

**Trust Board (business and risk)  
Tuesday 27 October 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	Verbal item	2	To receive
3.	9.03	Minutes from previous Trust Board meeting held 29 September 2020	Chair	Paper	2	To approve
4.	9.05	Matters arising from previous Trust Board meeting held 29 September 2020 and board action log	Chair	Paper	5	To approve
5.	9.10	Service User/Carer/Staff Member Story	Chief Executive	Verbal item	10	To receive
6.	9.20	Chair's remarks	Chair	Verbal item	3	To receive
7.	9.23	Chief Executive's report	Chief Executive	Paper	7	To receive
8.	9.30	Risk and assurance				
	9.30	8.1 Board Assurance Framework (BAF) Strategic Risks	Director of Finance & Resources	Paper	10	To approve

**With all of us in mind.**

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
	9.40	8.2 Corporate / Organisational risk register (ORR)	Director of Finance & Resources	<b>Paper</b>	20	To receive
<b>9.</b>	<b>10.00</b>	<b>Business developments &amp; collaborative partnership working</b>				
	10.00	9.1 South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS)	Director of HR, OD & Estates / Director of Strategy	<b>Paper</b>	10	To receive
	10.10	9.2 West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP)	Director of Strategy / Director of Provider Development	<b>Paper</b>	10	To receive
	10.20	9.3 Receipt of Partnership Board minutes	Chair	<b>Paper</b>	5	To receive
	10.25	<i>Break</i>			10	
<b>10.</b>	<b>10.35</b>	<b>Performance reports</b>				
	10.35	10.1 Update on arrangements in place for the management of Covid-19	Director of HR, OD and Estates / Director of Strategy	<b>Paper</b>	5	To receive
	10.40	10.2 Integrated performance report (IPR) month 6 2020/21 <ul style="list-style-type: none"> <li>Update on race equality work</li> </ul>	Director of Nursing & Quality / Director of Finance & Resources	<b>Paper</b>	45	To receive
	11.25	10.3 Priority Programmes	Director of Strategy	<b>Paper</b>	20	To approve
<b>11.</b>	<b>11.45</b>	<b>Governance matters</b>				

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
	11.45	11.1 Quality Account 2019/20	Annual Item	<b>Paper</b>	5	To approve
	11.50	11.2 Health and Safety Annual Report	Director of HR, OD and Estates	<b>Paper</b>	5	To receive
	11.55	11.3 The Responsible Officer	Medical Director	<b>Paper</b>	5	To receive
<b>12.</b>	<b>12.00</b>	<b>Assurance and receipt of minutes from Trust Board committees</b>	Chairs of committees	<b>Paper</b>	10	To receive
		- Audit Committee 13 October				
		- Finance, Investment & Performance Committee 26 October 2020				
		- West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common 22 October 2020				
		- Workforce and Remuneration Committee 13 October 2020				
<b>13.</b>	<b>12.10</b>	<b>Trust Board work programme</b>	Chair	<b>Paper</b>	5	To note
<b>14.</b>	<b>12.15</b>	<b>Date of next meeting</b>	Chair	<b>Verbal item</b>	0	To note
<b>15.</b>	<b>12.15</b>	<b>Questions from the public</b> <i>(received in advance in writing)</i>	Chair	<b>Verbal item</b>	10	To receive
	12.25	<i>Close</i>				

**Minutes of the Trust Board meeting held on 29 September 2020  
Microsoft Teams Meeting**

<b>Present:</b>	Angela Monaghan (AM) Charlotte Dyson (CD) Mike Ford (MF) Chris Jones (CJ) Erfana Mahmood (EM) Kate Quail (KQ) Sam Young (SYo) Rob Webster (RW) Tim Breedon (TB) Mark Brooks (MB)  Alan Davis (AGD)  Dr.Subha Thiyaresh (SThi)	Chair Deputy Chair / Senior Independent Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director (from 9:30) Non-Executive Director Chief Executive Director of Nursing and Quality / Deputy Chief Executive Director of Finance and Resources (absent between 10:15 and 11:00) Director of Human Resources, Organisational Development and Estates Medical Director
<b>Apologies:</b>	<u>Members</u> None  <u>Attendees</u> None	
<b>In attendance:</b>	Carol Harris (CH) Andy Lister (AL)  Sean Rayner (SR) Salma Yasmeen (SY)	Director of Operations Head of Corporate Governance (Company Secretary) (author) Director of Provider Development Director of Strategy
<b>Observers:</b>	Angela Keeney	Nurse Consultant & Clinical Lead Stroke Services (Item 5 only)

**TB/20/59      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. Mike Ford was welcomed to the meeting as a new Non-Executive Director.

AM outlined the Microsoft Teams meeting protocols and etiquette and identified this was a performance and monitoring 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.

#### **TB/20/60      Declarations of interest (agenda item 2)**

AM noted that Mike Ford was appointed from 1 September 2020 as Non-Executive Director and had no declarations of interest.

**It was RESOLVED 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.**

#### **TB/20/61      Minutes from previous Trust Board meeting held 28 April 2020 (agenda item 3)**

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held 28 July 2020 as a true and accurate record.**

#### **TB/20/62      Matters arising from previous Trust Board meeting held 28 April 2020 (agenda item 4)**

The following items from the action log were reviewed:

TB/20/49 – The action relating to the LeDeR report had been taken to the Clinical Governance and Clinical Safety (CGCS) Committee and could be closed.

TB/20/49 – Risk 1528 had been taken to CGCS Committee and updated and could be closed.

TB/20/50b – The Extended Management Team (EMT) time out session was on today's agenda and was now complete. Close.

TB/20/51b – The independent report on health inequalities by Professor Dame Donna Kinnair would come to Trust Board in October and the action was therefore complete. Close.

TB/20/51c - The business case and governance structure for Lead Forensic Provider Collaborative was on today's agenda and the action was complete. Close.

TB/20/51c - Inform the Members' Council of progress being made with regard to the forensics lead provider collaborative programme of work. This was on the Members' Council agenda and could therefore be closed.

TB/20/52b – During Covid-19 working with homeless people had been challenging in the inpatient setting and a report will be taken to the CGCS Committee on 10 November 2020. The item was confirmed to be on the agenda and the action was agreed to be closed.

TB/20/52b - AGD had provided a more detailed report into the Operational Management Group (OMG) to look at increases in workforce stress and anxiety and therefore the action could be closed.

TB/20/52b - Supervision had been on a downward trend prior to Covid-19. Soft intelligence suggests it is improving but checks need to take place to demonstrate this. A verbal report

had been provided at CGCS Committee on 15 September 2020 describing actions underway and trajectories for improvement. The action was agreed to be closed.

TB/20/52b - CAMHS – ASD and ADHD “waiting for assessment” numbers continued to increase despite further commissioned activity work. A waiting list paper had been taken to CGCS Committee on 15 September 2020 and as such the action was agreed to be closed.

TB/20/53a - The digital strategy is being updated for January board and so it is not totally clear what any constraints on delivery will be at this stage. The action was agreed to be closed.

TB/20/53a – Digital Board Development has been agreed and is now being progressed. Action to be closed.

TB/20/54b – Discussion with the national Leadership Academy had taken place in relation to board development and this was on today’s agenda and the action could therefore be closed.

TB/20/32 – Indicators in the Integrated Performance Report (IPR). It was agreed that the IPR metrics have evolved during the period of the pandemic in terms of the Covid-19 response. Any further changes will be monitored through the Finance, Investment and Performance (FIP) Committee. Action agreed to be closed.

TB/20/35a - Update from Trust Board 28 July 2020. Tim Breedon (TB) clarified that the Covid-19 incident reporting table showing patient deaths included deaths that had been registered in error by community teams. These deaths should have been linked to primary care services. This would be amended through incident reporting and would be reflected in the next IPR. TB reported it would take some time to clean the data and that is why there had been a discrepancy. It was agreed that this action could be closed.

TB/20/35a - CGCS Committee had received a more detailed report in September 2020 about the suitability of the digital mode of delivery and the reduction in recovery rates for Improving Access to Psychological Therapy (IAPT). As such the action could be closed.

TB/20/35d - The Equality Impact Assessment (EIA) was reviewed and updated regularly and updates were provided to the Equality and Inclusion (EIC) committee. The action could therefore be closed.

TB/20/35d – The EIA also now included protected characteristics and this action could also now be closed.

TB/20/35d - The Business Intelligence Team will support the development of the Integrated Performance Report (IPR) to reflect equality impact measures. The IPR needed to be used as the main tool to seek assurance that the organisation was being managed. It was agreed this was the lens that the IPR needed to be viewed through. It was also agreed that this action was superseded by the eight actions required to tackle inequality as outlined in the phase 3 response letter sent to all NHS Trusts by Simon Stevens and Amanda Pritchard and as such this action could be closed. A new action should be created to make sure the Trust delivered against the eight actions required by NHSE/I.

#### **Action: Salma Yasmeen**

TB/20/36c – Learning from changes as a result of Covid-19 had been shared with Committee leads and this action was now complete. Close.

TB/20/09a – An evaluation of the estates strategy was coming to the Trust Board in November and therefore the action was now complete. Close

TB/19/97a – In relation to the Board Assurance Framework (BAF), a process was in place following the Strategic Board meeting in September 2020. A bespoke meeting has been arranged to discuss the BAF prior to the Audit Committee meeting on 13 October 2020, with a view to the updated BAF risks being brought to board in October. Both actions relating to this reference number could therefore be closed.

## **TB/20/63      Service User / Staff Member Story (agenda item 5)**

AM introduced Angela Keeney (AK), a nurse consultant in the Trust's stroke service. Angela Keeney would be providing today's story and AM asked Carol Harris (CH) to introduce the item.

CH reported she had invited AK to provide a board story following an executive trio visit to the service by herself, Tim Breedon (TB) and Subha Thiyagesh. The purpose of today's story was to understand the work that the service had carried out in establishing a new and enhanced service offering during the pandemic.

AK thanked the Board for the opportunity to tell her story today and started by saying how "exceptionally proud she was of what had been achieved". She reported "as a clinician it was important to say that something had been done well, as clinicians were often very reticent to showcase their achievements.

The team is called the Barnsley Integrated Stroke Team and the reason for this is that the team offer inpatient rehabilitation beds, an early supported discharge service and a community therapy team all working together as one. This provides excellent care for service users and a great working environment for staff.

By having this model, 80% of staff were recruited into the new service at first advert because clinicians know which specialist area they want to work in."

AK reported that the new team was due to commence operationally on 6<sup>th</sup> April 2020, exactly one week after the national lockdown commenced. At the outset the team did not have a current caseload in the community, which was helpful, because they didn't have to stop providing any element of the service, given that elements of the service were brand new.

The team worked with their Infection Prevention and Control (IPC) colleagues, the South Yorkshire and Bassetlaw Stroke network and the national Getting It Right First Time (GIRFT) team. It soon became apparent that the team would be able to provide excellent care to their patients.

The service user group are people who have often just come out of hospital after a life changing event. Sometimes therefore a phone call isn't enough and face to face contact is required.

A triaging process was established with national and regional teams so that all patients were triaged for Covid-19. Patients were asked if they wanted staff to come into their home and staff responded to the patients wishes.

Face to face visits were conducted using Personal Protective Equipment (PPE). AK reported that there "had been no shortage of PPE" and thanked the Trust Board for this. The team had also used "tele health" (video enabled healthcare) where appropriate.

AK reported that the team had "achieved fabulous outcomes for patients. The team had received gifts of flowers and cakes".

“People were leading better lives because lots of work had been done in the previous two to three years over the acute and hyper acute end of stroke. This had emphasised how the first three days were vital and this was how we save lives. The reality of this was that patients were living well for years after suffering a stroke.

The team has managed to reduce the bed base in the inpatient service, in line with work that had been carried out with the Clinical Commissioning Group (CCG). The number of days required in a hospital bed at Barnsley acute hospital has also been reduced. The team has benefited the local community and health community in addition to enabling the Trust to provide more holistic care. Speech therapists had also been employed into the service which went against national trends.”

AK thanked Mark Brooks (MB) and the finance team for their support in liaising with the CCG to get the service that was needed with the correct staffing requirements.

AM thanked AK for her story and reported her own experience of the positivity of the team when she had been to visit them.

TB commented this was a great example of how multi-disciplinary teams could work together to provide great care.

AK reported that inter-disciplinary working was a key component of the team and utilising the different skills within the team to provide great care.

ST reported she had also experienced the positivity of the team first-hand when she had been to visit and acknowledged the importance of not only multi-disciplinary teams but also inter-disciplinary working.

CH reported she had personal experience of stroke and this team has helped to provide a way for service users and families to get back to living their lives, in their way, and this was clear when you spoke to the team.

AK reported that the team provided more than just occupational therapy, they had a psychologist and a Stroke Association support worker which provided a long-term element to the care the team could provide.

Mike Ford (MF) thanked AK for her story and asked if this approach could be used in other services or if it was a template for other areas to consider?

AK stated she felt there were ways in which the methods they had used, could be utilised in other services, using different thinking.

RW felt there were two big lessons from this story, firstly, stick to what was right from the evidence available. Secondly there had been a lot of conversation about stroke services being damaged by changes such as this, but the reality was the services were better. The skill mix, looking at the whole person, utilising physical, psychological and social wellbeing provided some valuable lessons for other services and was in line with the Trusts vision.

