to discuss with CS.

Action: TB

BAME

Mohammad Navsarka (MN) raised 4 points from the BAME staff network:

- Main issues have been around risk assessments however guidance is now published around these.
- PPE – Estelle Myers has organised a meeting regarding PPE and BAME staff which is to take place in a couple of weeks.
- BAME staff wellbeing offer – looking at EIA with occupational health to ensure the service is representative accessible and appropriate for all staff.
- Risk assessments – some bank staff may not feel comfortable to discuss with line managers.
- Regional network discussed a leadership development offer around health inequalities and how staff are being supported during Covid-19. A podcast has been developed "Can you hear me?" and members of the network are discussing and feeding back.

RW asked if there was any more that the Trust could do. MN queried whether there could be more health checks for BAME staff, possibly through occupational health, with a BAME colleague. ZM highlighted that two thirds of BAME staff are not members of the network and stressed the importance of not missing their voices and ensuring conversations happen outside of the networks. ABB highlighted that health inequalities are an underlying issue and went on to highlight the question of why BAME people are more susceptible to Covid-19, which will continue to exist unless primary care partnerships are strengthened at local levels. RW informed that there are some simple practical things that can be done in the short term and asked AD to check representation in occupational health.

Action: AD

RW went on regarding ZM's point regarding not all BAME staff being part of the network, RW noted that giving people a voice has never been more important, noting the re-emergence of Black Lives Matter within the United States and in this country, and could the networks be promoted through these discussions. MN will take this back to Cherill to discuss at the next meeting.

Action: MN

LGBT+

- No update

The Committee RECEIVED and NOTED the updates from the staff networks.

EIC/20/27 Inclusive Leadership and Development Programme update (agenda item 12)

AD gave a verbal update to the Committee and confirmed that dialogue has restarted with the Tavistock, and that further work has been undertaken with them regarding stage two of the Building Leadership for Inclusion programme, which had been paused.

Also Trust Board discussed the potential for Building Leadership for Inclusion to provide a focus for future Trust Board development and conversations are underway on how they can support that programme.

The Committee NOTED the update.

EIC/20/28 Feedback from Business Delivery Unit (BDU) Equality Forums (agenda item 13)

Calderdale and Kirklees (C&K) BDU
Sam Jarvis (SJ) gave an update to the Committee and noted that BDU meetings have been excellent with good conversations, which have been able to reach other people who do not normally attend. However getting people to attend the forum who are not personally invested is rather difficult. The forums have discussed this matter however have not been able to come to any really meaningful action. Conversations have been had with the BDUs, however engaging further members is still a challenge. ABB highlighted that there will always be challenges when discussing equality and inequality.

SJ discussed the possibility of having 1 forum per area and has discussed this with Chris Lennox. Calderdale and Kirklees are quite different localities and communities.

TB reinforced the need to keep the forums separate and place-based.

AM informed that the needs of the forums are echoed in the other networks and groups and that the new Equality Strategy could help.

SJ also noted that risk assessments had been raised in Bronze command because in integrated teams there is no mandate for risk assessments for social care staff from local authorities. The risk assessments are to be completed by June 12 and queried how this will work for this area and wanted to ensure conversations are happening regarding this.

Action: AD

SJ raised an issue regarding Covid-19 meetings which have been taking place via Zoom, e.g. Carers' forum, and staff have been unable to join as the Trust has deemed Zoom insecure. TB has had this issue recently which had been resolved by IT and TB will call SJ to discuss

Action: TB

Barnsley and Wakefield (B&W) BDU
No update – no further meeting since 3 March 2020.

Forensics and Specialist Services BDU
No update

EIC/20/29 National and Regional Issues and Impact Locally (agenda item 14)
Tim Breedon provided a verbal update to the committee.

14.1 **BAME representation & decision making**
Already addressed during Trust wide EIA discussions.

14.2 **Workforce Disability Equality Standard (WDES) National Report 2019**
This item is to receive for information. This is in place within the organisation and with appropriate actions and Alan Davis is dealing with this.
ZM informed that WDES reporting is for the North East and Yorkshire, which is too wide and generic and dilutes information. Reporting locally and on an ICS basis would be better.
TB will look into this to see if this can become more local.

Action: TB

ZM also queried, in relation to the WDES / WRES, representation in the command structure and who has been involved in decision making and emergency planning. It was noted that representation in silver command had been assessed on a name basis and needs to be more robust.

AM agreed that it would be helpful to have something more systematic and robust in place to review representation and diversity in the decision making and command structures in the Trust.

Action: AD

EIC/20/30 Equality, Communication, Engagement and Inclusion Strategy update (agenda items 16 and 17)

DP informed that the work on the strategy has been paused. The new time line will be to create a report of findings to support the development of the strategy by July, and an early draft circulated in June with a view to finalise in July 2020.

A draft version of the strategy to be brought to the next Committee.

The Committee RECEIVE and NOTED the revised timetable and update.

EIC/20/31 Communication, Engagement & Inclusion Strategy (agenda item 17)

This item was covered in item 16 and 17 above.

EIC/20/32 Items to bring to the attention of Trust Board or other Committees (agenda item 17)

Board

- Trust-wide equality impact assessment
- Feedback from BAME and Disability staff networks
- Feedback from C&K BDU equality forum
- Representation of BAME staff in decision making / command structures
- Revised timetables for strategy development

EIC/20/34 Any Other Business

ZM informed the Committee that NHS Equality Delivery System (EDS2) work has been completed on both internal and external goals

- Goals 1&2 - across all BDUs the Trust is achieving
- Goals 4&5 – around inclusive leadership and recruitment - dropped to developing

ZM to check the timetable and determine whether this can be brought back to the meeting in September.

Action: ZM

If the timetable does not allow, **AGREED** a small group will sign this off (TB, ZM, AM, AD)

EIC/20/33 Work Programme (agenda item 18)

The Committee approved the work programme and noted the further meetings for 2020/2021 and noted the deferred items.

The Committee APPROVED the Work Programme

EIC/20/34 Date of next meeting (agenda item 19)

The next meeting will be 22 September 2020

South West Yorkshire Partnership NHS Foundation Trust

Finance, Investment & Performance Committee (FIPC) – Tuesday 23rd June 2020
Virtual meeting, via Microsoft Teams

Present **Members** Mark Brooks (MB) Chris Jones (CJ) (Chair) Kate Quail (KQ) Rob Webster (RW) *Attendees* *Carol Harris (CH)*	Jane Wilson (JW) (Note taker)	**Apologies** Sam Young (SYo)

Item no.	Item/area	Progress and actions/decisions	Lead	Action
1	Introductions and apologies	Chris Jones (CJ) welcomed everyone to the meeting. Apologies were received from Sam Young. It was confirmed the meeting was quorate	CJ	
2.	Declarations of interest	There were no declarations of interest	CJ	
3.	Minutes from previous meeting	The minutes from the FIP meeting held on 26th May were approved.	CJ	
4.	Review of progress against agreed actions	RW commented that there seems to be a lot of actions outstanding that are actually deferred actions due to Covid. He suggested the work plan be updated to reflect this. MB to work with JW to update action log accordingly.	MB	Action – MB
5.	Review of committee related risks and any exception reports as required	Key highlights:- • MB suggested the updates for each risk on the cover page could be more specific in terms of progress against actions, those completed and any new issues identified. • Risk 275 (risk of deterioration in quality of care due to unavailability of resources and service provision in local authorities and other partners) - MB advised this was discussed briefly on the NEDs call yesterday. He reported that many local authorities are becoming very challenged financially and emphasised this could have wider implications for our services and populations such as social care, housing etc. • Risk 1511 (risk that carrying out the role of lead provider for forensics across West Yorkshire will result in financial, clinical and other risk to the Trust) - MB confirmed that work is restarting in July and that an update will be reported to the Trust	MB	

With all of us in mind.

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		Board in July 2020. He advised that currently there was no change in the go live date, and reminded committee members that the total contract value is in excess of £50m which the provider collaborative will hold the risk for post go-live.. • Risk 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) - MB confirmed there was no change to this risk and it is not a high scoring risk at this point in time. • Risk 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) - MB noted that whilst 2019/20 had been an improved year that revised financial arrangements from August onwards are key to better understanding this risk in the current environment. • Risk 522 (risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements) - MB stated that this risk could potentially increase if updated financial arrangements do not take under-funding in the current block payments and additional costs related to Covid-19 response into account. He noted that as a mitigation the Trust is engaged in a number of ways to help influence what the financial arrangements could look like beyond the end of July. • MB explained that Covid-19 risks have been allocated by EMT to the appropriate committee and that this recommended allocation will be discussed at the June Trust Board. Risk 1521 (risk that staff do not have appropriate IT equipment and access to facilitate home-working during the Covid-19 pandemic meaning staff unable to work effectively or provide appropriate clinical contact and key activities not delivered) has been provisionally allocate to this committee. The risk score at the beginning of the pandemic differs from the level of risk we are now considered to have as there has been widespread distribution of laptops, the procurement of a significant number of extra user licences, as well as infrastructure improvements to support an increase in bandwidth, with excellent work being carried out splitting the bandwidth between Kendray and Fieldhead. MB stated there is an improved robustness in the current IT infrastructure compared to three years ago and taking the previous comments into account he will be making a recommendation to the Board that the risk score is reduced. He also explained that managing user expectation could be a challenge in the future. • Risk 1530 (risk that Covid-19 leads to a significant increase in demand for our services as anxiety and mental health issues increases in our populations) has also been allocated to FIP. TB explained it was difficult to put a timescale on when we would see a significant surge in demand for our services and that there was need for effective planning in the next few weeks. MB explained it is not just a case of financial planning but also workforce. He noted it was likely, staff will start to increase the amount of leave being taken in the summer months and that further work needs conducting to understand the impact of Covid-19 on core service waiting lists. RW stated it is very complex to try and simplify demand and impact and also think about income and costs around this, He felt the 4 key areas to focus on were:- 1. Has there been any suppression of demand as people are not being referred 2. New demand due to exacerbation of people's existing symptoms because of Covid-19 3. Restarting development of investment in services 4. New asks for new services such as the support for acute trust staff. RW added that the message around MH investment standard from a call with Claire Murdoch today is that these monies will be available so trusts should continue to plan for the investments with CCGs. • CJ stated that community, elderly, children, unemployment, working age MH challenges are all multiple drivers for growth in demand in our services. • TB stated careful thought will need to be applied to supporting and managing discharge. CH advised that resources used to manage discharge in Barnsley community services are currently being pooled from paediatric services & MSK but		MB

With all of us in mind.