**It was RESOLVED to NOTE the Staff Member Story.**

**TB/20/64      Chair remarks (agenda item 6)**

Chair's remarks

- AM thanked all staff and volunteers across the Trust for the work they had been doing in recent months and rising to the challenge as the pandemic began to show signs of increasing again.
- The private board session today had a full agenda due to items that had been carried across from the strategic board meeting in early September. This meeting had to be shortened due to national and regional planning meetings.
- Private Board today would include:
  - a verbal update on ongoing serious incident investigations
  - financial planning arrangements
  - priority programmes for the remainder of the year, in light of the planning requirements and performance measures
  - Updates on developments in West Yorkshire and South Yorkshire integrated care systems that might be commercially confidential. This included provider collaboratives for forensic services, where the Trust was to be lead provider, and eating disorders, where the Trust was to be a partner.
- The quality account was on the agenda to be approved prior to publication.

**It was RESOLVED to NOTE the Chair's remarks.**

### **TB/20/65 Chief Executive's remarks (agenda item 7)**

#### Chief Executive's report

RW asked to take the report as read but stated there had been some updates since the report had been written:

- Testing. There is now an expectation that all NHS staff are to be tested through the "Pillar 1" process. (This refers to swab testing in Public Health England labs and NHS hospitals for those with a clinical need, and health and care workers).
- Work with the Mid Yorkshire hospital in West Yorkshire and Barnsley hospital in South Yorkshire, showed there was currently sufficient capacity to achieve this.
- There had been a recent increase in staff absence due to Covid-19 – an increase of over 100% in a week. This is now seen to be levelling off and has settled at around 100 plus staff absent. Part of this stabilisation process is likely to be due to better access to testing.
- The Leeds lockdown restrictions have recently been confirmed. Four out of five West Yorkshire local areas are now subject to enhanced local restrictions.
- Colleagues in Wakefield are making sure there are conversations around a consistent set of messages and reviewing whether combined restrictions would be helpful or unhelpful.
- Communication within the organisation and with the public is one of the key things we need to get right and we continue to play our part in that, in the integrated care systems (ICSs) and places that we work.
- We continue to engage fully in the emergency planning arrangements in each of the places
- There was a substantial amount of information in the report about finance and planning, and these items were on today's board agenda. Timescales remain tight. There is a shift in emphasis for the second half of the year on finance and planning which may have a material impact on the organisation. This needed to be discussed thoroughly in the private part of today's board meeting.
- The Trust continued to make improvements in services that were under pressure. Child and Adolescent Mental Health services (CAMHS) in both Wakefield and Barnsley had experienced some notable improvements in their services. This was vital given the pressure that we are likely to see on mental health services over the next six to eighteen months and the expected impact on children and young people.

- The Annual Members' Meeting (AMM) was a fantastic testimony to the staff and to the partnerships that we have. It reflected the reason why it is important that we succeed in terms of the impact we make on people, the improvements we have made, and the issues we still have to deliver. The AMM was delivered incredibly well digitally, and RW thanked the staff, governors, partners, directors and corporate teams involved in its presentation.
- RW stated that our organisation was made of people not buildings, devices or medication. AK had demonstrated in her story today that when we are faced with issues we try and deal with them and this was informed by our values.
- RW reported it was with regret that he had to inform the board of a death in service. Wayne French, who worked on the Melton Suite, the Barnsley Psychiatric Intensive Care Unit (PICU) had passed away last week.
- The Trust had sent condolences and provided support to Wayne's family. A number of Wayne's relatives worked in the Trust and the Melton team were feeling his loss heavily. RW reported Wayne was a big character on the ward and was very focused on speaking out to keep the ward safe. He would be very much missed.
- AM echoed RW's condolences to Wayne French's family.

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

### **TB/20/66 Performance reports (agenda item 8)**

#### **TB/20/66a Integrated performance report month 5 2019/20 (agenda item 8.1)**

Mark Brooks (MB) highlighted the following from the report:

#### Finance

- The Finance Investment and Performance (FIP) Committee reviews Trust financial performance in greater detail.
- The financial arrangements for the first half of the year were to allow the Trust to break even, and it was noted to the top-up payments required to break even have increased in the last couple of months.
- There are a number of income streams in this financial year essentially consisting of a block payment based on month 9 of income last year, a prospective top-up payment based on month eight, nine and ten average costs.
- We are then allowed to reclaim any Covid-19 related costs and any other costs required to break even retrospectively.
- Covid-19 related costs, value wise, have been similar in each of the five months, between £400k and £500k on average. They have consisted of different make up but always been around that level.
- Our initial top of payment to allow us to break even was £240k in the first two months but that increased to £900k last month. There were a number of reasons for this.
- The Trust hadn't been paid for all services in the block payment because of the way the original calculation worked, which accounted for £300-400k each month.
- On top of this there had been lower staff turnover with fewer vacancies and therefore higher staff costs.
- There have been higher pay costs due to the amount of staff cover that had been required as a result of the pandemic.
- Some investments in new or expanded services had been pre-agreed with commissioners prior to the planning and contracting process being paused.
- For the last two months there had been an increase in out of area bed usage which cost in excess of £300k in July and close to £250k in August. By comparison, in total for the first three months of the year the cost of out of area beds had been around £180k.
- The provision of locked rehabilitation beds in Barnsley has also been an issue. There has been an overspend compared to the amount of income received, to the amount of £800k in the first five months of the year and this had increased month on month.

- In terms of our capital forecast the Trust has only spent about £500k to date. At the outset of the pandemic it was hard to get contractors on site and our own staff were focused on the response.
- We have therefore asked for an updated capital expenditure forecast by September. Given how the capital regime is working currently it might be that if other organisations need to spend more, we could help enable this within the ICS as a whole by letting other organisations spend more whilst the overall sum remains within the ICS capital limit.
- We continued to pay 80% of our suppliers within seven days compared to the national average of 36%.

#### National Indicators

- In terms of national metrics there has been very little change with most targets being achieved.
- We went from having zero young people in adult beds in July to having three in August spanning a total of eight days which TB would cover in more detail.
- On the whole we are performing well, some metrics were close to target but the target was still being maintained, which in light of the impact of Covid-19 was a positive achievement.
- The target for diagnostic appointments being achieved in six weeks has not been met, which referred in particular to paediatric audiology. External reporting on this metric has been paused during the pandemic so far.

#### Covid Response

- MB referenced the inclusion of some additional graphs in this section which had been shown by place. This was a new feature to show historic and current referral and contact numbers
- A dip could be identified at the beginning of the pandemic.
- Feedback on the effectiveness of these graphs would be welcome and these could be taken through FIP or dealt with in further conversation in the private session around IPR metrics.

AM thanked MB and reported she had found the activity data useful and asked board members for any questions.

Chris Jones (CJ) reported as chair of FIP Committee the activity charts were really helpful as they had annotated the question of “what does reset look like”. Although there was a lot of detail present for the Board, it was useful to know it was there and colleagues were using the data for the planning process.

MF asked what the impact was of the Trust potentially running at a deficit? Did it mean we drew from our reserves?

MB reported that the biggest impact would be on cash at the moment. Given the use of financial targets within systems it could also impact on other organisations within the ICS.

Erfana Mahmood (EM) asked about PPE in reference to the peaks and troughs of Covid-19 and the reliability of supply.

MB reported that the Trust had not experienced a shortage. The Trust received national ‘push’ deliveries and typical demand levels had been established early in the pandemic. These deliveries have not always been enough to meet our demand so there is also a mutual aid scheme in place with both ICSs. An example of this is medium-size gloves, which were an issue. Gloves, on the whole, were in good supply but demand for medium-size gloves is much

higher than other sizes. The Trust is therefore ordering off the NHS Supply Chain as and when it could, to bolster supply.

Current stock levels of masks equated to approximately 10 days of stock which was healthy but had reduced from 15+ days in previous months. The Trust was engaged with regional and national discussions about demand requirements. This was being closely monitored and the management of the supply chain was something that needed further review.

**Action: Mark Brooks**

CJ asked if there were any changing trends in relation to the staff helpline with Occupational Health (OH). There was a downward trend in use highlighted in the IPR but information suggested there were still pressures on staff and so what could be learnt from the OH helpline?

AGD reported that following the Robertson Cooper staff survey there had been a question as to what support was needed and how it should be focussed. The helpline was one aspect of the OH offer and had been positive.

There is a mental health nurse in the OH team and they are doing proactive work around how to maintain staff resilience. The staff counselling service has been maintained and although there are peaks and troughs around waiting times, staff are getting the right support.

The OH team are under pressure and waiting times are being addressed. The Robertson Cooper survey showed non Covid-19 sickness was down, which was positive, but under closer scrutiny, the figures for stress and anxiety had gone up, which meant there was a current need to support staff resilience.

AM referenced the activity data and reported that the activity indicators reported in the recent Barnsley Integrated Care Partnership Group, as part of the Barnsley integrated care plan prepared for the ICS, were slightly different. AM queried if this was something that needed to be monitored?

MB reported there are several streams of work in progress currently in response to developing our reporting to meet the Covid-19 phase 3 response and long-term plan requirements. The other pieces of work include reporting for reset and recovery and the eight urgent actions to address inequalities. The metrics referenced by AM, over time, would become part of our Trust discussion as well.

AM asked about benchmarking. She stated it was good to see what trends were occurring but asked if there was some way in which we could incorporate benchmarking information to see where the Trust was in relation to regional and national averages.

MB reported that the Trust was part of the national benchmarking group and the model hospital. A lot of that information had been suspended during the pandemic. The benchmarking was part of the terms of reference for FIP committee and reports had been taken to FIP.

MB reported he had concerns about how real any benchmarking data could be in the current climate and how service provision over the last six months could be accurately measured. MB reported there is a group of finance directors across Yorkshire, Humber and the North East who meet regularly and discussed how they could compare with each other.

As an example, prior to the pandemic staffing models had been built up for each of the different types of bedded units which had provided fantastic comparable information. One avenue that could be taken was to compare our Trust to other trusts within this group for certain measures during the period of the pandemic.



AM reported she was aware of the further benchmarking avenues but questioned if there was any benchmarking data in relation to reset and recovery. The inequality data also needed to be feeding through as well as activity data and we are trying to incorporate this into the IPR. MB explained that the growth in reporting requirements is a huge undertaking for a relatively small team.

MB updated that there was a small piece of narrative this month which summarised progress in relation to initial thoughts on where data relating to the eight urgent action on inequalities could be obtained and this would start to develop in the coming weeks.

Charlotte Dyson (CD) commented that in the CGCS committee agenda setting meeting, the slides about the predicted level of demand had been really useful. The board might want to think about emerging community risks such as homelessness, students going to university, long term covid-19 and the psychological implications of these things. The Trust needed to be aware of demand from other areas that we might not usually see. The CGCS committee would be looking into these.

**Action: CGCS Committee**

MB reported that if we looked at what our requirements were for understanding demand and capacity planning prior to Covid-19 it would be very different to what they are now. We need to look carefully at what our structure is going to be to ensure we meet these requirements. Previously if there was a tender coming up or a specific piece of work required, we would do some basic demand and capacity modelling work. The Trust is going to have to think quite carefully about how it structured some of its functions.

AM summarised by saying that FIP would look at these issues in detail and we would make sure these were kept in view of the board as required.

**Action: FIP Committee**

*AM reported that MB needed to leave the meeting for a national financial planning call at 10:15*

TB highlighted the following from the IPR report

**Covid-19 (pg 10 of IPR)**

- The Infection Prevention and Control (IPC) team are working hard providing support and guidance across the Trust
- There had been two small outbreaks on two wards. Swift intervention had prevented a significant impact and it had highlighted the importance of continued messaging around the appropriate use of PPE and distancing.
- The Trust has close control of PPE stocks and plans, and this is monitored through silver command which is currently meeting twice a week. It had been meeting once a week, but this had increased in response to the rising number of Covid-19 infections.
- Staff testing is a priority, and this is being stood back up to get people tested and back to work as quickly as possible. This is being supported heavily by the IPC team.
- Covid-19 second wave preparation is now being looked at across the system and this is being closely monitored.
- Visiting is an important factor for us an organisation. It is important for people to see loved ones during difficult times. The Trust has a sensitive approach to visiting and positive feedback had been received in relation to this.
- The use of tablets and digital technology is taking place, and face to face visits are happening where appropriate and necessary.