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		as life starts to get back to normal resource will have to be balanced differently and will depend more on demand dropping in one area as it rises in another. • KQ raised her concerns as to the demand this would put on carers. • TB explained that a key issue is how we are going to deal with public expectations, stating that a conversation needs to be opened up nationally around self-directive care and the impact this will have on individuals. • CH stated we will need to support third sector partners to deliver as part of a whole system response. • CJ stated there could be risk that some third sector partners will not be here in 6 months		
6.	Current year financial performance	<u>MB provided the following Month 2 key highlights</u> • MB advised that a break even position has been reported for May. • The level of true up in M2 was almost identical to what was claimed in M1 • Given the timing of the calculation of block income the Trust is not receiving income as part of the block for CAMHS in Barnsley, forensic CAMHS, forensics community pilot or a number of additional service investments agreed towards to the end of the fourth quarter. This anomaly will need sorting post July. • Out of area bed costs have reduced to £55k in May • Pay costs have significantly increased month on month, with staff turnover much lower than previous years, an increased use of student nurses and cover for absence. There has also been a spike in overtime, particularly in forensics due to a high level of sickness absence since the onset of the Covid-19 outbreak. • A higher level of acuity is being reported across our services. • RW stated it is important to note that in recent weeks there has been increased interest in roles advertised as people are getting back into their routine which may result in turnover increasing in the next few months. MB commented that we may now see an increase in applications in non-clinical posts given some of the job losses being reported in a number of sectors. RW raised the question of whether we are seeing a balance of vacancies in community. • MB explained that there had been less money spent on some discretionary items such as travel and, training etc. during the first two months of the year. He also added that the cash balance remains healthy. • Deloitte have been engaged nationally to do sample testing of 19/20 Covid-19 cost claims. At this stage the Trust has not been informed if its claim will be tested. <u>Horizon Scanning</u> • MB stated that since writing these papers some additional information requests had been made on the Trust relating to full year cost forecasts and Covid-19 capital expenditure priorities. • As previously stated financial arrangements beyond the end of July have not yet been communicated. • MB advised that the worst scenario for the Trust is that any updated arrangements do not cover all cost requirements. Where it has the opportunity the Trust is putting forward its comments and views on what the financial arrangements beyond the end of July could look like. • MB explained that in future it is considered more likely that the Covid-19 response costs would be funded prospectively as opposed to retrospectively.	MB	

With all of us in mind.

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• Month1 & 2 had lower levels of inpatient occupancy than last year and referrals into our services were also typically lower than normal., MB commented that if there was a surge in demand this would likely lead to pressure on bed capacity which would then lead to a risk of increased out of area (OAA) bed placements. • Government update on shielding expected later today • We need to better understand the appropriateness and effectiveness of video and phone consulations. This may differ by service. • MB advised that with regard to additional capital monies the ICS is bidding for there is already an estates group in place. This is being used to support the prioritisation process and is being supplemented by finance director involvement. • Carol Harris, Mike Doyle and Nick Phillips have been involved in assessing the criteria for bids and reviewing the submission we made. It was highlighted this was completed within a in very short timescale. Examples of bids included improvements to staff changing facilities, infrastructure changes to facilitate more face to face consulations given social distancing requirements and increased en-suite provision. He added that bids were being made by all sectors including acute hospitals. • MB explained that a high level view has been taken to enable submission of potential rest of year revenue costs. This was again carried out at relatively short notice and as such was not a detailed calculation but an indication of potential cost scenarios. • RW thanked MB for working on this at short notice. • RW stated he would expect push back on some of the numbers and recognised that figures are all ball park. • CJ thanked MB for the update, stating it is as clear as is as possible at this stage. • The committee noted the update in terms of potential changes to the financial arrangements after July and the work the Trust is carrying out in terms of developing an operational plan for the remainder of the year.		
7.	Review of May IPR	• MB confirmed the first draft of the IPR would be available at 5pm today. This will be reviewed at Trust Board on 30 June		
8.	Service line reporting for 2019/20 full year	• MB confirmed this item has been deferred to the July meeting given the pressures associated on the capital and revenue submissions highlighted in this paper.		
9.	Planning Guidance	• CJ confirmed this item has been covered as part of item 6		
10.	CAMHS performance	Following the Committee's request for a deep dive on CAMHS performance CH provided the following key highlights:- • A detailed CAMHS report is taken to every CG&CSC meeting. CH confirmed that due to the current situation with Covid-19 a highlight report has been taken to the last 2 meetings. A detailed report would now be provided again at all future meetings. • CH explained that when looking at CAMHS performance previous actions taken in Calderdale and Kirklees have had a positive impact over the past eighteen months. There has been greater focus on performance in Wakefield and Barnsley over the course of the past year. An improvement group has been set up looking at pathways in Barnsley & Wakefield, that Calderdale & Kirklees can also potentially benefit from. • A number of common themes have been identified from 2 services during 7 day crisis response for CAMHS with extended hrs, not 24. All age liaison psychiatry in a&e will take pressure off CAMHS on call, and therefore give more resources through the day.		

With all of us in mind.

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• Referrals have reduced in CAMHS since the outbreak of Covid-19. There has been real success in digital working with children & young people, and working with partners. There has been good engagement with young people, finding out what works best. A document is available in Barnsley which receives feedback from young people. • With regard to staffing there have been positive results in recruitment in Barnsley. Also Wakefield has filled most of their vacancies. • CJ asked if SystmOne development is hampering progress. CH replied that she did not see it as a barrier, more an opportunity to get it right going forward. • Group work has not been able to happen in same way given the impact of Covid-19. Early indications are that it is effective when it is used. • One decision staff need to take is how we prioritise the young people we work with on a clinical needs basis, • Recording on waiting list by ethnicity has not been carried out yet but plans are in place for this to happen. • CJ thanked CH for papers, recognising the huge amount of work going in to improving CAMHS performance in Barnsley & Wakefield. • CJ suggested waiting times to referral could be an emerging risk and the next version of the IPR should be reviewed to help inform this. • CH offered CJ the opportunity to meet with her and Dave Ramsay to discuss the work taking place on CAMHS improvement in further detail. This meeting has now taken place. • TB stated he had good oversight of this in CG&CSC, and that work with the improvement group has been on-going for some months. He added that the way we work with our partners has also been helpful as not all issues relate to our performance but wider system issues • CH advised in relation to ADHD an independent practitioner would normally go into schools and carry out observations, and that due to the current situation this cannot take place and as such there is an impact. CH added that in some instances they were getting quicker referrals with use of digital technologies. • CH stated that in Wakefield and Barnsley a number of pathways have made significant improvements. • KQ thanked CH for the update, adding that at CG&CSC they only receive a headline overview so this is very useful to see and understand. She stated she would like to see more detail below the headlines i.e. what outcome measures do we use, how do services deliver service changes. CH replied that evaluation is included in individual care plans. • CJ highlighted that 55 young people are waiting 12 months to get into service and we cannot afford for any levels of complacency. • CJ thanked CH for the update noting all the hard work that had taken place in Wakefield & Barnsley, advising he will keep an eye on quality statistics in the IPR.		
11.	New risks identified	• No new risks were identified		
12.	Items to be brought to the attention of Trust Board/Committees	• Reporting break even position • Significant achievement of 7 day payment of suppliers, thanks to the finance team • Evolving financial planning arrangements • Capital papers sent to ICS, put together at some pace		
13	Any other business	<u>Financial governance</u> • The committee agreed that all papers received at today's meeting demonstrate appropriate financial governance is in place and being followed.		

With all of us in mind.

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• It was highlighted that Barnsley CCG has corresponded with the Trust and informed it that the procurement process for CAMHS has ceased. The CCG will work with the Trust on re-designing the service pathway. CH noted the importance of the improvement work that has taken place in the Barnsley CAMHS service. • MB stated if the Trust is audited on its Covid-19 cost submissions he is very confident in the processes in place to ensure these costs are appropriately identified and recorded.		
14.	Date and time of next meeting	The next meeting of the Committee will be held on Monday 27th July 2020, 9:30-11:30. This will be a virtual meeting, via Microsoft Teams.		