## Quality dashboard

- As MB had already referenced there had been an increase in the number of under-18 admissions to adult beds. There had been limited availability for Tier 4 beds (young person inpatient beds). The Trust continued to only admit young people to adult beds as the “least worst” option and moved the young person back to an appropriate placement as soon as possible.
- The position on complaints to the Trust continued to be closely monitored. A significant amount of work had gone into this over the last year and the Customer Services annual report was on today’s agenda. There is pressure in the system and on the 40-day turnaround time that had been set internally.
- Staffing numbers continue to remain reasonable but there is significant pressure in many areas.
- Some areas are showing high numbers of staff and this is typically where the Trust had taken on students to manage Covid-19 who wouldn’t normally be on the Trust payroll. Some of the numbers reflected the amount of one to one, or two to one support required for some service users, but also related to where Covid-19 cohort wards had been set up and extra staff had been required.
- Key performance monitoring continued around supervision and risk assessments.
- Risk assessment was in the transition phase to the new formulated informed risk management (FIRM) system, which was a critical part of the Care Quality Commission (CQC) and Trust-wide quality improvement plan. There had been a lot of positive feedback on the new risk assessment approach.
- Restraint has been monitored for some time and support from the Reducing Restrictive Practice and Interventions (RRPI) team had been welcomed. There was a positive position in relation to prone restraint.
- Self-harm is being closely monitored through the enhanced Covid-19 risk scan. Incidents of self-harm and suicide are being monitored closely. There were two elements of self-harm, being cutting and self-strangulation, which had both peaked, and there is further work continuing around the swallowing of items.
- Incident levels had fluctuated but remained within usual parameters.
- The Trust is in a positive position in relation to the CQC improvement plan refresh. Improvements had continued in some areas despite them being paused nationally, which showed a real commitment to the Trust value of continuous improvement.
- Quality metrics are holding up well, with people were working hard in a difficult environment.

EM commented that the children in adult beds issue seemed unusually high and asked if high levels of acuity were the new normal?

TB confirmed it was very rare that this many children were admitted to adult beds. As already mentioned, this may have been due to lack of Tier 4 beds in the system but this needed to be confirmed.

In terms of acuity, pre-pandemic acuity was reportedly up and had been for some time. This had been considered during establishment reviews. This has now been complicated by Covid-19 and it was difficult to establish at this time what the true effect was, but it is known that people requiring inpatient stays at the moment are likely to be significantly unwell. Whether this is a long-term position is not yet known.

EM asked if there is the right skill mix within the community teams to recognise the level of acuity before it reached the point of admission.

CH explained that the term “high acuity” meant that on admission people were very poorly displaying high levels of distress and agitation, and that required more staff. She reported that the more we try to keep people out of hospital, through community work, the more chance there is of getting more unwell people together in hospital. People being admitted were at the most acute phase of their illness.

Looking forward, if patient flow could be managed to enable fewer beds being required, ward sizes could be reduced with the same level of staffing to provide acute levels of care. This is part of the “care closer to home” programme. This did not just focus on reducing out of area beds but on providing high quality care and reducing lengths of inpatient stays.

ST reported that national and regional medical directors are noticing increasing acuity as an issue. There are direct and indirect effects of Covid-19. It was very hard to establish if this is a new normal currently. As a result of Covid-19 there is more heightened anxiety and psychosis and so acute mental illness had increased. Indirectly there are the psychological issues of household, economy and employment. This may have an impact by the end of this financial year.

Baseline data needed to be monitored for inpatients and more importantly community teams and the community workforce, so that we could plan ahead for what is to come.

MF referenced the quality section summary page and noted the “% of feedback with staff attitude as an issue” was at 30% for August 2020 and should it be “red” based on the target of “<20%”? MF queried how the “staff attitude” figures were collated?

CH reported this had been discussed at the Operational Management Group (OMG) meeting and this was partly due to a small sample size, but also where a complaint had been upheld and part of the complaint related to staff attitude. We had been unable to draw out which part of the complaint had been upheld and more information had been requested to understand the context of these figures.

AM confirmed that MF was correct and given the target, it should be a red indicator.

CJ noted TB’s point on the transition regarding risk assessments, but there was a downward trend and what are we doing to rectify this? In relation to safer staffing the level of registered staff seemed to be on a downward trend, as did safer staffing overall and is there some assurance around this issue?

TB reported in relation to risk assessment there had been a downward trend and there had been an issue around recording. The drive now is on the FIRM tool being rolled out. There had been an increase in numbers in the latter part of quarter two.

In relation to safer staffing TB agreed with MF’s observation regarding registered staff. It had deteriorated slightly but this had varied in the past. In relation to acuity, it had been at this level for some time, and where registered staff are missing non-registered staff typically step into those gaps.

KQ asked if the roll out of FIRM had been delayed? TB confirmed it had been delayed initially due to Covid-19 but is scheduled to go-live in line with the agreed revised timescales.

RW reported it had been difficult to find a consistent measure for acuity. Currently this relied on the clinical judgement of the staff. We should continue to explore how we have a consistent measure of acuity.

**Action: Tim Breedon**

RW reported the Academic Research Centre in Bradford covered Yorkshire and the Humber region and had cast itself as the “research arm of our ICSs”. In a meeting last week about programmes of work (one of which is the mental health work programme), RW thought the outputs from the centre presented opportunities for the board to consider its views on what happens next. RW suggested making a link with the research centre would be good for the Trust.

**Action: Subha Thiyagesh/Tim Breedon**

RW reminded the board about the National Confidential Enquiry into Suicide and Homicide session and what their insights were around the impact of the pandemic. They had reported lots of assertion but very little evidence about the impact on mental illness. There is far more evidence on the impact of recession on mental illness and we know that this is likely to be substantial.

TB updated that there had been a delay in the roll out of our safe care tool. This is in progress and would form part of the safer staffing report. TB stated that this may not solve the issue but would support and improve the evidence base around establishments.

AM questioned the increase in Duty of Candour applicable incidents and also the percentage of service users on Care Programme Approach (CPA) given or offered a copy of their care plan.

TB reported in relation to Duty of Candour there is work ongoing to establish what had occurred and similarly the rise in care plans not being given or offered to service users on CPA also needed to be reviewed.

**Action:Tim Breedon**

### Locality

CH updated the board on the following items:

#### Barnsley Community

- Urban House is now back open and taking in 10-15 clients a day which is currently working well. Support work continued in the hotel accommodation due to Covid-19 restrictions. Work is ongoing with the commissioners to establish a proposed model for the hotel, as once Urban House is at capacity, we are not resourced to continue to support both.
- Work is underway in relation to clinic-based services such as musculoskeletal and podiatry so that waiting lists that had built up during Covid-19 can be addressed.
- Work streams have recommenced in relation to the integrated neighbourhood teams in Barnsley

#### Barnsley Mental Health

- Improving Access to Psychological Therapy (IAPT) has been undertaking virtual appointments but face to face is scheduled to re-commence in the next week.
- Memory service diagnostic clinics had been reinstated.
- There is a continued focus on improvement and performance hotspots as a result of the 12-month CPA reviews (this also related to Kirklees and Calderdale). SystmOne had identified some recording issues in relation to data that was available and there is focused work taking place to rectify this.

#### Child and Adolescent Mental Health Services (CAMHS)

- The numbers of people referred and waiting for the neurodevelopmental pathway in Calderdale and Kirklees continues to increase. This had been included in the

CAMHS improvement priority programme and discussions are taking place with commissioners on this.

- Referral numbers are increasing across the board but are not in excess of pre-covid-19 levels.
- Work has been undertaken with schools to support the returns.

#### Inpatients

- High acuity remains as already cited.
- Out of Area beds continues to be a pressure, predominantly in relation to Psychiatric Intensive Care Unit (PICU) beds.
- Some of these pressures have impacted on acute services, meaning long waits in A&E. Work is ongoing with partners in the ICS to improve the experience for service users and share learning. Work is also ongoing across the ICS with the director of the West Yorkshire association of acute Chief Operating Officers (COOs) in the acute trusts.
- The focus remained on maintaining patient flow. A new reporting tool has been developed measuring current discharges against the average level of admissions per week, for the previous year, so proactive action can be taken.

#### Community Mental Health in Wakefield, Calderdale and Kirklees

- Group work is being resumed and the use of estate planning to facilitate this.
- As with Barnsley there is a continued focus on improvement and performance hotspots (CPA).
- All age liaison work is progressing really well, so that when young people attend A&E they will get to see the mental health liaison team rather than waiting for a specific CAMHS worker.

#### Forensics / Learning Disability (LD) / Asperger's Spectrum Disorder (ASD)/Attention Deficit and Hyperactivity Disorder (ADHD)

- Recruitment in forensics and LD remained a challenge in key areas.
- LD noted that the local restrictions for COVID in Calderdale and Kirklees had led to some service users not wanting to receive contact from services. This was seen earlier in the lockdown, and services had to find creative ways of keeping people engaged.
- Forensics and LD services had seen an increase in staff absence due to Covid-19 again.
- ASD/ADHD have had positive feedback from service users in respect of remote consultations.

EM asked about the six-week wait for diagnostics. A lot of investment had been made in terms of digital strategy, was there anything else that could be done?

CH reported this was down to paediatric audiology and the waiting lists should be resolved in next couple of months.

KQ asked about the small contingent of children in Wetherby/Adel Beck and what update there had been in relation to them.

CH reported that the team are working hard to maintain contact with service users. CH agreed to ask Dave Ramsay to report into CGCS committee on this matter.

**Action: Carol Harris**

AM asked as an interim measure that Dave Ramsay circulates a short report to Board members, updating them on Wetherby and Adel Beck situation.

**Action: Carol Harris**

CH updated that the clinical risk panel also reviewed all Wetherby and Adel Beck incidents every week.

**Priority programmes**

As previously highlighted, FIRM risk assessment training is going live from the end of this month.

Forensic services now have a comprehensive organisation development plan in place to address current issues and also in preparation for becoming the lead provider in the forensic collaborative.

Planning work continued with partners around reset and recovery.

**Workforce**

**AGD updated:**

- There are positive trends in the report but there is no room to be complacent.
- There are areas of hotspots and pressures.
- Models of workforce for the future are being considered. This is to make sure the future workforce is flexible with a well engaged bank staff and considered and efficient use of agency staff.
- In relation to staff turnover, instead of the exit interview, the focus is moving towards appraisal and having future career conversations to help retain staff.
- The workforce strategy is being brought to Board in November.

AM asked for clarity on reasons for absence by Business Delivery Unit (BDU) on p.120 of the pack. A large block appeared to be in relation to holiday isolation but it was unclear. It was clarified that the red block related to “test and trace” numbers.

AGD reported that Forensics had a high level of Covid-19 related absence but also had a high level of general absence and the correlation between the two needed to be established.

**Action: Alan Davis**

MF asked what the impact of the redline on the summary around staff receiving supervision within guidance. This appeared to be a trend which hadn’t changed in a number of months?

TB clarified there had been an issue with supervision and evidencing that it had taken place and managed within policy. Chris Lennox (deputy director of operations) took a report into CGCS recently to provide assurance that supervision was both taking place and being recorded properly. This stemmed partly from group supervision and partly from protecting time for supervision to take place. This was now being taken into Operational Management Group (OMG) to be performance managed.

MF queried what the outcome was of low levels of supervision?

TB reported it was believed that supervision was taking place but not being recorded properly.

Sam Young (SYo) asked if there was there any learning to be taken from the Covid-19 related figures in inpatient?

CH reported the learning identified is for staff to remember social distancing applied when not dealing with patients as well. Transmission from staff to service users had not been an issue, but staff to staff infections had been an issue.

TB reported that IPC provided a learning debrief and messages around social distancing, car sharing arrangements and how to manage breaks in communal areas had been reinforced. A Bluelight safety alert had been re-issued to all staff and RW had reiterated the message in his Covid-19 briefings.

RW stated the Board needed more assurance on supervision. We should make sure that staff had the opportunity to have supervision, even if it was through digital means, to ensure that supervision is taking place as required.

RW referenced the learning from Bronte and Ashdale wards, where there had been heightened Covid-19 infections, and stated the importance of clear messages..

RW stated that yesterday, in the Robertson Cooper survey presented during the Annual Members' Meeting, the areas where we had gone down were psychological and physical wellbeing of staff. Tiredness can lead to lower rates of compliance with PPE and IPC and people become less able to deal with all of the changes.

As an executive management team there is a question about whether we maintain an open and supportive approach to PPE and IPC compliance or whether a more punitive approach is required.

Currently, the balance seemed right, as staff will report if they had not been compliant. Should more punitive measures be introduced, staff may be less likely to report this which would make it more difficult to stop infection. If people continue to be non-compliant over a period of time, punitive measures may have to be introduced.

TB suggested an action to enhance the planned report on supervision and take it to the next CGCS committee and then report into the next board.

**Action: Tim Breedon**

CD reported the measures to respond to non-compliance in relation to PPE and IPC had been discussed at CGCS committee and she was supportive of RW's comments.

EM referenced the number of information governance (IG) breaches and noted that the case studies given in RW's report were excellent.

TB reported the Improving Clinical Information Group (ICIG) had held a discussion about how to address the increase in IG incidents. It had been identified that the best way to tackle this was through a change in approach to communications that demonstrated the real and significant impact that these incidents had on people.

**It was RESOLVED to RECEIVE the integrated performance report and the comments made during its presentation, and NOTE the agreed actions.**

**TB/20/66b    Serious Incidents Quarter 1 2020/21 (agenda item 8.2)**

AM asked to take the report as read and stated the report had been through CGCS committee.

TB highlighted the following from CGCS Committee:

- It had been queried at what point Covid-19 was to be included in the main information

KQ reported that the key themes around learning disabilities from national reports were stark. Evidence of people with learning disabilities dying a considerable number of years earlier than those without learning disabilities, and evidence of negative bias in their care resulting in unequal treatment. These are the kind of things that need to be included in the equality strategy to ensure this was not the case in the Trust.

TB agreed that these factors needed to be taken into the Equality and Inclusion Committee. We need to look at what we do internally in our response and also how we support the wider system.