With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

Finance, Investment & Performance Committee (FIPC) – Monday 27th July 2020
Virtual meeting, via Microsoft Teams

Present **Members** Mark Brooks (MB) Chris Jones (CJ) (Chair) Kate Quail (KQ) ***Attendees*** Carol Harris Tim Breedon Rebecca Thorne (RT) - (item 11) Lindsay Metcalfe (LM) - (Item 11)	Jane Wilson (JW) (Note taker)	**Apologies** Rob Webster(RW)

Item no.	Item/area	Progress and actions/decisions	Lead	Action
1	Introductions and apologies	Chris Jones (CJ) welcomed everyone to the meeting. Apologies were received from Rob Webster MB advised that the meeting was quorate	CJ	
2.	Declarations of interest	There were no declarations of interest	CJ	
3.	Minutes from previous meeting	The minutes from the FIP meeting held on 23rd June were approved.	CJ	
4.	Review of progress against agreed actions	Barnsley risk. This is discussed regularly at the private meeting of Trust Board, it is an ongoing action so will be taken off the action log.	MB	Action – MB
5.	Review of committee related risks and any exception reports as required	Key highlights:- MB commented that as meetings are monthly and risks are reviewed at each meeting there is not an enormous amount of change compared to the previous month. • Risk 522 national funding arrangements – The temporary financial arrangements in place will continue for at least one extra month, potentially two. These arrangements enable the Trust to break even each month. The general messaging is that there is a desire nationally to remove these arrangements once the financial settlement for the remainder of the year	MB	

With all of us in mind.

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		for the NHS is agreed. It is expected existing block contract arrangements will be updated and the retrospective top up arrangements will cease. • MB explained that both he and CH had attended a meeting with North Kirklees CCG at which it was explained the North Kirklees CCG is entering into financial recovery from April 2021 with a £7m saving required across North Kirklees services. This is likely to have an impact on the Trust. • Barnsley CCG has established an efficiency executive to oversee progress against system-wide savings schemes. Members of the committee were reminded that prior to suspension of planning activities in March the Barnsley system had identified a financial challenge of at least £14m. • MB stated that the timescales for the go-live for the forensics lead provider collaborative had not moved from April 2021. This meant the time to complete due diligence was very compressed and tight. A business case agreed by all partners in the collaborative needs to be submitted by the end of October. The agreement of a risk share approach is likely to prove challenging. • MB noted that there is an increased risk of resurgence in out of area (OOA) bed usage. The July run rate is such that costs are likely to be in the region of £300k per month. Financially this is not a risk in July/August given the retrospective top up arrangements, but could be from September when these arrangements are likely to change. • CJ commented that there is a paper going to Trust board regarding the forensics lead provider opportunity. He would raise his comments at that meeting. • CJ stated that if we increase the score of risk of 522 (impact of national funding arrangements) we need to be clear what the actions are as a result of increasing this risk. • MB explained that the score for risk 522 had already been increased as agreed at a previous meeting given the uncertainty of funding arrangements. He agreed that once financial arrangements are known and the size of any gap is known additional action may need to be taken. For the moment the key action is to continue to engage with any opportunity to influence what the rest of year financial arrangements would be. • CJ summarised by stating that having discussed the current Trust-wide corporate/organisational level risks relevant to this Committee, the committee is assured that the current risk level, although above the Trust risk appetite, given the current environment is appropriate.		
6.	Current year financial performance	<u>MB provided the following Month 3 key highlights</u> • There has been an increase in the amount of true up required in M3 as opposed to M1 & 2. MB stated that this was in line with what was projected. • Covid-19 costs reclaimed were similar in value to what was reclaimed in previously months • There was a small reduction in pay costs compared to the previous month • Net vacancy numbers are now at a much lower level than recent historical levels • Capital expenditure to date has been impacted by the pandemic and as such is relatively low. MB commented that he has asked for an updated forecast by the end of September. If we are not going to spend in line with current plan this will be notified to the ICS and this could enable other trusts to increase their own forecast.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• MB added that we are paying 83% of suppliers within 7 days. He had recently read that nationally the figure is 36% so the Trust is performing well. <u>Financial forecast</u> • MB explained that the paper provides good amount of detail in terms of the current financial arrangements and the process being undertaken to develop a forecast for the remainder of the year. He added the report is a status update and is provisional. Focus is being applied to having clear and consistent assumptions across the Trust. • MB reminded committee members that the arrangements are such that the Trust will have the ability to break-even up to August and potentially September. Based on what we know today think we would need £3.2m to cover Covid-19 specific costs for the remainder of the year and a further £5.7m to enable a break-even position. MB commented that one possibility is for the ICS to be given a control total for 20/21 and there would therefore be a system wide angle to how the financial arrangements are approached. • A base forecasting meeting has taken place with each BDU and corporate service. A follow up meeting will be held week commencing 3rd August. • MB added that one complexity will be potential changes in demand in the second part of the year and activity levels will need to be triangulated with workforce and financial plans. • CJ asked for further detail about Covid-19 costs later in the year. MB explained that costs year-to-date and other emergent factors have been taken into account. Assumptions have been made regarding the ongoing need for scrubs and laundry as well as digital costs and the level of sickness absence and backfill. There is also an expectation that estates costs will increase to enable restoration of services and to meet infection prevention and social distancing requirements. • MB stated that the detail of what is being proposed will be taken to EMT for wider discussion. • CJ referred to the table on page 40, and noted there is a whole list of issues that could come to fruition and add to the cost base. • MB acknowledged this and added that we have taken a view on what a continued heightened level of sickness could be and what backfill would be required. He added that we should also not lose sight that we have been recruiting into roles, both to meet Covid-19 response and to meet previously agreed service investments. • SY recollected previous conversations in terms of vacancy assumptions in the draft plan and the impact of lower vacancies on the financial position. • CH added that there have been a number of temporary appointments along with people returning from retirement • MB commented that the number of student nurses was likely to reduce in the coming months • TB added that it is important to keep reviewing the ever changing position around student nurses as there are lots of iterations that need factoring in on a regular basis. To date we have done very well in terms of numbers. • MB suggested that given job losses in the wider economy there are likely to be more applicants for non-clinical roles.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• CJ asked that following on from SYo's question whether there would need to be a time recruitment was paused. CH stated that low risk and low level recruitment has already been paused and we have only been recruiting into essential posts. • MB suggested this issue also needed to be looked at in a different way. It is recognised that the current block income arrangements means that we are at least £5.5m light in income. If this is addressed in the updated financial arrangements the position will look quite different and we will continue to stress this point as discussions and engagement progress. • KQ asked if we know when the Trust will be made aware of its income for the remainder of the year. MB responded by stating not currently, but based on current communication the existing financial arrangements will only be extended for a further 1 or 2 months.		
7.	SBS Finance ledger system implementation update	MB provided the update stating we are working to a very tight timescale to implement this system with the first programme board having taken place last week. The report provides an overview of the 6 workstreams, each has a workstream lead, there are few concerns at this point:- • MB did state that the process is highly dependent on a small number of key resources which needs to be recognised as a risk. There is a lot of work still to do in the coming weeks and also the fact the work is being carried out remotely adds another dimension to the challenge. Engagement and training with budget holders and other users is therefore going to be different to what the normal implementation approach is. • There has been good progress at this stage which is to be expected, we are preparing now for the more detailed and involved work such as changing our chart of accounts. • MB added that the go-live date of 1st October is not set in stone and if we need to change this date we will do so. • SY commented that she is currently involved in a similar piece of work and echoed what MB has suggested about the reliance on remote working and issues that can arise as a result.		
8.	June IPR	MB provided the IPR update:- • We are currently not meeting 2 nationally agreed targets relating to 18 week referral to treatment and 6 week target for diagnostics. This was very much due to the impact of Covid-19 and the ability of acute trusts to provide capacity. • IAPT metrics have also declined slightly. CH noted that there has been a large impact from a lack of group activity. • MB highlighted there had been a 25% increase in detentions in the Mental Health Act in quarter 1 compared to quarter 4. • IG breaches have also increased since the outbreak of the pandemic and more in-depth work is taking place to understand the reasons for this. • Staff off work with Covid-19 symptoms has reduced with staff returning to work. • The use of digital technology in terms of remote connections and video consultations was very clear in the report • MB added there has been a notable increase in staff receiving compliments. • Inpatient ward fill rates remain high. • TB explained that the Covid-19 section has been re-structured to reflect the current approach to the response. CJ noted seeing some interesting trends. He explained the need to be careful not be complacent, and he was interested to understand any impact on service users given the focus on the Covid-19 response.		

With all of us in mind.

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• TB agreed with the point about performance stating in the current situation we need to keep triangulating our information. Maintaining contact with service users wherever possible remains important. • CH expanded on the position with IAPT. The way we are monitoring performance is set out clearly and nationally defined. We will see a reduction in recovery rates as some service users had commenced treatment and did not want to carry on virtually, which has a direct impact. Group work has also been paused since the outbreak of the pandemic. We are looking at setting up groups virtually now to support service delivery. • SY asked if it is specific groups of people who have said they do not want to continue treatment. CH responded by saying there was a range who do not want to continue. • MB stated that Covid-19 has highlighted the need for even greater understanding of population health management and we would need to work both internally and with external stakeholders in order to do this. • CJ stated he found the high level summary helpful and asked if this could continue for future reporting.		
9.	Horizon scanning	MB provided the key highlights:- • The temporary financial arrangements from April – July have now been extended to August. This could be extended for one further month. • It remains likely there will be a continuation of block contracting arrangements, but an elimination of the final 'true-up' process and Covid19 response costs will need to be agreed prospectively probably via the local system (ICS). • One option is to base Covid-19 cost on M1 & M2 actual costs and allocate to each ICS has to prioritise. • There have been a number of opportunities to bid for national capital monies recently. The Trust is awaiting confirmation of whether any of its bids, mainly for capital in response to Covid-19, have been successful. • More monies have been made nationally available for critical infrastructure backlog maintenance. The Trust has limited exposure and has therefore only received £4k. • MB noted that a finance capital group has created within the West Yorkshire ICS partly to ensure that when national capital monies are made available to bid for we are in a good position to bid effectively and against clearly identified priorities. • MB suggested that it is possible the financial position could become more challenging when the new financial arrangements take effect and recognising there will be an impact from Covid-19 for an extended period of time and likely weakness in the wider economy. • MB added that one potential complexity for a Trust such as ourselves is where we have services in different ICS's, but all of our financial reporting takes place via the West Yorkshire ICS. • CJ recognised the Trust still has £50m in bank which is an asset. There are significant risks on the horizon with national uncertainty and real local risks around. • KQ stated it was pleasing that our estates is in a good position. Whilst it is a mixed in some places with some wards such as Willow ward requiring improvement overall, the quality of our estate is very strong. CH explained that she feels that one key issue to be addressed is that of the Dales and Priestley, particular the Dales. This needs to form part of our updated estates strategy and thinking for the future.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• MB explained that the general direction of travel for major capital expenditure was for it to be prioritised within ICS and national monies bid for. We need to consider our approach carefully. • CJ questioned whether there is a strategic capital risk that needs considering for the organisational risk register.		
10.	Service line reporting for 2019/20 full year	MB presented the key highlights:- • The report for 2019/20 shows the surplus/deficit by BDU • The method of valuing assets (modern equivalent assets valuation) does have a distorting impact on capital charges and MB and Rob Adamson will consider what may need to change in terms of allocation of these costs to better represent how our capital expenditure has been invested. • CJ stated this is a good piece of information and helps us identify opportunities for financial improvement • CJ raised question of what gave CH most concern from a financial point of view. CH agreed the finances associated with Barnsley CAMHS were a concern. • MB added that another financial issue is that of inpatient wards. The direction of travel is not to invest in inpatient wards. Whilst this is the case, costs have increased given levels of occupancy, acuity and increased safer staffing requirements. • CH added that in respect of the issue with inpatients there is a lot more work in the community which would support the avoidance of admissions and therefore impact on costs. • CJ asked what are we going to do about loss making services. • MB responded by explaining that if we remind ourselves of how the process worked for the 2019/20 plan we focused on loss making services and this guided our contract negotiations and internal plans. For example we were able to reduce the deficit in neuro rehab and gain additional income for some services. • SY concluded by agreeing it is beneficial to use this information to support our approach to contract negotiations.		
11.	Update on Internal Benchmarking/Productivity Reporting	Rebecca Thorn (RT) provided an update to the committee, giving details of the ongoing work to support benchmarking and productivity in the organisation. She advised the committee that she will be leaving the trust in 8 weeks and that Lindsay Metcalfe (LM) who was also in attendance would be stepping into this role. Key highlights:- • The last update provided to the committee was in November 2019. This work has been impacted by the Covid-19 pandemic. • Since March there has been further information available on the SWIFT dashboards to support teams across the Trust. • Demonstration sessions took place in January, predominantly focused at team manager level. A good range of staff from all levels attended these. • In February, initial analysis workshops with service leads took place looking at data in more detail.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• Next steps include an understanding if there is unwarranted variation across our services, along with understanding if there are opportunities for our services to operate in a more efficient and productive way. RT added there is a need to continue to improve the use and visibility of this information across the Trust to support decision making. • People are genuinely engaging with the dashboards, and since the launch in October 2019, 1,500 dashboards have been accessed. • There has been a consistent usage of dashboards over recent weeks and months which is considered very positive. • Further work will include focus on functionality; it will be continually reviewed and revised to make sure it meets the ongoing needs of the organisation. • There are a number of staff who are not as comfortable using these dashboards so there is a need to promote it at individual level and ensure suitable training is available. • Good work is taking place with the integrated change team and operational services to identify focus areas and opportunities for improvement. This work started in February and has recently been picked up again. • RT stated that the model hospital and getting it right first time (GIRFT) are providing more useful data for trusts to use in conjunction with other benchmarking available. She stressed the need to ensure we have meaningful data in an easy accessible way. It is what we do with the data that really matters. • MB thanked RT for all the work she has done in developing these dashboards and stated in his opinion it is a superb piece of work. He added that when we are in a more stable position we are in a really good place to pick up work on internal productivity again. • CH advised that RT had attended OMG a couple of times. She stated this had been greeted very positively in OMG and with focus starting to return on finance once again she would expect to see use of the dashboard increasing again. • CH stated the dashboard enables us to look at a team's performance and to benchmark it against others. It also prompts us to ask the right questions which we can then drill down into. • Tim Breedon (TB) stated that some professions had more of an appetite for this than others, and asked how do we ensure we get the message across to all groups. He stated the focus in OMG has made it helpful but this needed to be built on. • KQ stated she would like to echo what MB had said earlier and that it is fantastic piece of work. • KQ asked if variation should be added to the BAF as some trusts do, and that maybe this is something we should revisit another time. She also added it would be helpful to understand what the next steps are in terms of engagement. • RT stated when we held the user workshops in back in January this was well received and well attended with a request for more. She advised that this was initially focussed at team manager level, but staff above and below had also attended, and this is something we will definitely be looking at going forward. • RT reported there have also been more requests for her to be present at team meetings, stating staff are definitely wanting to engage and we are seeing more and more conversations about data happening at all levels across the Trust as this becomes more a part of everyone's day to day experience and part of everyone's job in the organisation.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• SYo stated it is an excellent piece of work and is there anything we can see in terms of the Covid-19 impact. RT stated that one of impacts of Covid-19 was to get everyone engaged in data, which in turn was resulting in the production of more information. One example was the core mental health teams proportion of care given face to face, up to Covid this was 80-90%. Following the outbreak of the pandemic there have been more digital/telephone conversations. • CJ thanked RT for all her hard work and moving the Trust on such a huge distance, whilst realising there is still lots to do. • CJ asked if there was some data critical to managers that required them to look at it or is it optional. RT stated they were looking at hotspots, and encouraging teams to look at their own data, whilst also looking at a wider level of what the data is telling us, i.e. where do we have real variation. • CJ asked if it was part of the committee's responsibility to identify some of the key metrics. MB stated in his views that OMG need to own and drive service improvements but that a little bit of committee focus could be helpful. • The committee agreed that this item would be revisited in three month's time. • CH to also update the committee on what progress had been made in OMG.		Action - MB
12.	Operating plan update	• MB stated there was no formal planning guidance as yet. This is now expected towards the middle/end of august, with expected deadline of mid-end of September. • CJ asked if the plan guidance only covered the remainder of 20/21. MB stated he expected it would cover this as a minimum. He added there should also be some guidance forthcoming in relation to the mental health investment standard		
13.	New risks identified	• Capital was discussed as a possible future risk		
14.	Annual work plan	Key highlights:- • MB advised this was the interim work plan. He explained the items highlighted in amber are those that have in effect been paused because of the Covid-19 outbreak and revised financial arrangements. • MB confirmed that Andy Lister (AL), company secretary has arranged meetings with the Chair and lead executive director of each committee to review the work plans for the remainder of the year. • TB stated it was important that committees logged all items that were deferred on work plans. • MB commented that once the Trust receives financial planning guidance it will then know what is required in terms of productivity and efficiencies. • CJ asked if it was worth reinstating ongoing review of progress against the financial sustainability plan. MB suggested resource has currently been allocated to other priorities and there is not really any clarity on what is needed in terms of efficiency savings. He did add that he expected the focus on efficiency and productivity to return sooner as opposed to later. • CJ stated he would still like to see this item at the next meeting, even if it is a discussion around the plan in its current state to refresh ourselves of what it looks like.		Action MB
15.	Items to be brought to the attention of Trust Board/Committees	• Reflect on good progress on benchmarking and productivity whilst realising there is still lots to do • Risk around a surge in out of area beds. • Financial risk arising around the forensics lead provider collaborative. • Financial forecast and prospective £8.9m gap, how it is to be filled around top of funds relating to Covid-19 costs		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• Horizon scanning, uncertainly around financial regime beyond September.		
13	Any other business Financial governance	<u>Financial governance</u> • The committee agreed that all papers received at today's meeting demonstrate appropriate financial governance is in place and being followed.		
14.	Date and time of next meeting	The next meeting of the Committee will be held on Tuesday 25th August 2020, 9:30-11:30. This will be a virtual meeting, via Microsoft Teams.		