**Action: Tim Breedon**

RW reported the Trust was subject of a report by NHS providers into good and outstanding organisations that provide care for people with learning disabilities. As a Trust we have some expertise and credibility here, which we can use to help our partners and the system. The Trust should register that as something we should be doing. Sean Rayner may want to add something around the West Yorkshire Mental Health, Learning Disability and Autism partnership.

RW continued to say the Board needed to bear this work in mind when thinking about strategies and strategic priorities both for our populations and for our staff. When we talk about joined up care in every place, it's joined up care for people with a learning disability and if they are in an acute hospital, GP surgery or one of our services that reasonable adjustments are made that are informed by good practice.

There is something for the Board to consider about the partnership and the strategic objectives we have applying to people with a learning disability. Our staff always say it's the last thing we talk about, let's make it the first thing we talk about.

**Action: Salma Yasmeen**

AM thanked RW for the really important points made.

**It was RESOLVED to NOTE the quarterly report on incident management.**

**TB/20/66c Financial Planning Arrangements (agenda item 8.3)**

*(Item 8.3 was taken after item 8.4 due the absence of MB being in a national call)*

MB highlighted the following:

- Financial Planning Guidance had been awaited for some time and the fact that it had been only recently released demonstrated how difficult this process had been nationally to gain some form of agreement.
- Up until now block payments had been received from each CCG that had been calculated nationally, based on month 9 2019/20.
- This was topped up by a "prospective top up payment" which took account of costs in months 8/9/10 of 2019/20 and any differential was added to the block.
- Covid-19 costs had been reclaimed.
- There was also a "retrospective top up payment" to allow trusts to break even.
- There are other income streams such as income from Health Education England, Research and Development income, and income obtained from Local Authority commissioned services which had remained, on the whole, unchanged.
- The majority of income came from the block contract
- There is a significant change in the arrangements for the second half of the year with us needing to operate within a budget rather than claim back costs.
- The block payment has been updated to take account of material changes.



- In the previous arrangements, due to the calculation, we had not been paid for Barnsley CAMHS as an example, which has now been adjusted for. This was previously being claimed through the retrospective top up payment.
- More money is now being channeled via ICSs, which is a significant change.
- Retrospective Covid-19 claims are no longer allowed nor is a retrospective top up.
- System top up funding, growth funding and Covid-19 money would now be provided to the ICS. A mechanism for prioritisation and allocation by the ICS needs to be agreed.
- Mental Health Investment Standard (MHIS) monies have been ring-fenced. The value of this with each commissioner has not yet been agreed, but is expected to be concluded shortly.
- There is a national expectation that all systems should be able to break even with the monies provided.
- In relation to timescales the ICS had to submit a plan by 5<sup>th</sup> October 2020. They would need trust plans to be submitted before this to enable them to aggregate and make the submission.
- All NHS trust income and financial results go through one ICS, which for us is West Yorkshire and Harrogate ICS. However, 30% of our business is with Barnsley, which is in the South Yorkshire ICS. This provides us with some complications and considerations.
- Workforce and mental health activity and cost pressure plans had been submitted in August.
- Within the guidance, for acute trusts, there is an elective incentive scheme which aimed to get the elective activity for acute trusts back up to higher levels.
- Whilst there is an incentive there is also in effect a penalty if the targets are not reached. This could impact on our Trust if it means the ICS cannot achieve its overall control total.
- All trusts in April 2020 were paid an additional month's income in advance to help with cash flow and this is likely to need reversing before the end of the financial year. Two months' notice would be given before this took place.
- The usual contract processes with CCGs are not taking place, instead we are operating according to the terms of the national standard NHS contract.
- Additional invoicing activity between Trusts and CCGs remains suspended.

AM acknowledged the finance and planning teams had been operating under significant pressure and working extended hours to progress this work and thanked them for their hard work and commitment.

CJ commented that MB and his team were well engaged in the process and the pro-active work in August had put the Trust in a good place to work through this process. There is immense pressure on timescales as already noted.

There is a degree of uncertainty around some income assumptions and we also have potential cost pressures with OOA beds, locked rehab placements, the future demand on services and the fact we had successfully recruited more substantive staff this year.

RW pointed out that the ICS was our partnership, not our boss, and the Trust had an input into how it operated on our behalf. Rather than a central approach to managing money there is now a partnership approach to manage the money together. We can only do this if the arrangements allow it.

The funding that had been made available in the block, the additional money for Covid-19, demand and transformation is becoming clearer, but the question remained, is it sufficient for the whole system?

As a Board we needed to understand our position in the partnership and what the risks are and where we might be flexible.

There is some ability to move money and the degree of stress around the ICS. The timing is challenging and the guidance not easy to digest. As a Board we need to be sure that our submission is a fair reflection of what we could achieve and what the risks and caveats are around it. We had been good at this in the past.

There is then a process to go through for all providers, following the submission, where we would all sign up to a final plan. This isn't until the 22<sup>nd</sup> October. If we lay down the caveats and position in the submission on 3<sup>rd</sup> October this would pave the way to sign off on the 22<sup>nd</sup> October.

AM asked to note any conflicts of interest that were inherent in this process. There are potential conflicts due to executives having roles at both a system level and trust level and these must be kept in view. There were, however, no decisions being made at ICS level that would outweigh those being made at Trust level.

RW updated that the Trust is in two ICSs and most of the Trust's money comes from West Yorkshire and Harrogate ICS because of the new arrangements, but there are also other more limited funds coming from South Yorkshire and Bassetlaw ICS.

In the West Yorkshire ICS there is Director of Finance (DOF) group that MB is part of, with a memorandum of understanding. The DOF group made recommendations to the system leadership executive of the ICS about what they think the submission to the centre should say. That will be informed by the position of each organisation. Any decisions would be ratified by individual boards.

MB would be able to update as to whether the DOF group has finalised its submission but no decisions can be taken except by statutory organisations, which means us signing up to our plan, and Wakefield CCG (the lead CCG in West Yorkshire & Harrogate for channelling funds) deciding on the distribution of resources. Resource distribution came on the advice of the combined DOF group.

There are conflicts of interest for RW as the ICS leader and MB as a member of the DOF group and for other executives who sit on ICS groups, such as AGD and SYa. We note the conflicts and do not believe they are material in anything that has been put forward for decision and conversation today.

MB declared that he is not the mental health finance director lead in the group.

**It was RESOLVED to NOTE the report and COMMENTS made on the current arrangements.**

TB/20/66d Robertson Cooper Staff Wellbeing Survey Results (agenda item 8.4)

AM asked to take the report as read.

AGD highlighted the following:

- The results of the survey are important, but it was what we do with the results that is really important, and how we use the report as an engagement tool.
- A benefit of the survey is that individuals received immediate feedback about what they can do to help their immediate wellbeing and take that into appraisal. The Trust wanted staff to own their own health and wellbeing and the Trust would support them.

- There is a lot of evidence that resilience lies in teams. “The great place to work” would now focus on teams, team leaders and using the survey to start discussions with staff.
- Business delivery units (BDUs) are looking at teams and an action plan is to be put in place by the end of October.
- As an organisation we are taking an overview about what we need to do with our staff health and wellbeing service in the longer term.

CD commented that the report was positive with 90% of staff feeling that their line manager is interested in their wellbeing. “I feel that the Trust listens when concerns are raised” seemed a bit low. Was there any comment on that?

AGD reported this is one of the areas where we will want to drill down further. It is Freedom to Speak Up (FTSU) month in October, and there is going to be a real drive in this area. FTSU guardians were being spoken to with a view to them moving away from casework and into engagement.

CD reported she would like to see how this impacted on the plan that was being brought to CGCS committee next time

**Action: Alan Davis**

AGD reported that the lead FTSU guardian had now been advertised after being on hold.

AM asked for the following comments to be noted due to time.

CJ reported he was really pleased this work had taken place but noted it had been done in slightly different way to which previous benchmarks had been constructed. CJ stated he was less optimistic than the summary report was. The chart on page 195 of the pack had more red and amber boxes than green. This didn't look good visually and the grey boxes raised questions over our vision to be outstanding. What are we doing about adult mental health inpatients as a service line that stood out really sharply? Were there any clear urgent actions being taken to address this?

**Action: Alan Davis**

MF noted the appendix reports on demographic breakdowns and how poor the responses were in the “prefer not to say” category in relation to sexuality, gender, ethnicity and disability. Although low numbers, these people were clearly feeling disenchanting and disengaged. What could we learn from this and what were we going to do to reach out to these people?

**Action: Alan Davis**

KQ noted the Covid-19 specific information about carers, perhaps one in five had caring responsibilities and they had poorer health and wellbeing. KQ's understanding is that that one in five NHS employees had caring responsibilities and also had poorer physical and mental health as a result. Was this information Covid-19 Specific? If it is one in five of our staff how were we identifying support for staff who are carers?

**Action: Alan Davis**

AM proposed to take the queries into Workforce and Remuneration Committee (WRC) as there were too many queries to answer today because of the time available.

**Action: Alan Davis**

RW noted this is one of the most powerful pieces of intelligence the Trust has and was timely. It is important to take action on the basis of what the report is telling us. Professional group sessions are required for nurses, allied health professionals (AHPs) and doctors. In the 2018 report AHPs were amongst the most disaffected but now they are not, which is positive. Doctors always say they are well, which suggests this may need to be looked into further.

**Action: Alan Davis**

RW continued, in relation to equality and diversity the Black, Asian and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual, Transgender + (LGBT+) group responses were more positive than the average. If that's positive we should say so, because they are getting more support, but at the same time we should recognise that is not the case for staff with disabilities and staff with caring responsibilities. These should be areas of priority for the Trust.

**Action: Alan Davis**

EM wanted to congratulate the Trust on doing this. The survey was rich in data but needed gap analysis and further work.

AGD reported BDUs are developing their own plans around adult mental health by October. Carers are a priority. In terms of demographics there is continual promotion through the staff networks about the confidence of staff to fill in the forms. The survey is going to WRC for more detailed review.

AM summarised by saying further review of the data was required with clear action plan as to what is to happen next and a full response to take place in the WR committee meeting.

**Action: Alan Davis**

**It was RESOLVED to NOTE the results of the Wellbeing Survey and the next steps.**

**TB/20/67 Business developments (agenda item 9)**

**TB/20/67a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)**

AM asked to take paper as read.

In relation to Barnsley, SYa highlighted:

- The current key focus is planning and triangulating this with finances.
- Andrew Cash had written out to accountable officers in CCGs to ask them to work with places to start thinking about in-year efficiencies. He has asked mental health and acute providers to work together to achieve this.
- The Trust had contributed to the ICS plan by engaging with the Barnsley place. This was in the main acute activity and workforce data, but we had made sure the narrative around the five key priorities, which had been agreed as a place, would be included in the plan.
- A paper would be brought to board next month to provide a further update.
- The Mental Health, Learning Disability and Autism programme board had resumed most of their work streams and we are on track to deliver our requirements in relation to these.

**It was RESOLVED to NOTE the updates from the South Yorkshire and Bassetlaw Integrated Care System and Barnsley integrated care developments.**

**TB/20/67b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.2)**

AM asked to take the paper as read.

SYa highlighted:

- The focus had been Covid-19, reset and recovery and finances
- The independent review of BAME communities and the impact of Covid-19 by Professor Dame Donna Kinnair had been completed and the final report with recommendations would be published on 22<sup>nd</sup> October 2020. This would be shared with all partners including our Trust. This may have some implications on the timing of our equality and inclusion strategy as we would like to consider the findings of this report in the Equality and Inclusion Committee (EIC) and at Trust Board.
- Partnership arrangements that were in place prior to Covid-19 are being resumed.

**It was RESOLVED to RECEIVE and NOTE the updates on the development of the West Yorkshire and Harrogate Health and Care Partnership and place-based developments in Calderdale, Wakefield and Kirklees.**

#### TB/20/67c    Receipt of Partnership Board Minutes (agenda item 9.3)

AM asked to take the report as read.

AM asked for any comments on the partnership boards documented.

MF queried the fact that the Barnsley Health and Wellbeing Board hadn't met for over a year and did this present any form of risk?

SYa explained that Barnsley has reformed the Health and Wellbeing Board as a development group, currently meeting in private. There was a consultant in place now who was working to reform and refocus the group. SYa believed there is a public meeting scheduled soon.

**It was RESOLVED to RECEIVE the minutes of the relevant partnership boards.**

#### **TB/20/68    Strategies and Policies (agenda item 10)**

##### TB/20/68a    Equality, Inclusion, Communication and Membership Strategy (agenda item 10.1)

AM reported this strategy had been to Equality and Inclusion Committee. The strategy was to be taken as read in draft form.

- SY reported clarity was required around objectives and strengthening was required around the equality and inequality focus through the report. The report referenced earlier from Professor Dame Donna Kinnair would also be of benefit to the strategy.
- There is to be an integrated approach focused on communities, service users, carers and our workforce
- The action plans are being progressed around their strategic intent and focus with clear deliverable metrics and outcomes. This work would progress while feedback on the draft strategy was being received.

TB added that the sooner the strategy is up and running, the better. We needed to get the action plans in place so that we could report against them, those were the key priorities.