With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

Minutes of the Mental Health Act Committee Meeting held Virtually via Microsoft Teams on 12 May 2020

Present:	Dr Subha Thiyagesh	Medical Director (lead Director)
	Kate Quail	Non-Executive Director (Chair)
	Tim Breedon	Director of Nursing and Quality
	Erfana Mahmood	Non-Executive Director
	Laurence Campbell	Non-Executive Director
Apologies:	Members	
	Salma Yasmeen	Director of Strategy
	Attendees	
	Julie Carr	Clinical Legislation Manager
	Chris Lennox	Deputy Director of Operations
	Carly Thimm	MHA and MCA Manager, Legal Services
In attendance:	Carol Harris	Director of Operations
	Yvonne French	Assistant Director, Legal Services
	Sarah Millar	PA to Medical Director (author)

MHAC/20/14 Welcome, Introductions and Apologies (agenda item 1)

The Chair, Kate Quail (KQ) welcomed everyone to the meeting. The apologies, as above, were noted.

It was noted that due notice had been given to those entitled to receive it and that, with quorum present, the meeting could proceed.

There were no declarations of interest to record.

KQ explained that various temporary changes had been made to the meeting due to the ongoing Covid-19 pandemic, in order to protect staff time and to ensure a focus on Covid-19 related risks and issues. The changes were: the meeting was being held virtually and external stakeholders would not be joining the meeting but had all been asked to submit questions and input to the meeting in written form. The agenda would be shorter with some items cancelled or deferred to future meetings (as reflected in the updated annual workplan submitted to the meeting). Items taken at the meeting would have a Covid-19 focus. These changes were all to be reviewed prior to the next MHAC meeting in August and reflect similar changes in the running of all Trust Board Committees during this time.

MHAC/20/15 The Act in Practice (agenda item 2)

No presentation due to Coronavirus.

With all of us in mind.

MHAC/20/16 Legal updates (agenda item 3)

MHAC/20/16a Briefing on changes to MHA procedures due to Coronavirus (agenda item 3.1)

Yvonne French (YF) gave an update on the temporary changes in the use and application of the MHA/MCA:

- Community Treatment Orders have been stood down by the Tribunal with advice that they will be reconvening shortly once there is clarity on how to effectively and safely communicate with service users.
- Hospital Managers' hearings are on hold while the logistics are being worked through. Consultants have been contacted and the backlog will be dealt with over the coming weeks.
- All face to face training is currently on hold. Learning and Development are assisting with arranging smaller groups for training via Microsoft Teams.
- All Second Opinion Appointed Doctors (SOAD) assessments are being done remotely which is working well. One issue had been raised when a SOAD had been unable to give an opinion due to the service user being hard of hearing. This had not been raised with the Mental Health Act office and emergency treatment had continued. Contact has since been made with the CQC and an arrangement made for a staff member to assist and relay what the SOAD is saying to the service user.
- CQC MHA visits had been stood down, however three have recently been undertaken remotely. A further remote visit is planned for Johnson Ward at Newton Lodge and the system appears to be working well. The inspector makes contact with the ward manager in the morning before speaking to service users and carers during the day and then providing feedback to us at the end of the day. Ward staff have reported this to be very effective and allows timely action and response. Positive feedback has been received from the CQC about how the Trust is operating and supporting service users during the Coronavirus pandemic.
- An update is expected shortly which is anticipated to support the use of electronic signatures and electronic transfer of documents.

Erfana Mahmood (EM) queried how service users are having contact with their families during this time and Carol Harris (CH) advised that there should be enough iPads for all wards to facilitate virtual visits. This is currently being tested with plans to roll out across all inpatient areas.

In response to a query from KQ, Tim Breedon (TB) confirmed that all directors and deputy directors are routinely kept up to date with operational developments via Bronze, Silver and Gold command arrangements.

KQ referred to the agreement at the last Mental Health Act Committee (MHAC) to pilot paper based Managers' Hearings and it was noted that this was now in practice without the pilot, given that face to face hearings were not possible at this time.

YF indicated that there were some difficulties due to Hospital Managers not being linked to our IT structure in terms of remote meetings and secure e-mail addresses. There also remained a need to undertake some full reviews and this was currently being worked through, with a plan to arrange a session where attendees can appropriately distance from each other. EM queried whether that was absolutely necessary and YF advised that any Hospital Managers who were vulnerable or shielding had been removed from the list and this measure would only apply to those that were willing to attend.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/20/16b Briefing on changes to MHA legislation due to Covonavirus Act 2020 (agenda item 3.2)

YF reported that on 24 March 2020 the UK government approved legislation known as the Coronavirus Act which made provision for changes to the Mental Health Act. MHAC noted, however, that at this time the Act remains unchanged and there have been a number of concerns raised nationally about potential human rights implications of enacting the changes. YF explained what the changes would be should they be enacted. YF added that any change would not be across the board and would be dealt with on a case by case basis.

YF advised that a number of measures have been taken to ensure preparedness for any change including an update for SystemOne, updated processes in the Mental Health Act office and a Communications message drafted for staff. YF was also arranging to meet with Local Authority colleagues so they are clear on how the changes would work in practice.

YF indicated that guidance on digital technology solutions is awaited and once published, will allow for consideration to be given to support Mental Health Act assessments remotely.

KQ noted that Committee acknowledged that a range of actions had been taken and provisions put in place in the Trust, should they be needed. These included: amending and preparing internal documents, providing training for the Mental Health Act administration team, as well as the planned work with AMHP colleagues.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/20/17 Local Authority and Acute Trusts (agenda item 4)

Written updates were received due to Coronavirus:

Anne Howgate – Kirklees Council

- No problems getting doctors for Mental Health Act assessments. There is some reluctance from doctors to attend face to face because of the risk of transmission of the virus and there is an appetite for remote assessments and digital signatures which would also reduce the pressure on the AMHPs.
- Good working relationship with the police.

Shirley Atkinson – Barnsley Council

- Reported difficulties getting two Section 12 doctors to carry out Mental Health Act assessments. They are trying to understand the pressures and are willing to consider remote assessments which is already being done in Wakefield. If this was to be done in Barnsley, it would be beneficial to proactively engage with the GPs to get a second medic, which used to be usual practice.
- The police have raised some concerns over the length of time taken to undertake a Mental Health Act assessment and this is being looked into.

Clive Barrett – Mid Yorkshire Hospitals NHS Trust

- Concerns had been raised about moving children out of A&E to an appropriate environment due to pressures in the system. It was acknowledged that this was not strictly a mental health service issue and was being worked through with the CCG.
- Aware of proposed changes to the Mental Health Act and have support of SWYPFT.

EM queried whether SWYPFT was managing to undertake all required Mental Health Act assessments at this time and Subha Thiyagesh (ST) advised that there were some issues with getting a second Section 12 doctor to attend. MHAC noted that the second doctor is not usually part of the Trust on-call rota and is contacted separately by the AMHP. This is where engaging with GPs could take pressure off mental health doctors.

EM queried whether this could be raised at an ICS level and it was noted that any agreement would need to be made nationally so as not to move away from the Code of Practice. MHAC noted that the principles of any deviation would need to be on a case by case basis, justifiable, documented and reasonable.

MHAC/20/18 Minutes of previous meeting held on the 10 March 2020 (agenda item 5)

It was RESOLVED to APPROVE the notes of the meeting held on 10 March 2020 as a true and accurate record of the meeting.

MHAC/20/19 Matters arising (agenda item 6)

MHAC/20/19a Action points (agenda item 6.1)
The action points were reviewed and updated.

MHAC/20/19b Consideration of items from the organisational risk register relevant to MHA Committee (agenda item 6.2)
It was noted that there were no specific items relevant to MHA Committee.

MHAC/20/20 Statistical information use of the Mental Health Act (MHA) 1983 and Mental Capacity Act (MCA) 2005 (agenda item 7)

MHAC/20/20a Performance report – Monitoring information Trust wide January-March 2020 (agenda item 7.1)
The report was considered and the following noted:

- There was an improvement in ethnicity recording. It was noted, however, that the rates per 100k population were based on the 2011 Census and there was still more work to be done.

- DoLS applications from neuro-rehab and stroke-rehab wards were not being processed by the DoLS teams for Kirklees and Barnsley patients within the 21 days for a standard authorisation. This was highlighted as an issue specific to the rehabilitation service in Barnsley and MHAC acknowledged that the responsible DoLS teams were currently overwhelmed with requests from care homes. It was noted that this was not a Covid 19 related issue and the teams considered risk and length of stay when prioritising care homes. Service users in the rehabilitation services were usually admitted for short periods for recovery and then discharged home. YF advised that SWYPFT continue to make DoLS requests and involve the CQC as necessary and it is anticipated that once the Liberty Protection Safeguards come into force, the Trust will be lawfully able to undertake its own DoLS assessments. YF reported appropriate escalation of the issue to the relevant managers and ST/YF would discuss further, including considering potential impact on service users, and give an update to the next Committee meeting.

Action: Subha Thiyagesh/Yvonne French

- Since March there had been a 9% decrease in Mental Health Act assessments and a 34% decrease in the use of the Act overall, compared to this time last year. MHAC agreed that it would be useful to compare all the figures during the protracted period of Covid 19 and the Quarter 1 report in August will allow for that. It was noted that the use of Section 136 had not reduced.

It was RESOLVED to RECEIVE and NOTE the contents of the monitoring report.

MHAC/20/21 CQC compliance actions (agenda item 8)

MHAC/20/21a MHA/MCA Code of Practice oversight group feedback (agenda item 8.1)
Item stood down due to Covid 19.

MHAC/20/21b MHA/MCA/DoLS mandatory training update (agenda item 8.2)
YF reported the current position as:

- Mental Capacity Act/DoLS training – 90.5% compliant
- Mental Health Act training – 87.2% compliant

which was noted to be in excess of the 80% target. YF had already given an update on plans for training during the pandemic, including that all face to face training has been halted.

It was RESOLVED to RECEIVE the report and to NOTE the level of compliance with the mandatory training target and plans for future training.

MHAC/20/22 Audit and Compliance Reports (agenda item 9)

MHAC/20/22a Section 17 escorted leave (agenda item 9.1)
Item stood down due to Covid 19.

MHAC/20/22b Consent to treatment (agenda item 9.2)
Item stood down due to Covid 19.

MHAC/20/22c S132 patients' rights (agenda item 9.3)
Item stood down due to Covid 19.

MHAC/20/23 Care Quality Commission visits (agenda item 10)

MHAC/20/23a Visits and summary reports Quarter 4 (agenda item 10.1)
YF reported that there were 6 CQC Mental Health Act visits in Quarter 4 to Ward 19, Lyndhurst, Willow ward, Waterton, Walton and Ashdale.

Within the quarter, 6 MHA monitoring summary reports were received relating to ward visits made to; Ward 19, Lyndhurst, Willow ward, Waterton, Walton and Ashdale.

4 responses were submitted to the CQC; Hepworth, Ward 19, Lyndhurst and Willow ward.

The Committee received detailed information about the outstanding issues. YF reported the recurring themes requiring action as illegible handwriting on Section 17 leave forms, outcome of SOAD not shared with patient, seclusion room facilities, patients' rights reiteration and care planning/ risk assessment. MHAC noted that a piece of work focusing on the latter was currently on hold due to Covid 19.

The recurring themes of positive practice were noted and TB advised that the first piece of written feedback from the remote visits had been received from the CQC today which was very positive in terms of how the ward was being managed during the current crisis.

It was RESOLVED to RECEIVE the report and to NOTE the positive progress.

MHAC/20/23b Update on CQC MHA action plans (agenda item 10.2)
YF referred to the outstanding and overdue actions and noted that there had been a delay with roll out of the FIRM risk assessment training until September due to Covid 19. MHAC noted that some of the other outstanding points had been actioned, however the services were keen to embed the changes before confirming that the actions were complete.

It was RESOLVED to RECEIVE the report and to NOTE the progress of the actions following CQC visits.

MHAC/20/24 Independent Hospital Managers (agenda item 11)

MHAC/20/24a Hospital Managers' Forum Notes (agenda item 11.1)
The Committee noted that there had been no forum held due to Coronavirus. A written update had been provided:

Associate Hospital Managers' Feedback to MHAC 12 May 2020

Hospital Managers reported the following:

Positives, strengths, compliments

- *Hospital Managers felt that it was quite apparent from communications that the welfare of patients, staff and managers has been uppermost in the thoughts and actions of the Trust.*
- *Partnership working and relationships between the Hospital Managers and SWYPFT in the current Covid 19 situation are good.*
- *Hospital Managers feel they have been kept informed regularly with what is happening re Covid 19 and the rationale behind it. They are also clear what action is expected if they are unwell.*
- *The 24 March Hospital Managers' Forum was sensibly cancelled owing to the Covid19 situation.*
- *Work on sound proofing in the Unity Centre has started.*
- *Hospital Managers were appreciative of the way the HMRC mileage issue was resolved and also that, at what is an uncertain and busy time for everyone, they are updated and supported on these issues by MHA Office.*

Concerns, comments, questions and suggestions

- *Service users are not able to have appeals or renewal hearings because of Covid 19 - Hospital Managers are wary that the Independent checks, balances and robustness they bring are not diluted indefinitely. Innovative ways of conducting hearings should be introduced. Hospital Managers understand that arrangements are being made to introduce 'paper reviews' using video technology to facilitate Hearings by Managers at their homes.*
- *Can MHAC find out how many patients have requested an appeal and how many patients' 'review' hearings have been missed or delayed since the decision was made to stop holding them.*

- *Could the MHAC seek assurance that the current 'temporary' procedures for Hearings/Reviews are being carried out/delayed in accordance with the Code of Practice and any new legislation or guidance that has been circulated since the Covid 19 crisis started?*
- *Concerns/Comments forms are collated by Mental Health Office staff. Could they please bring details to attention of MHAC?*

In response to the first query, YF advised that there were 36 hearings to undertake. All related to an extension or renewal of section and arrangements were being made with the respective consultants.

YF confirmed that normal practices were being followed and learning from Tribunals will be carried forward to ensure that everyone gets a fair Hospital Managers' hearing.

MHAC confirmed that they routinely receive complaints and compliments into the meeting.

It was RESOLVED to NOTE the update.

MHAC/20/25 Key Messages to Trust Board (and Clinical Governance and Clinical Safety Committee as necessary) (agenda item 12)

The key issues to report to Trust Board were agreed as:

- Emergency legislation has not been enacted
- Temporary changes have been made in respect of the use and application of the MHA/MCA and DoLS due to Covid19
- Improvement in ethnicity reporting
- Reduction in use of MHA in Quarter 4

MHAC/20/26 Date of next meeting (agenda item 13)

The next Committee meeting will be held on 25 August 2020 from 2.00-4.30 pm. The meeting may be held virtually via Microsoft Teams and may be different in length, with the decision to be taken nearer the time and dependent on the Covid-19 situation. Otherwise it will be in Meeting Room 1, Block 7, Fieldhead Hospital, Wakefield

Minutes of the

West Yorkshire Mental Health Services Collaborative Committees in Common (WYMHSC C-In-C)

held Tuesday 23rd July 2020, 11.00 – 13.00pm via
Microsoft Teams

Present:

Angela Monaghan (AM) – Chair, South West Yorkshire Partnership NHS Foundation Trust
Brodie Clark (BC) -Acting Chair, Leeds Community Health NHS Trust
Cathy Elliott (Chair) (CE) – Chair, Bradford District Care NHS Foundation Trust
Patrick Scott (PS) – Interim Chief Executive Officer, Bradford District Care NHS Foundation Trust
Sara Munro (SM) – Chief Executive Officer, Leeds & York Partnership NHS Foundation Trust
Sue Proctor (SP) - Chair, Leeds & York Partnership NHS Foundation Trust
Tim Breedon (TB) – Director of Nursing and Quality, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust
Thea Stein (TS) – Chief Executive Officer, Leeds Community Healthcare NHS Trust

In attendance:

Alix Jeavons (AJ) – Proramme Manager, Mental Health, Learning Disability & Autism
Blessing Mandizvidza (BM) – Programme Management & Improvement Lead, Mental Health, Learning Disability & Autism
Keir Shillaker (KS) – Programme Director, Mental Health, Learning Disability & Autism
Lucy Rushworth (minutes) (LR) – Project Support Officer, Mental Health, Learning Disability & Autism

Apologies:

Rob Webster (RW) – Chief Executive Officer, South West Yorkshire Partnership NHS Foundation Trust

Glossary of acronyms in this document can be found on page 5.

Item	Discussion / Actions	By whom
1	**Welcome, introductions and apologies:** C Elliott (CE) welcomed the group and noted apologies as above. She highlighted with the group her new role as CinC Chair from this month, thanking former CinC Chair, Angela Monaghan (AM), and Keir Shillaker (KS) for their support with the handover.	
2	**Declaration of Interests Matrix / Conflict of Interest:** The declaration of interests was reviewed and agreed to be correct.	
3a	**Review of Previous Minutes:** The minutes from the 23/04/2020 were reviewed by the meeting group and were accepted as an accurate record.	
3b	**Actions log and matters arising:** **Action 1/04,** PS has taken over as lead for this action and will feedback on progress. **Action 3/04,** CAMHs build update included in the programme update and on the agenda for today's meeting. **Action 4/04,** The impact assessment is reviewed as part of the programme update, the committee agreed to	