AM confirmed that this strategy would come back to board in October for approval. The next Equality and Inclusion Committee (EIC) is in November and so there needed to be some consultation with committee members in between so final comments could be included. Any detailed comments should be fed through to SYa or TB, any general comments could be taken now.

**Action:Salma Yasmeen**

KQ commented that the strategy was very bold and clear and this was positive. On the diversity section there are some additions to be made. There is an assortment of figures on BAME communities but these didn't include the LGBT+ groups.

The engagement was also great, but on p.249 it reported people wanted a "human – human" relationship built on dignity and respect. On page 250 it said "make sure that the use of internet, social media and computers form part of the source of information but not the main part". Later on we say our website is going to be the main source of information?

On p.253 it mentions the joint needs assessment. Is this the joint strategic needs assessment (JSNA) that CCGs and Local Authorities do or is it a new piece of work, in which case who is going to do it? We possibly don't have the capacity but the ICS may have?

TB reported that the JSNAs were the existing piece of work but KQ's comment about joining up with the ICS was relevant.

SYa welcomed KQ's comments and stated they would revisit some of the data within the strategy to make sure it picked up the key issues.

**Action: Salma Yasmeen**

AM reported the E and I committee recognised that drawing on population health data more effectively was important to understand the needs of the community we were serving.

RW reported one of the benefits of being a partner in places and ICSs is that we have access to public health insight and access to Healthwatch. In West Yorkshire and Harrogate there is a compendium from all of the insights, from all of the engagement work, which is published regularly and has just been updated.

There had been work completed on the impact of Covid-19 as there had been in Barnsley where Healthwatch had done some work on the impact of Covid-19 on different communities. RW stated we could stand back and admire the problem or get on with the action. There would be diminishing returns on the strategy and the focus should now be on the actions and sessions such as the LGBT session with private board yesterday will be really helpful. Let's sign this off soon and sharpen up the actions.

CJ agree with RW. There is no lack of data. Our own bottom up understanding needs to be reviewed in terms of how we may create inequalities through our own processes and activities and so we need that theme to come through. We then need to identify the key priorities for our communities. We can't do everything in the next 18 months.

SY agreed to get some draft plans and metrics in place for the next EIC meeting in December 2020.

**Action: Salma Yasmeen**

**It was RESOLVED to APPROVE the recommendation for strategy sign off in October and provide comments made in the discussion on the strategy and agree the next steps to commence development of action plans with clear metrics for each area.**

**TB/20/69 Governance Matters (agenda item 11)**

**TB/20/69a Covid-19 Emergency Preparedness, Resilience & Response (EPRR) Arrangements (agenda item 11.1)**

AM asked to take the report as read.

AGD highlighted the following points:

- Changes to the command structure as already mentioned.
- Stress test exercise through OMG to make sure all the learning was being integrated into business continuity plans.
- The figures on the flu evaluation for 2019, although the percentages are right the numbers are not. The correct figures were 2,743 frontline staff identified and we vaccinated 2,224, 519 either declined or refused to respond and 299 over and above that were exempt.
- A focus is being placed on this year's flu campaign and although Covid-19 restrictions would make it difficult we are looking at different ways of making sure staff get vaccinated.

AM noted that Brexit arrangements are also being stepped back up again

EM reported she was disappointed to see that some people were reluctant to get flu vaccinations when we had achieved good numbers in the past. In relation to stress testing, are we taking the learning away from that and is there anything at the ICS level?

AGD reported that both ICSs had taken part in stress testing exercises and planning, both earlier on in the year and there are future plans to do more and the Trust is involved in that. Business continuity plans had been updated with learning taken from Covid-19 and the stress test exercise was to work through some scenarios and make sure we had covered all the points.

AM clarified that we achieved over the 80% target for flu vaccinations for last year.

MF Are we testing at a local level in relation to business continuity planning?

AGD reported stress tests took place at a number of different levels including local testing. It is a local test, and we stress tested at local levels all the way up to regional.

**It was RESOLVED to NOTE the content of the EPRR arrangements report.**

#### TB/20/69b Medical Appraisal/Revalidation Annual Report (Item 11.2)

AM asked for the report to be taken as read.

- ST updated this report was to provide assurance of the statutory function of the responsible officer role, ensuring the Trust doctors are fit for practice.
- We made all due recommendations in time, there were no delays and the recommendations were approved by the General Medical Council (GMC). We have 144 prescribed connections.
- There were no breaches to the record. We did not recruit any new appraisers in the year 2019/20, however, since then in 2020/21, we have recruited about seven new appraisers which is a really positive number and adds to the level of resilience.
- Appraisal feedback has been positive. We have fourteen new doctors appointed and ten temporary doctors appointed.
- Depending on the time of appointment this may affect the appraisal timescale and that is why they will not be all completed in time.
- We do not need a statement of compliance this year. There is no requirement for an annual audit report but NHS England then stated these could be submitted voluntarily, which is what has been presented to the board. The plan is to submit the organisational audit by the end of November 2020.

MF asked if appraisals were graded, or were they appraised "yes" or "no"?

ST responded that appraisals were not graded but the quality of the appraisal process was reviewed. There is a detailed process regarding appraisals. In this Trust the appraisal system is democratic, whereby the appraisee could choose their appraiser. This is not the same in all trusts.

The appraisal tested whether the doctors were keeping themselves up to date with continuing professional development (CPD) and the general medical council domains. Anything in terms of excellence and performing above expectations from normal contractual obligations was looked at through the clinical excellence awards system.

RW confirmed the appraisal is a developmental process and added further clarity on the appraisal system.

AM asked about the revalidation oversight group lay member and how that person became appointed?

ST reported she was not clear on who the lay member was but believed them to be a service user. The group is in its second year so now was a good point to be thinking about the lay member and the skills and knowledge required for this voluntary role.

**Action: Subha Thiyagesh**

AM noted that last year the report went through CGCS committee but this year due to calendars being out of synchronisation this hadn't happened. CD confirmed this was noted and was on the committee work plan.

- **It was RESOLVED 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.**
- **It was RESOLVED to RECOGNISE that the resource implications of medical revalidation are likely to continue to increase year on year.**

#### TB/20/69c Patient Experience Annual report (Item 11.3)

AM asked for the report taken as read.

TB reported that the report had been through CGCS committee and it represented the amount of work that had taken place in relation to complaints over the last year. The ambition for next year would be a broader patient experience report which didn't just include Family and Friends Test (FFT) and complaints and concerns.

EM commented on the quality on the report. EM asked if it was possible to do any quality improvement (QI) work around the complaints process?

TB reported the QI team worked with wards and teams and that was included in the CQC improvement plan. TB stated that some of that detail could have been added to the report and could be considered for next time.

AM also raised what the experience was of people who had been through the complaints process. AM had received feedback from service users and carers that the complaints process was sometimes difficult and asked that the customer experience of going through the complaints process be reviewed.

**Action: Tim Breedon**



MF reported he was struggling to understand the numbers between last year and this year. This is a reactive report. We do other work proactively; do we pull these together?

TB The ambition for this year was to bring these together but have had to delay that this year.

**It was RESOLVED to RECEIVE and NOTE the feedback received through patient experience systems in the financial year 2019/20.**

#### TB/20/69d Workforce Equality Standards (Item 11.4)

AM reported the board was being asked to approve the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) summary reports and action plans that have been discussed in the Equality and Inclusion Committee.

AGD highlighted the following:

- While the two documents stood alone, they did have a much wider impact across the equality agenda and protected characteristics work. They are part of a broader initiative.

MF reported that having listened to members of the LGBT network yesterday he had reflected it was of benefit that staff had more senior staff they could aspire towards, and could this be added as an action in relation to the WDES?

AGD commented that we still needed more people declaring their disabilities and there are gaps in that. We needed to improve the declaration rate to get a better picture. The principle of the WRES was the same in the WDES in that we wanted a representative workforce at all levels.

AM cited a national piece of work around disability at board level and noted that might be something we wanted to formally sign up to.

**ACTION: Angela Monaghan**

RW felt we hadn't really grasped the opportunities around learning disabled staff or learning disabled people working with the Board. We don't have easy read versions of papers or presentations from this meeting. We do a good job on strategies and policies on this, but less so in relation to board meetings. Something of this nature in the WDES action plan going forward would be beneficial.

**Action: Alan Davis**

RW continued to say the action plan on the WRES is in the right territory. The report from West Yorkshire ICS will add to this and we should take on board those actions when they come through.

**Action: Alan Davis**

CJ remained unconvinced that the actions to help with bullying and harassment would be effective and felt they were too process orientated. He wondered what happened after our discussion with the BAME network? This was an area where we needed to be stronger for all staff.

AM recalled that when these discussions had taken place it was agreed it needed to be considered for reflection in the BAF as well.

**Action: Mark Brooks**

AGD agreed with CJ that the question was what were we, as an organisation, going to do about bullying and harassment. We heard pre-covid-19 that one of the issues was office banter and where the boundaries were. The big issues for the BAME staff equality network is the issue around service users and carers and that needed to be dealt with in the right way. This model came from staff in Kirklees, where they have equity guardians and a framework to support staff who have actually gone through that process. This needed to be driven forward.

**Action: Alan Davis**

EM asked if we were able to extend reciprocal mentoring to cover disability?

AGD reported that this was something that could look to be rolled out across a number of different areas. Project Search was also something that is being looked at with the Mid-Yorkshire Trust and how we could mirror that. (Project search is a training programme looking at how to support young people with learning disabilities into paid employment)

**Action: Alan Davis**

AM summarises how important it is that all of these things are included in future plans.

**It was RESOLVED to APPROVE the WRES and WDES summary reports and action plans but recognise that the comments made should be reflected in future action plans and identify those areas for further development.**

#### **TB/20/69e    Audit Committee Chair Appointment (agenda item 11.5)**

AM declared a conflict of interest on this item for MF and he was asked not to participate in this item.

AM reported the proposal was to appoint MF as the chair of the audit committee following his appointment as a Non-Executive Director on 1<sup>st</sup> September 2020.

**It was RESOLVED to APPROVE the recommendation to appoint Mike Ford as Audit Committee chair from 1 September 2020.**

#### **TB/20/69f    Committee Terms of Reference for Approval (Agenda item 11.6)**

AM summarised the proposed changes:

Audit Committee – appoint MF as chair with other minor amendments.

Equality and Inclusion Committee – appoint MF as a member of the committee and remove Sean Rayner (SR), as well as adding that the governor was now appointed by the Members' Council. Also to note the governor was in attendance but not a member, and the opening paragraph regarding the origins of the committee had been removed.

Mental Health Act Committee – appoint CD as a member of the committee. She has now left the Charitable Funds Committee. Two duties had also been added around service users and carers and vulnerable groups.

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committees-in-Common – a cover paper had been added to demonstrate the comprehensive review of the terms of reference and the effectiveness of this committee.

Committee membership matrix – it was noted that Laurence Campbell was still shown on Members' Council group membership and attendance. ST should be an attendee for E and I

committee. Terms of reference should be presented with track changes in future so that it is clear where the changes have been made.

**Action: Andy Lister**

**It was RESOLVED to APPROVE the updated Terms of Reference as presented.**

**TB/20/69g Board Development Proposal (Agenda item 11.7)**

AGD reported this continued from Development programme that ran last year and beginning of this year look at the next phase of the development programme.

We had signed up to the NHS Providers digital board programme.

The nationally funded programme is called Inclusive Leadership Development for Boards of Organisations (ILDBO), which is part of the Building Leadership for Inclusion initiative. We had been given positive signs for several months but there had been delays in getting a commitment to the funding.

The national team have agreed to do some diagnostic work with us and then five days of consultancy time to deliver the inclusive leadership programme. This is a good offer in that it bears no cost to the Trust and there will be adjustments made due to Covid-19.

AGD's recommendation is to sign up to the programme. The diagnostic work will take place in October allowing the programme to be tailored towards the boards needs and likely to start in the new calendar year.

AM reported that the Greater Manchester System was also doing this programme and there could be some joint learning across the Pennines. AM supported the recommendation.

RW supported the proposal but asked if we had reviewed and evaluated if we had implemented things that we agreed we would do as part of the leading for improvement development programme. RW reflected on the conversations from today's board and stated it was good to see the SPC charts in the IPR report, beyond that it was hard to see what we have changed.

AGD agreed to carry out an evaluation and reflection of the leading for improvement development. This would form part of the diagnostic work.

**Action: Alan Davis**

**It was RESOLVED to AGREE to join the recommended Board Development Programme.**

**TB/20/70 Assurance from Trust Board Committees (agenda item 12)**

**Clinical Governance and Clinical Safety Committee 15 September 2020 (minutes 9 June 2020)**

CD stated it was important that as a board we received assurance but as a committee they were striving to focus on quality improvement.

**Equality and Inclusion Committee, 22 September 2020 (minutes 2 June 2020)**

AM reported the last committee meeting felt pressured due to time. The committee was still developing.

Finance, Investment and Performance Committee 25 August 2020 22 September 2020  
(minutes 23 June 2020 and 27 July 2020)

CJ reported capital had been discussed and supporting the ICS in its capital management. The committee had reviewed lead provider projects around forensics and eating disorders. The committee supported the eating disorders project but had concerns around the forensic item. A review of financial planning and the plan to install a new finance system, SBS. MB reported there was a technical issue with the catalogue but SBS were working to find a solution.