Item	Discussion / Actions	By whom
	capture any detrimental impacts on risk registers.	
	Core Business (existing workstreams pre COVID)	
4	**Programme Update** KS presented to the meeting the programme update which highlights workstreams that are new, restarted, paused, or continued (due to Covid19). Some of the component parts in workstreams are slower than before as a result. The meeting was advised that the SRO's (Senior Responsible Officer's) for each workstream have been asked to think about where their relative priorities lay and if they need the same level of focus. One of the new areas that the programme is exploring is Psychological Support which is divided into three subgroups: o Psychological support to staff. o Psychological support to BAME (Black, Asian and Minority Ethnic) communities. o Psychological support to people recovering from Covid19. These meetings include the heads of Psychology from IAPT services (Improving Access to Psychological Therapies), MHLDA (Mental Health) and Acute Trusts. SM emphasized the role of the Collaborative to connect and support what is happening at place and that. It was described that the overarching programme dashboard measures are being fed into SOAG (System Oversight and Assurance Group). The risks were summarised by KS to the group. ACTION Chair's to share the programme update at provider boards. **ACTION 1/07** CE requested an outside meeting with other Chair's to determine a working programme for the CinC (committees in common) moving forward. **ACTION 2/07**	Chair's CE
5	**ATU Update** SM updated the meeting in two areas. Firstly, due to Covid19 the engagement exercise with service users on the propped model has been paused and is now being recommenced, but scaled back in terms of its scope. Secondly, LYPFT had to move the Leeds ATU to Woodlands Square from Parkside Lodge to accommodate cohorting capacity within Older People's services. In recent days there have been environmental and safety concerns with the Leeds ATU so admissions are being halted and mutual aid support has been requested from SWYPFT and BDCT to support two inpatients. This is a temporary measure whilst LYPFT work with staff on options for reopening admissions. The meeting offered continued support to LYPFT for this situation. A written update will be provided for Septembers MHLDA Programme Board	
6	**Complex Rehabilitation** AJ presented the paper for Complex Rehabilitation, describing the emerging models and the comprehensive	

Item	Discussion / Actions	By whom
	process of engagement with service users, partners and commissioners. The paper shows the benefit in working as a partnership across WY&H (West Yorkshire and Harrogate) to support 103 complex patients in a different way. The team has been working at pace to meet a deadline for a capital business case opportunity in September. It was agreed that the next NED/Governor engagement event would benefit from focus on complex rehabilitation. The meeting thanked AJ for the paper and for the clear use of the service user voice within the piece of work.	
	Reflections on COVID	
7	Terms of Reference The TOR (Terms of Reference) would have been reviewed in April 2020, however due to Covid19 this was paused until today's meeting. AGREED The TOR was agreed by the CinC subject to the following changes: o Company secretaries check their alignment to the schemes of delegation. o Identify what the quorum is. o Adding statement that the committee reports to the boards. o Adding who can call additional meetings. o Confirmation of who agrees additional attendees to meetings. o Use the abbreviation of 'CinC' for references to the meeting group. o Make clear that the approval of the TOR is taken to the boards meeting. o *3c General responsibilities*, insert relevant stakeholders after collaborative partners. ACTION KS to complete the final version and send to the committee group by 14 August. ACTION 3/07 Committee to take the final version once received by KS to their Trust board meeting for approval. ACTION 4/07	KS Committee
8 8a	Early learning summary There are different scales of learning from each organisation who are sometimes taking different approaches to the same theme/topic. At the wider ICS level there are similarities in the focus of themes which include staff wellbeing, impact of technology and ability to conduct meetings with staff and service users via virtual means, (however it is not yet know if from a therapeutic intervention point if this is beneficial or successful). Monthly meetings are conducted with the leads from each provider to share learning which looks at positive and negative impacts so far, and helps identify topics to focus on (such as the differing models adopted by IHBTTs (Intensive Home Based Treatment Teams) which will be used for collective learning. The meeting agreed that there was a need to better understand the specific health inequality impact of changes made and learning about impact of service delivery models on BAME groups. The Programme team	

Item	Discussion / Actions	By whom
8b	and Improving Population Health team are looking at inequalities for accessing services from the BAME population, the recording of information correctly from each provider can differ and is leading to a challenge when reporting on data. It was added that estates and design of buildings for future working will be a challenge, there is a requirement for staff to have the right spaces for digital consultations. The group discussed how CQC and regulators will be engaging and what the process could be for future inspections for wards, community hubs and for staff working from home. ACTION KS to add 'Health and Equalities access and impact' column to the learning table and as a focus for the collaborative learning group' discussions. ACTION 5/07 Organisational check-in <u>BAME staff and service users; involvement in decision making</u> The meeting discussed the collective pledge to tackle racism in the workplace and support for the Black Lives Matters movement. Members discussed some of the existing work such as BDCFT (Bradford District Care Foundation Trust) have networks like inspiring cultures and equality and diversity check ins and there has been positive feedback from SWYFT (South West Yorkshire Foundation Trust) about their EIA (Equalities Impact Assessment) decision tool to help decision making and supporting complicated conversations with a structure to share with colleagues. ACTION TB to share the EIA decision tool with committee. ACTION 6/07	KS TB
9	PMVA approach PMVA (Prevention and Management of Violence and Aggression) does not have a national steer or guidance on the 'right' restraint approach when dealing with service users. There are different preferences for service user restraint from the WY&H Trusts and work is progressing to develop a shared approach which will help with the possibility of sharing staff and potentially creating a collaborative bank. The first meeting took place on Monday and will continue to meet with a wide cast list until October, which has seen positive inputs from its members, however the insight was shared that this approach has been attempted by other collaboratives without success so the challenges are acknowledged. There is a clear proposed schedule of meetings in place and there will be an update on the PMVA approach at October's CinC meeting with a final proposal in January 2021. The committee are aware that there will be an impact on one another of a potential change in PMVA training and practice and are committed to finding a collective, rather than an individual solution. ACTION KS to share the PMVA approach meeting plan with committee members. ACTION 7/07	KS

Item	Discussion / Actions	By whom
	AGREED The CinC members agreed the approach and intention to develop a collective approach to PMVA.	
	General	
10	Capital & Finance Capital submission to the ICS COVID funds There have been a range of different proposals that have been worked through with the DoF (Directors of Finance) on estates and ICT. We have put a focus on ensuring the benefits of any proposals are clear. Bids have been submitted in priority order; however we do not know yet if we will definitely receive funding. Programme team 'underwriting' SM reminded the committee that it was agreed for the core team to have their costs covered by host organisations if this would not be covered via the transformation funds. We don't yet know what will be forthcoming in terms of ICS running costs or transformation funds for 21/22 so there may be a need to enact this more formally in the autumn. There were no concerns or comments relating to this agreement, meeting members to raise concerns direct to SM or KS. CAMHs building progress The build is going well and progressing at pace ahead of time, however there could be slower progression due to social distancing once the builders are working on the interior. A recent steel signing event took place which included previous service users, staff and a local councillor. ACTION TS to share the recent virtual tour with the committee. ACTION 8/07	TS
11	Future meeting formats and content The regional review meetings have been discussing moving to the next phase of provider and future allocation of MH investment standard at an ICS footprint. KS has put together a brief and scope to review the current operation of the collaborative.	
12	Any other business It was shared that the LeDeR (Learning Disabilities Mortality Review programme) report was published a couple of days ago and the actions are worked on as part of Transforming Care which links into WY&H MHLDA (Mental Health, Learning Disabilities and Autism) Programme Board . BDCFT will have Therese Patten join as Chief Executive with Patrick Scott taking over formally as Deputy Chief Executive on the 21st September 2020.	

Item	Discussion / Actions	By whom
13	Meeting Evaluation and Summary o Item 4 to be presented at Trust board. o Request an outside meeting to determine a working programme for the moving forward. o Update the TOR and all to present the updated version at Trust board. o Update on ATU and PMVA between now and October. o Specific reporting on dashboards. o Share the EIA decision tool. o Chairs to meet regarding the NEDs and Governor programme of activity. o Agreement to share learning regarding future considerations on home working, estates and the design of buildings as a result of Covid19. o Share the CAMHs virtual tour.	
	Date and Time of Next Meeting: Thursday 22 October 2020, MR 1 & 2, LYPFT Trust HQ, 2150 Century Way, Thorpe Park, Leeds, LS15 8ZB	
	Glossary	

ATU	Assessment and Treatment Unit
BDCFT	Bradford District Care Foundation Trust
CQC	Care Quality Commission
CAMHS	Child and Adolescent Mental Health Services
C-In-C	Committees in Common
CCG	Clinical Commissioning Group
DTOC	Delayed Transfers of Care
ICS	Integrated Care System
LD	Learning Disabilities
LCH	Leeds Community Healthcare NHS Trust
LYPFT	Leeds and York Partnership NHS Foundation Trust
MHLDA	Mental Health, Learning Disabilities and Autism
MoU	Memorandum of Understanding
NCM	New Care Model
NED	Non-Executive Director
NHSE/I	National Health Service England / Improvement
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TCP	Transforming Care Programme
VCH	Voluntary and Community Sector
WY&H	West Yorkshire & Harrogate
WY&H HCP	West Yorkshire & Harrogate Health and Care Partnership
WY&H ICS	West Yorkshire & Harrogate Integrated Care System (internal reference to WY&H HCP)
WYMHSC C-In-C	West Yorkshire Mental Health Services Collaborative Committees in Common

Committees in Common Strategic Meeting – Sept 2020

Common themes, discussion points and key areas

Purpose of this document

- At our first CinC Strategic Meeting on 9 September we heard about the future direction of travel for ICS', the ambitions of the WY&H 'Commissioning Futures' programme and discussed the current and future role for the Committees in Common as a result.

- This include reflections on our brief survey, thoughts on existing priorities and how we straddle the fine line between a forum for sharing and support, and a forum for decision making and assurance.

- This short slide pack summarises the outputs of the discussion and will be used to inform the structure of future Committees in Common agendas

Influencing
Legislation (CQC) and others on Practice.
Nationally, other ICS's and commissioners
Sharing
Practice, structure, process, outcome.
Benchmarking data.
Supporting
Be a sector within the ICS, defined as a specific role.
Allow differences in working and allow thinking together.
Governance
Have strong governance.
Be accountable and hold to account.
Aligning
Align priorities and focus on needs
Drive a common approach.
Connect, create and support.
Quality and practice as one.
Collaborating
Manage risk together.
Be dynamic/adaptable/ flex to enable change.
Do things once.
Think together, allow different working ways.
Our ambitions for the next 12 months

Reflections on a shared purpose

Mutual Support

- Greater than the sum of our parts
- Pinch with Pride – learning and practice
- Improve common ways of working
- Share interests, ideas and practice in common
- Shared concerns on health issues
- One voice and influence transformation
- Hub of expertise – agree and align priorities

Mutual Responsibility

- To adapt and change due to policy, legislation and C19
- To have a balance of governance, sharing practice and ideas, and at place vs system
- To take decisions
- To share messages outwards – including to acute sector
- To achieve parity of esteem
- To champion service users
- To tackle health inequalities

Future CinC's to be split into discussions on:

Assurance

- Assurance on past and creativity about future
- Influence CQC
- Engagement with national and regional teams, and the exchange of ideas ICS to ICS
- Monitoring key work, progress and important developments
- Learning from work so far, and what we would do differently – share as improvement

Problem solving

- CEOs to invite 'big issue' agenda item (autism waiting times)
- Do things better together
- Share common ways of working (ie virtual consultations)
- Tactics and delegation of capacity across the patch
- Impact of c19 – how do we respond to the challenge for compassionate leadership, and influence other leaders to champion the needs of present and future service users

Horizon scanning

- Standardise ways of working (mutual aid/training)
- Develop a vision of what could and should be future provision
- Learn from new approaches eg New York model to keep inspired

Agreement of outputs

- What do we share with boards?
- Be explicit and transparent
- Do not have the same conversation more than once.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 29 September 2020
Agenda item 13

Title:	**Use of Trust Seal**
Paper prepared by:	Corporate Governance Manager on behalf of the Chief Executive
Purpose:	The Trust's Standing Orders, which are part of the Trust's Constitution, require a report to be made to Trust Board on the use of the Trust's seal every quarter. The Trust's Constitution and its Standing Orders are pivotal for the governance of the Trust, providing the framework within which the Trust and its officers conduct its business. Effective and relevant Standing Orders provide a framework that assists the identification and management of risk. This report also enables the Trust to comply with its own Standing Orders.
Mission / values:	The paper ensures that the Trust meets its governance and regulatory requirements.
Any background papers / previously considered by:	Quarterly reports to Trust Board.
Executive summary:	The Trust's Standing Orders require that the Seal of the Trust is not fixed to any documents unless the sealing has been authorised by a resolution of Trust Board, or a committee thereof, or where Trust Board had delegated its powers. The Trust's Scheme of Delegation implied by Standing Orders delegates such powers to the Chair, Chief Executive and Director of Finance of the Trust. The Chief Executive is required to report all sealing to Trust Board, taken from the Register of Sealing maintained by the Chief Executive. The Trust Seal has been used once since the report to Trust Board in March 2020. ➢ Sale contract and transfer: land adjacent to The Poplars between Yorkshire Choice Homes Ltd and the Trust
Recommendation:	**Trust Board is asked to NOTE use of the Trust Seal since the last report in 31 March 2020.**
Private session:	Not applicable.

With all of us in mind.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board annual work programme 2020-21

! – item amended to focus on Covid-19 and business continuity
 # - item deferred
Note that some items may be verbal

SO	Agenda item / issue	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Deferred Covid-19
	Standing items													
	Declarations of interest	✘	✘	✘	✘		✘	✘	✘		✘		✘	
	Minutes of previous meeting	✘		✘	✘		✘	✘	✘		✘		✘	
	Chair and Chief Executive's report	!		!	✘		✘	✘	✘		✘		✘	
	Business developments	!		!	✘		✘	✘	✘		✘		✘	
	STP / ICS developments	!		!	✘		✘	✘	✘		✘		✘	
	Integrated performance report (IPR)	!		!	✘		✘	✘	✘		✘		✘	
	Serious Incidents (private session) - verbal	✘		✘	✘		✘	✘	✘		✘		✘	
	Assurance from Trust Board committees	✘		✘	✘		✘	✘	✘		✘		✘	
	Receipt of minutes of partnership boards	✘		✘	✘		✘	✘	✘		✘		✘	
	Questions from the public (to receive in writing during Covid-19 pandemic)	✘		✘	✘		✘	✘	✘		✘		✘	

With **all of us** in mind.

SO	Agenda item / issue	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Deferred Covid-19
	Quarterly items													
	Corporate / organisational risk register	!	!	✘ update	✘			✘			✘			
	Board assurance framework	!	✘		✘			✘			✘	✘		
	Serious incidents quarterly report			✘			✘		✘				✘	
	Emergency Preparedness, Resilience & Response (EPRR) Compliance – Covid-19 response update?			!			✘		✘				✘	
	Use of Trust Seal			✘			✘		✘				✘	
	Corporate Trustees for Charitable Funds# (annual accounts presented in July)			!			✘		✘				✘	
	Half yearly items													
	Strategic overview of business and associated risks	#						✘						
	Investment appraisal framework (private session)	#						✘						
	Safer staffing report	✘!						✘						
	Digital strategy (including IMT) update	#			✘									
	Estates strategy update				#				✘					
	Annual items													
	Draft Annual Governance Statement	✘												
	Audit Committee annual report including committee annual reports	✘												
	Compliance with NHS provider licence conditions and code of governance - self-certifications *(date to be confirmed by NHS Improvement)*	✘												
	Guardian of safe work hours	✘												
	Risk assessment of performance targets, CQUINs and Single	#												

SO	Agenda item / issue	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Deferred Covid-19
	Oversight Framework and agreement of KPIs													
	Review of Risk Appetite Statement	#												
	Annual report, accounts and quality accounts - update on submission		✘	✘?			✘ (QA)							
	Health and safety annual report			#?										
	Patient Experience annual report			#			✘							
	Serious incidents annual report			✘										
	Equality and diversity annual report				✘									
	Medical appraisal / revalidation annual report				#		✘							
	Sustainability annual report						#	✘						
	Workforce Equality Standards						✘							
	Assessment against NHS Constitution								✘					
	Eliminating mixed sex accommodation (EMSA) declaration												✘	
	Data Security and Protection toolkit												✘	
	Strategic objectives												✘	
	Trust Board annual work programme	✘!	✘!									✘ (draft)	✘	
	Operational plan										✘ (draft / private)	✘ (draft / private)	✘ (draft / private)	
	Five year plan													
	Board development													
	TBC		✘			✘				✘		✘		
	Policies and strategies													

SO	Agenda item / issue	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Deferred Covid-19
	Constitution (including Standing Orders) and Scheme of Delegation *(January 2020)*	# (if req'd)						✘						
	Digital Strategy *(January 2021)*										✘			
	Customer Services policy *(June 2020)*			#				✘						
	Estates strategy *(July 2022)*			#					✘					
	Equality, Involvement, Communication and Membership Strategy *(NEW – will replace Communication, Engagement and Involvement, Equality and Membership strategies)*	# (if req'd)					✘ (update)	✘						
	Sustainability strategy *(June 2020)*			#					✘					
	Organisational Development Strategy*(June 2020)*			#					✘					
	Workforce strategy								✘					
	Quality strategy *(March 2021)*												✘	
	Trust Board declaration and register of fit and proper persons, interests and independence policy *(March 2021)*												✘	

Policy / strategy review dates:

- Trust Strategy *(reviewed as required)*
- Standing Financial Instructions *(delegated approval authority to Audit Committee, reviewed as required)*
- Treasury management strategy and policy *(delegated approval authority to Audit Committee, reviewed as required)*

- Constitution *(January 2020) – under review*
- Communication, Engagement and Involvement strategy *(to be merged with the Equality, Involvement, Communication and Membership Strategy)*
- Customer Services Policy *(next due for review in June 2020, extended to October 2020)*
- Digital Strategy *(next due for review in January 2021)*
- Equality Strategy *(next due for review in July 2020, to be merged with Equality, Involvement, Communication and Membership Strategy)*
- Estates Strategy *(next due for review in July 2022)*
- Learning from Healthcare Deaths Policy *(next due for review in January 2022)*
- Membership Strategy *(next due for review in April 2020, to be merged with Equality, Involvement, Communication and Membership Strategy)*
- Organisational Development Strategy *(next due for review in June 2020)*
- Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies) *(next due for review in February2023)*
- Procurement Strategy *(next due for review in June 2021)*

- Quality Strategy *(next due for review in March 2021)*
- Risk management strategy *(next due for review in April 2022)*
- Standards of Conduct in Public Service Policy (conflicts of interest) *(next due for review in March 2022)*
- Sustainability Strategy *(to be reviewed with the Estates Strategy, by July 2022)*
- Trust Board declaration and register of fit and proper persons, interests and independence policy *(next due for review in March 2021)*
- Workforce Strategy *(next due for review in March 2023 (if approved at Board March 2020))*