Mental Health Act Committee 25 August 2020 (minutes 12 May)

KQ reported service user work is ongoing. The CQC feedback continued to be very positive and the new process is that they speak to service users, carers and staff rather than looking at documents. Care planning and risk assessments are a focus. Patient note quality is still being reviewed and there had been considerable improvements. Virtual hearings were still being developed and there was good work taking place.

West Yorkshire Mental Health, Learning Disability and Autism Collaborative Committee-in-Common 9 September 2020 (minutes 23 July 2020)

AM reported this was a strategic session looking at what the role and responsibilities should be on the back of the review that had been discussed earlier. The slides had been attached for information. The committee was evolving to have a much broader strategic view.

RW reported that in South Yorkshire and Bassetlaw there needed to be strengthened governance arrangements around collaboration on Mental Health, Learning Disability and Autism. There is a wider review of the South Yorkshire and Bassetlaw ICS taking place and within that the Mental Health and Learning Disability providers have been thinking what a similar arrangement to West Yorkshire and Harrogate would look like. There is a proposal that we commission some help with that which collectively we were looking at, but it was likely this would result in a governance arrangement from South Yorkshire and Bassetlaw that would report into the board.

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

**TB/20/71      Use of Trust Seal (agenda item 13)**

**It was RESOLVED to NOTE the use of the Trust Seal since the last report in 31 March 2020.**

**TB/20/72      Trust Board work programme (agenda item 14)**

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

**TB/20/73      Date of next meeting (agenda item 13)**

The next Trust Board meeting held in public will be held on 27<sup>th</sup> October 2020, which will be a virtual meeting.

**TB/20/74      Questions from the public (agenda item 14)**

No questions were received.

AM noted nobody had dialled in today and there were no members of the public on the virtual meeting.

EM asked if we could put the recording of the board meeting on the website.

RW reported the West Yorkshire and Harrogate ICS recorded the public meeting and posted it on their website for a number of days. AL could speak to Karen Coleman about their experience of doing that. RW also queried how well we were promoting this meeting on social media before and during the meeting. If AL and AM were to review it would be useful to involve SYa and Dawn Pearson.

**Action: Andy Lister**

**Signed:**

**Date:**

**TRUST BOARD 29 SEPTEMBER 2020 – ACTION POINTS ARISING FROM THE MEETING**

 = completed actions

**Actions from 29 September 2020**

Min reference	Action	Lead	Timescale	Progress
<b>TB/20/62</b>	The Business Intelligence Team would support the development of the Integrated Performance Report (IPR) to reflect equality impact. This needed to be used as tool to seek assurance that the organisation was being managed accordingly. It was agreed this was the lens that the IPR needed to be viewed through. It was agreed that this action was superseded by the eight equality actions required centrally by NHSE/I and as such this action could be closed.	Mark Brooks	October 2020	A separate group was established to identify what information is available and what needs to be developed in order to support the achievement of the eight actions to address inequalities. A detailed paper is being provided to EMT to explain the actions being taken and indicative timelines for incorporating in the IPR.
<b>TB/20/62</b>	A new action should be created to make sure the Trust delivered against the eight actions required by NHSE/I to address inequalities.	Tim Breedon	November 2020	

<b>TB/20/66a</b>	Charlotte Dyson (CD) commented that in the CGCS committee agenda setting meeting, the slides about the predicted level of demand had been really useful. The board might want to think about emerging community risks such as homelessness, students going to university, long term covid-19 and the psychological implications of these things. The Trust needed to be aware demand from other areas that we might not usually see. An agenda needs to be raised at CGCS committee would be looking into these aspects.	CGCS Committee	November 2020	Report requested for next CGCS in November – to be taken under service delivery update in covid-19 response section of agenda.
<b>TB/20/66a</b>	<p>MB reported that if we looked at what our requirements were for demand and capacity, planning prior to Covid-19 it would be very different to what it is now.</p> <p>Previously if there was a tender coming up or a specific piece of work required, we would do some basic demand and capacity modelling work. The Trust was going to have to think quite carefully about how it structured some of its functions.</p> <p>AM summarised by saying that FIP would look at these issues in detail and we would make sure these were kept in view of the board as required.</p>	FIP Committee	February 2021	
<b>TB/20/66a</b>	RW reported it had been difficult to find a consistent measure for acuity. Currently this relied on the clinical judgement of the staff. We should continue to explore how we have a consistent measure of acuity.	Tim Breedon	October 2020	Safer staffing report will include progress on the work to implement safe care, a tool to support improved link between acuity and staffing levels.

<b>TB/20/66a</b>	RW reported the Academic Research Centre in Bradford, covered Yorkshire and the Humber region and had cast itself as the research arm of our ICS'. In a meeting last week about programmes of work (one of which is the mental health work programme), RW thought the outputs from the centre presented opportunities for the Board to consider its views on what happened next. RW suggested making a link with the research centre would be good for the Trust.	Tim Breedon	October 2020	TB to update verbally.
<b>TB/20/66a</b>	<p>AM raised the increase in Duty of Candour applicable incidents and the percentage of Service User's on Care Programme Approach (CPA) given or offered a copy of their care plan.</p> <p>TB reported in relation to Duty of Candour there was work ongoing to establish what had occurred and similarly the rise in care plans not being given or offered to service users on CPA also needed to be reviewed.</p>	Tim Breedon	October 2020	<p>During Quarter 1 2020/21, there was a higher proportion of Duty of Candour applicable incidents compared with other quarters. During this quarter, there was a higher number of self-harm incidents. Of the 20 self-harm incidents resulting in moderate or severe harm during Q1 2020/21, 12 occurred in community settings and 8 occurred in inpatient settings and this is possibly aligned with an increase in acuity in services. In quarter 2 2020/21 the figure for self-harm has remained at 20 applicable incidents. During Q1 2020/21, there was an increase in the number of applicable pressure ulcer incidents reported (66). In quarter 2 2020/21, this figure has returned to within normal range for applicable pressure ulcer incidents (37).</p> <p>There have been no breaches of Duty of Candour identified in the data for 2020/21 to date.</p>



<b>TB/20/66a</b>	<p>KQ asked about the small contingent of children in Wetherby/Adel Beck and what update there had in relation to them.</p> <p>CH reported that the team were working hard to maintain contact with service users. CH agreed to ask Dave Ramsay to report into CGCS committee on this matter.</p> <p>AM asked as an interim measure that DR circulate a short report to board members updating them on Wetherby and Adel Beck situation.</p>	Carol Harris	October 2020	Short report circulated to Board members on 20 October 2020.
<b>TB/20/66a</b>	<p>AGD reported that Forensic had a high level of Covid-19 related absence but also had a high level of general absence and the correlation between the two needed to be established.</p>	Alan Davis	October 2020	To be included in HR exception report for the WRC on 12 November 2020
<b>TB/20/66a</b>	<p>RW stated the board needed more assurance on supervision. We should make sure that staff had the opportunity to have supervision, even if it was through digital means, to ensure that supervision was taking place as required.</p> <p>TB suggested to enhance the planned report on supervision and take it to the next CGCS committee and then report into the next board.</p>	Tim Breedon	November 2020	Scheduled on November CGCS agenda.

<b>TB/20/66b</b>	<p>KQ reported that the key themes around learning disabilities were stark. Evidence of people with learning disabilities dying a considerable number of years early and evidence of bias in the care resulting in unequal treatment. These are the kind of things that need to be included in the equality strategy.</p> <p>TB agreed that these factors needed to be taken into the Equality and Inclusion Committee. We needed to look at we did internally in our response but also how we supported the system.</p>	Tim Breedon	December 2020	To be scheduled into E&I agenda for December
<b>TB/20/66b</b>	<p>RW reported the Trust was subject of a report by NHS providers into good and outstanding organisations that provide care for people with learning disabilities.</p> <p>The board needed to bear this work in mind when thinking about strategies and strategic priorities both for our populations and for our staff.</p> <p>There is something there for the board to consider about the partnership and the strategic objectives we have applying to people with a learning disability. Our staff always say it's the last thing we talk about, let's make it the first thing we talk about.</p>	Salma Yasmeen	October 2020	Will be reflected in the priority programmes work as well as the action plans being developed for the EICM strategy.

<b>TB/20/66d</b>	<p>CD commented that the RC report was positive with 90% of staff feeling that their line manager was interested in their wellbeing. "I feel that the Trust listens when concerns are raised" seemed a bit low. Was there any comment on that?</p> <p>AGD reported this was one of the areas where we will want to drill down further. It is Freedom to Speak Up (FTSU) month in October, and there was going to be a real drive in this area. FTSU guardians were being spoken to with a view to them moving away from casework and into engagement.</p> <p>CD reported she would like to see how this impacted on the plan that was being brought to CGCS committee next time</p>	Alan Davis	February 2021	To be included in the FTSUG report submitted to the Clinical Governance and Clinical Safety Committee in February 2021
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<p><b>TB/20/66d</b></p> <p><b>(Queries from the Robertson Cooper survey to be taken to Workforce and Remuneration Committee as one action.)</b></p>	<p>CJ reported he was really pleased this work had taken place but noted it had been done in slightly different way to which previous benchmarks had been constructed. CJ stated he was less optimistic than the summary report was. The chart on 195 of pack had more red and amber boxes than green. This didn't look good visually and the grey boxes raised questions over our vision to be outstanding. What are we doing about adult mental health outpatients as a service line that stood out really sharply? Were there any clear urgent actions being taken to address this?</p> <p>MF noted the appendix reports on demographic breakdowns and how poor the responses were in the "prefer not to say" category. In the sexuality, gender, ethnicity and disability. Although low numbers these people were clearly feeling disenchanted and disengaged. What could we learn from this and what were we going to do to reach out to these people?</p> <p>KQ noted the Covid-19 specific information about carers, one in five had caring responsibilities and they had poorer health and wellbeing. KQ's understanding was that that one in five NHS employees had caring responsibilities and also had poorer physical and mental health as a result. Was this information Covid-19 Specific? If it is one in five of our staff how were we identifying support for staff who are carers?</p> <p>AM proposed to take the queries into Workforce and Remuneration Committee (WRC) as there were too many queries to answer today because of time. (Continued below)</p>	<p>Alan Davis</p>	<p>October 2020</p>	<p>Discussed at Workforce and Remuneration Committee on 13 October 2020</p>
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	<p>RW noted this was one of the most powerful pieces of intelligence the Trust had and was timely. It was important to take action on the basis of what the report told us. Professional group sessions were required for nurses, allied health professionals (AHP's) and doctors. In the 2018 report AHP's were amongst the most disaffected but now they were not, which was positive. Doctors always say they are well, which suggests this may need to be looked into further.</p> <p>RW continued, in relation to equality and diversity the Black Asian Minority Ethnic (BAME) and Lesbian, Gay, Bisexual, Transgender (LGBT) group responses were more positive than the average. If that's positive we should say so, because they are getting more support, but at the same time we should recognise that is not the case for staff with disabilities and staff with caring responsibilities. These should be areas of priority for the Trust.</p> <p>EM wanted to congratulate the Trust on doing this. The survey was rich in data but needed gap analysis and further work.</p> <p>AM summarised by saying further review of the data was required with clear action plan as to what was to happen next and a full response to take place in the WR committee meeting.</p>			
<b>TB/20/68</b>	AM confirmed that this strategy would come back to board in October. The next Equality and Inclusion committee was in November and so there needed to be some consultation with committee members in between so final comments could be included.	Salma Yasmeen	November 2020	Agreed for the strategy go back to November Board as the WY&H BAME report is launched on the 21 <sup>st</sup> October and the recommendations need to be reviewed and included.

<b>TB/20/68</b>	<p>KQ commented that the Equality, Inclusion, Communication and Membership strategy was very bold and clear and this was positive.</p> <p>On the diversity section there were some additions to be made (pg 247 on diligent). There was an assortment of figures on BAME communities but these didn't include the LGBT groups.</p> <p>The engagement was also great, but on pg 249 it reported people wanted a "human – human" relationship built on dignity and respect. On page 250 it said "make sure that the use of internet, social media and computers form part of the source of information but not the main part". Later on we say our website is going to be the main source of information?</p> <p>On pg 253 it mentions the joint needs assessment. Was this the joint strategic needs assessment (JSNA) that CCG's and Local Authorities do or was it a new piece of work, in which case who was going to do it? We possibly don't have the capacity but the ICS may have?</p> <p>TB reported that the JSNA's were the existing piece of work but KQ's comment about joining up with the ICA was relevant.</p> <p>SYa welcomed KQ's comments and stated they would revisit some of the data within the strategy to make sure it picked up the key issues</p>	Salma Yasmeen	November 2020	All points being considered as part of finalising the draft to come back to the Board in November and E&I Committee prior to that.
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<b>TB/20/68</b>	<p>RW reported there would be diminishing returns on the E,I,C,M strategy and the focus should now be on the actions and sessions such as the LGBT session with private board yesterday will be really helpful. Let's sign this off soon and sharpen up the actions.</p> <p>CJ agree with RW. There is no lack of data. Our own bottom up understanding needs to be reviewed in terms of how we may create inequalities through our own processes and activities and so we need that theme to come through. We then need to identify the key priorities for our communities.</p> <p>SY agreed to get some draft plans and metrics in place for the next E and I committee meeting in December 2020.</p>	Salma Yasmeen	December 2020	Work has commenced on developing the action plans that will go to the next E&I Committee
<b>TB/20/69b</b>	<p>AM asked about the revalidation oversight group lay member and how that person became appointed?</p> <p>ST reported she was not clear on who the lay member was but believed them to be a service user. The group was in its second year so now was a good point to be thinking about the lay member and the skills and knowledge required for this voluntary role.</p>	Subha Thiyagesh	October 2020	The lay member was invited in the first instance from the volunteer pool as someone who had relevant experience. Now that the group is established any replacement would have a process.

<b>TB/20/69c</b>	<p>EM commented on the quality on the patient experience report. EM asked if it was possible to do any quality improvement (QI) work around the complaints process?</p> <p>TB reported the QI team worked with wards and teams and that was included in the CQC improvement plan. TB stated that some of that detail could have been added to the report and could be considered for next time.</p> <p>AM also raised what the experience was of people who had been through the complaints process. AM had received feedback from service users and carers that the complaints process was difficult and this needed to be reviewed.</p>	Tim Breedon	October 2020	To be included in next patient experience report.
<b>TB/20/69d</b>	AM cited a national piece of work around disability at board level and noted that might be something we wanted to formally sign up to.	Angela Monaghan	November 2020	
<b>TB/20/69d</b>	<p>RW reported we hadn't really grasped the opportunities around learning disabled staff or learning disabled people working with the board. We don't have easy read versions of papers or presentations from this meeting.</p> <p>RW continued to say we do a good job on strategies and policies on this but less so in relation to board meetings. Something of this nature in the WDES action plan going forward would be beneficial. The action plan on the WRES is in the right territory. The report from West Yorkshire ICS will add to this and we should take on board those actions when they come through.</p>	Alan Davis	November 2020	



<b>TB/20/69d</b>	<p>CJ remained unconvinced that the actions to help with bullying and harassment were to process orientated and wondered what happened after our discussion with the BAME network. This was an area where we needed to be stronger for all staff.</p> <p>AM recalled that when these discussions had taken place it needed to be reflected in the BAF as well.</p>	Mark Brooks	October 2020	Proposed updated strategic risks for the BAF are the subject of a separate board paper. The detailed BAF will be developed over the next couple of months and appropriate reference to controls and actions relating to bullying and harassment will be included in the relevant strategic risks
<b>TB/20/69d</b>	<p>AGD agreed with CJ that the question was what were we, as an organisation, going to do about bullying and harassment. We heard pre-covid-19 that one of the issues was office banter and where the boundaries were. The big issues for the BAME staff quality network is the issue around service users and carers and that needed to be dealt with in the right way. This model came from staff in Kirklees, they have equity guardians and a framework to support staff who have actually gone through that process. This needed to be driven forward.</p>	Alan Davis	November 2020	
<b>TB/20/69d</b>	<p>EM asked if we were able to extend reciprocal mentoring to cover disability?</p> <p>AGD reported that this was something that could look to be rolled out across a number of different areas. Project Search was something that was being looked at with the Mid-Yorkshire Trust and how we could mirror that. (Project search is a training programme looking at how to support young people with learning disabilities into paid employment)</p>	Alan Davis	November 2020	

<b>TB/20/69f</b>	Committee membership matrix – it was noted that Lawrence Campbell was still shown on Members Council group membership and attendance. ST should be an attendee for E and I committee. Terms of reference should be presented with track changes in future so that it is clear where the changes have been made.	Andy Lister	October 2020	Matrix Updated. Complete.
<b>TB/20/69g</b>	RW supported the proposal for the Board Development Programme but asked if we had review and evaluate if we had implemented things that we agreed we would do as part of the leading for improvement development. RW reflected on the conversations from today's board and stated it was good to see the SPC charts in the IPR report, beyond that it was hard to see what we changed. AGD agreed to carry out an evaluation and reflection of the leading for improvement development. This would form part of the diagnostic work.	Alan Davis	November 2020	A review of the Leading Improvement Board Development programme will go to November's Board meeting
<b>TB/20/74</b>	RW reported the West Yorkshire and Harrogate ICS recorded the public meeting and posted it on their website for a number of days. AL could speak to Karen about their experience of doing that. RW also queried how well we were promoting this meeting on social media before and during the meeting. If AL and AM were to review it would be useful to involve SYa and Dawn Pearson.	Andy Lister	October 2020	15.10.20 meeting held with Karen Coleman from the WY&H ICS. AL to discuss outcome with AM.

### Actions from 28 July 2020

Min reference	Action	Lead	Timescale	Progress
<b>TB/20/50b</b>	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	Risk updated and will be included in risk register update at October Trust Board
<b>TB/20/50b</b>	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	Paper on Trust Board meeting in September 2020 and on the agenda of the Workforce and Remuneration Committee 13 Oct 2020
<b>TB/20/50b</b>	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	Workforce and Remuneration Committee 13 Oct 2020
<b>TB/20/51c</b>	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	Members' Council meeting on 30 Oct 2020.
<b>TB/20/53a</b>	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	November 2020	No further action on appointment process to date.  Job description for role being finalised to take into account any potential implications from Covid pandemic. Plan to complete the appointment process by November / early December 2020.

### 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	November 2020	<p>Plan to pilot nationally recognised staffing judgement across four community teams has been postponed due to Covid-19. Position will be reviewed by CG&amp;CS September meeting. Noted in the report at agenda item 7.3</p> <p>CGCS 15.09.2020 update indicated that community services are the focus of the safer staffing group, dates for reporting to commence are to be confirmed.</p> <p>30.09.20 Action to remain open until safer staffing report received into CGCS in November 2020</p>

### 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.	AGD	October 2020	<p>This will be considered in the next versions of the Board Assurance Framework and risk register the Board receives. Delayed due to Covid-19.</p> <p>Discussed at May Strategic Board. BAF will be further reviewed in September Strategic Board.</p> <p>30.09.20 October meeting before Audit Committee and then coming to October Board.</p>

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	October 2020	<p>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.</p> <p>Discussed at May Strategic Board. BAF will be further reviewed in September Strategic Board.</p> <p>Updated BAF risks are being discussed by directors prior to the Audit Committee on 13 Oct 2020 and will be presented at the October Trust Board</p>
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## Trust Board 27 October 2020 Agenda item 7

<b>Title:</b>	<b>Chief Executive's Report</b>
<b>Paper prepared by:</b>	Chief Executive
<b>Purpose:</b>	To provide the strategic context for the Trust Board conversation.
<b>Mission / values / objectives:</b>	The paper defines a context that will require us to focus on our mission and lead with due regard to our values.
<b>Any background papers / previously considered by:</b>	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.
<b>Executive summary:</b>	<p>We continue to monitor effective communications during this period of transition. The latest monthly briefing for all staff is attached at <b>[Annex 1]</b>.</p> <p>In addition to this we have reinstated a weekly addition of The View and moved the weekly Coronavirus update to a Monday. We have also created a virtual weekly Chief Executive Huddle open to all staff. This stepping up of comms reflects the increasing impact of both the Coronavirus pandemic and the need to support non-Covid activity.</p> <p>Since the last edition of The Brief there have been a number of significant developments:</p> <ul style="list-style-type: none"> <li>• <b>A new tiered system of restrictions</b> designed to work at sub-regional level has been introduced by central government. The aim is to ensure a simple and more consistent approach that is managed through agreements between national and local leaders. At the time of writing this is a contentious subject nationally. Leaders in the Lancashire and Liverpool City regions have agreed with the government to go into Tier 3, the highest level of restrictions. Restrictions in Greater Manchester have been imposed by the government following a failure to agree a support package with the Greater Manchester system.</li> <li>• The position in <b>West Yorkshire &amp; Harrogate (WY&amp;H)</b> is that we remain in Tier 2. Local council leaders have issued a <a href="#">statement</a> setting out their position on this which reflects their support for being in Tier 2 and the need to work with national government on support packages for affected businesses. <b>South Yorkshire &amp; Bassetlaw (SY&amp;B)</b> are expected to move to Tier 3 later this week. This could be confirmed imminently, and a verbal update will be provided at the Board.</li> <li>• <b>These decisions are a consequence of significant increases in prevalence in all of the areas in which we work.</b> This is then felt in additional demands placed on community services, hospital beds and intensive care. Growth in Coronavirus cases will continue whilst the 'R' number is above 1, which it has been for a number of weeks. Managing</li> </ul>

this surge in demand is being supported through our arrangements at both 'place' and Integrated Care System (ICS) levels. We remain strongly engaged in the relevant emergency planning arrangements and with regional stress testing exercises.

- **The knock-on consequences for the Trust** are being managed through our emergency planning arrangements which are kept under regular review. We have stepped up the frequency of our Silver Command and the Gold Command arrangements remain in place. Internal stress testing exercises are being undertaken to inform planning and triggers. As a Trust, we remain at Operation Pressure Escalation Level (OPEL) 2, as we have for over 6 months.
- **Planning in this context** is difficult but is essential. We are working closely with partners in our ICS' to develop credible ICS plans. These were resubmitted on 20 October 2020 and are informed by our own Trust plan. This has been agreed at a special meeting of the Board which took place on 20 October 2020 and will be submitted by 22 October 2020. It is expected that there will be a period of discussion between us and partners in the ICS and the ICS' and the regulators. This will take into account the change in circumstances which means that plans based on an 'R' rating of 1 are a helpful baseline but do not reflect the position we find ourselves in today.
- **New ways of working collaboratively** have been genuinely helpful in managing the Covid crisis and in improving services. Alongside our West Yorkshire partners we are working with the CQC on their steps to see how they can regulate and assess 'provider collaboratives' like our Mental Health, Learning Disability and Autism collaborative, and our Wakefield Mental Health Alliance. The CQC is working with Kirklees and Harrogate 'places' and WY&H as a system in this pilot programme.
- **Tackling health inequalities** continues to be a priority for the Trust and our systems. Despite Covid, alongside our colleagues in WY&H we have been involved in taking this agenda forward. In a single week we held a two-day [Climate Summit](#) aimed at developing our ambition to be a global leader in tackling climate change; the launch of the [review into the impact of Covid on BAME communities](#) published on 22 October 2020; and the Housing and Health Report published on 23 October 2020. Such developments remain an important statement of intent that alongside acute pressures we remain committed to tackling the wider determinants of health.
- **The IPR reflects our continuing efforts to deliver high quality services and manage our resources.** This is being challenged by an increased level of staff absence due to Covid with numbers above 170 and now ahead of where they were back in June. The importance of good PPE and IPC is being continually reinforced for all staff, in addition we continue to focus on our flu vaccination campaign. Staff wellbeing and support continues and the engagement events on the outcomes of the Robertson Cooper survey have now taken place across the Trust. These will inform further actions tailored to services and their needs.

	<ul style="list-style-type: none"> <li>• <b>Despite everything, we continue to see improvement and innovation in services.</b> This is reflected in work across systems and within services. It is fuelled by the personal commitment of staff to achieving our mission. A good example of this is the number of individuals and teams who received a Pride of Barnsley Award in October including Hannah Burton, Dave Watson, Gill Stansfield, Sue Wing, Natalie McCarthy, the BICES team, the antibody testing team, the neighbourhood nursing sisters, the care home support team, and the swabbing team for care homes.</li> <li>• <b>As we end Black History Month</b> I wanted to pay particular tribute to the outgoing leadership of the BAME network and to welcome the incoming team. The network is a real driver of change in our culture and approach to issues affecting our staff. I would also like to thank staff who contributed blogs telling their personal stories during the month. These have been compelling reading and I commend them to Board members. They are available to read on the Trust website <a href="#">here</a>, and WY&amp;H ICS website <a href="#">here</a>.</li> </ul> <p>This is a period where a lot is happening and a lot of ‘noise’ is being made politically, in the media and by commentators. It is essential that we cut through this ‘noise’ with a degree of clarity and with a calm and thoughtful approach to the issues we face. We have retained the trust of our staff and our partners throughout this pandemic and this has allowed us to achieve so much. The priorities reflected at the Board meeting today help to bring clarity and it is now down to us to lead with compassion as we enter the winter period.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to NOTE the Chief Executive’s report.</b>
<b>Private session:</b>	Not applicable.



A decorative background featuring a circular arrangement of blue brushstrokes of varying shades, creating a sense of depth and movement.

# The Brief

1 October  
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

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.

# Our mission and values

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



Hannah Burton, from the Barnsley recovery college is pictured celebrating with her netball team, who she brought together post lockdown for socially distanced training and games.

# Coronavirus

## Keeping informed, acting responsibly

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

Our **Gold** command meeting now meets on a Monday and **Silver** command meet twice a week on a Monday and Thursday. **Bronze** meetings continue to take place in operational and corporate services.

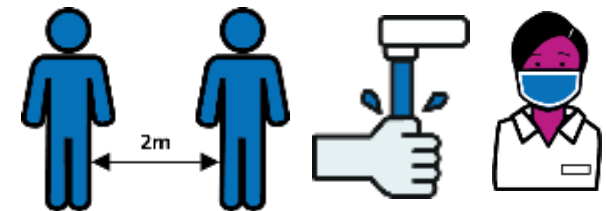
We are working in each of our local areas as part of **outbreak management measures**. We are a part of Gold, Silver and Bronze meetings in every area and are working with partners on localised approaches.

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

As we enter flu season we need to do what we can to keep our service users, loved ones and ourselves safe. Make sure you get your flu jab as soon as you can.



South West  
Yorkshire Partnership  
NHS Foundation Trust

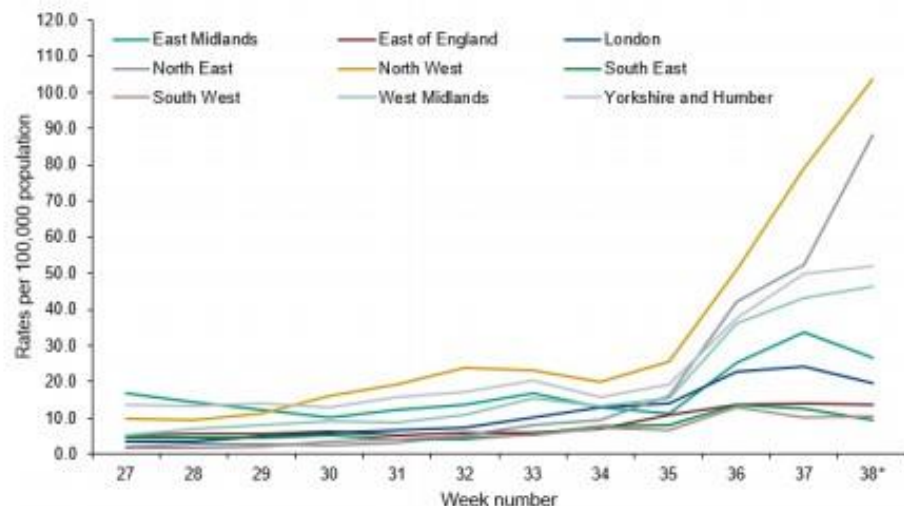


With **all of us** in mind.

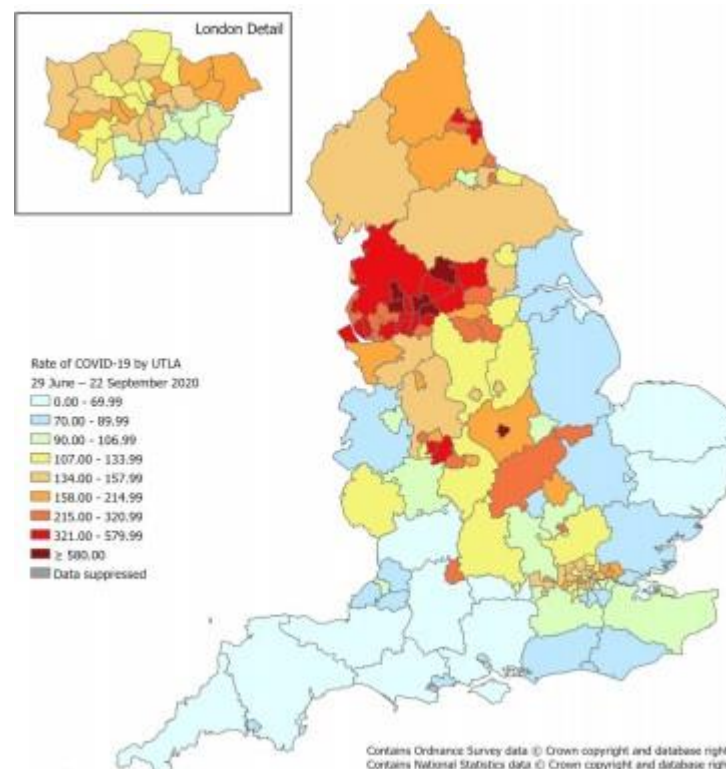
# Coronavirus

## Keeping up to date

Weekly lab confirmed case rates per 100,000 pop.



Cumulative rate of cases per 100,000



### Watch list update:

- Kirklees remain an area of intervention with an incident rate of 91.9 per 100,000 population
- Calderdale also remain an area of intervention with an incident rate of 65.3 per 100,000 population

Wakefield (40.5 per 100,000) and Barnsley (28.8) are not currently on the government watch list.

**With all of us in mind.**

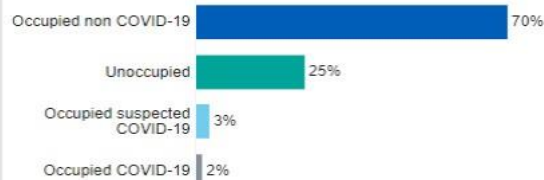


# ICS Overview: West Yorkshire and Harrogate

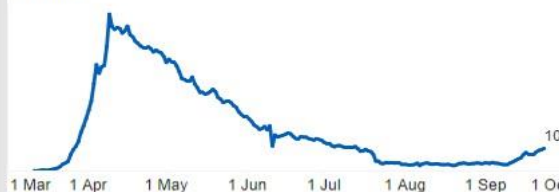


Number of open beds reported <b>6,259</b>	Number of beds occupied by confirmed COVID-19 cases as of 8am <b>103</b>	HDU/ITU beds occupied by confirmed COVID-19 cases as of 8am <b>17</b>	Inpatients diagnosed with COVID-19 in past 24 hours <b>19</b>	New admissions with COVID-19 in past 24 hours <b>5</b>	Patients currently awaiting swab results as of 8am <b>365</b>	All discharges <b>15</b>	Of these discharges to usual place of residence <b>7 (47%)</b>	Staff - All Absences <b>3,742</b>	Of these COVID-19 related absences <b>1,115 (30%)</b>
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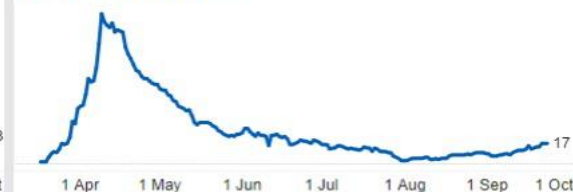
Number of beds occupied by COVID-19, suspected COVID-19, occupied by non COVID-19 and unoccupied



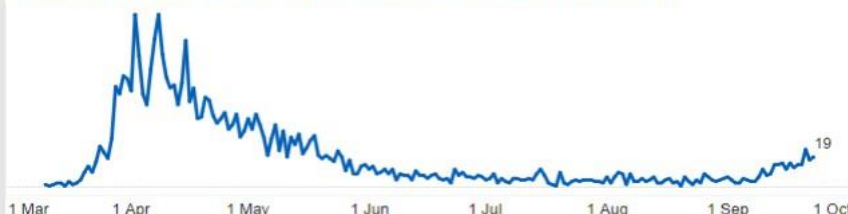
Number of confirmed COVID-19 patients occupying beds as of 8am



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



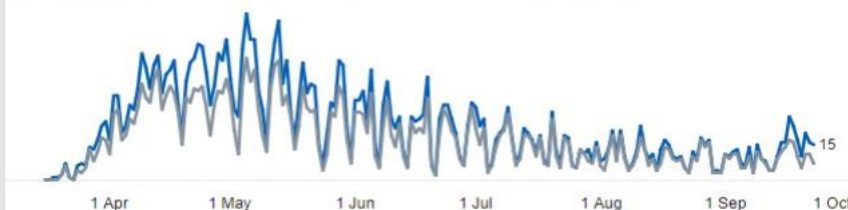
New admissions with COVID-19 in past 24 hours in hospital setting



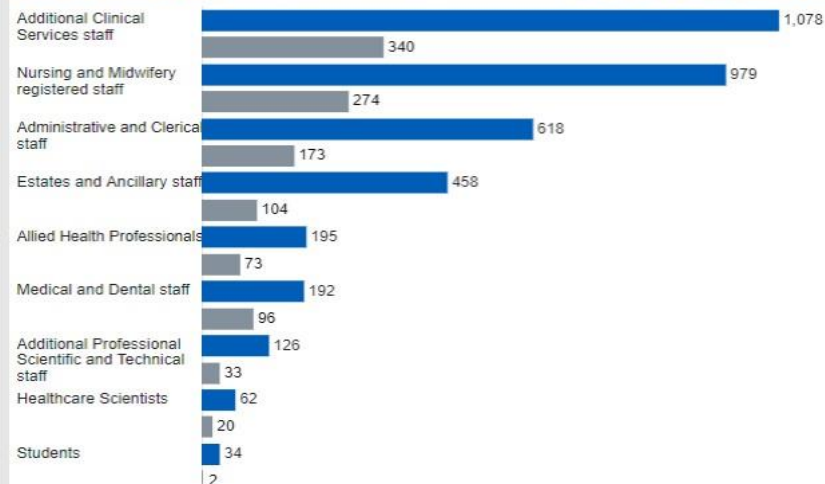
Number of confirmed COVID-19 patients occupying beds and on oxygen supply (MV, NIV and O2) as of 8am on the 24 September 2020



All discharges and of these, to usual place of residence in past 24 hours



All staff absences and of these, COVID-19 related absences reported on 24 September 2020



# ICS/STP Overview: South Yorkshire and Bassetlaw



Number of open beds reported <b>3,935</b>	Number of beds occupied by confirmed COVID-19 cases as of 8am <b>72</b>	HDU/ITU beds occupied by confirmed COVID-19 cases as of 8am <b>11</b>	Inpatients diagnosed with COVID-19 in past 24 hours <b>13</b>	New admissions with COVID-19 in past 24 hours <b>3</b>	Patients currently awaiting swab results as of 8am <b>512</b>	All discharges <b>6</b>	Of these discharges to usual place of residence <b>6 (100%)</b>	Staff - All Absences <b>2,966</b>	Of these COVID-19 related absences <b>1,008 (34%)</b>
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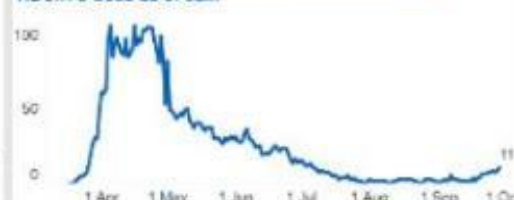
Number of beds occupied by COVID-19, suspected COVID-19, occupied by non COVID-19 and unoccupied



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



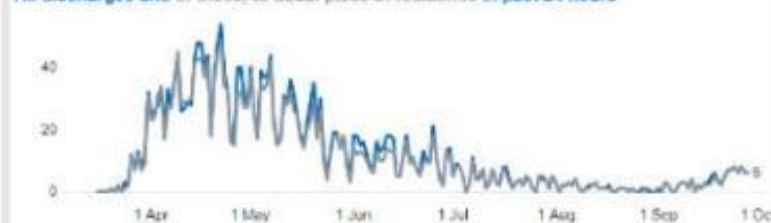
New admissions with COVID-19 in past 24 hours in hospital setting



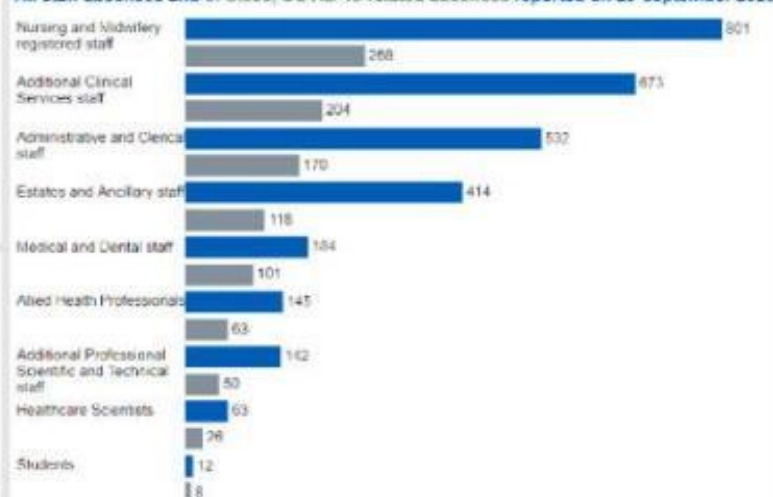
Number of confirmed COVID-19 patients occupying beds and on oxygen supply (MV, NIV and O2) as of 8am on the 29 September 2020



All discharges and of these, to usual place of residence in past 24 hours



All staff absences and of these, COVID-19 related absences reported on 29 September 2020





## Response to Covid-19



## 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



**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



South Yorkshire and Bassetlaw  
Integrated Care System



Integrated care systems continue to refocus their work to ensure system support.

- 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

Both ICS' are planning for reset and recovery and have submitted plans on how this will be supported across their areas. These include a focus on mental health, learning disabilities and physical health. This includes addressing falling referral rates, the need for face to face visits to resume where possible, and readiness for winter. Work is also underway to ensure that all services are restored inclusively and to address health inequalities

Across **West Yorkshire and Harrogate** the Great Minds project has launched, helping men to manage and improve their mental wellbeing. It involves a series of themed workshops aimed at improving stress management, anxiety and helping to prevent suicide.

**GREAT  
MINDS**

Connect. Talk. Support.

**Helping men across West  
Yorkshire and Harrogate to  
manage and improve their  
mental fitness**

swy-tr.greatminds@nhs.net

**South Yorkshire and Bassetlaw** are coordinating a regional approach to flu, which includes our Barnsley children's immunisation team. They are also still looking for people for their citizen's panel. You can sign up through their [website](#).

# Improving Health: Joining up the response in every place



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

Work is progressing on the neighbourhood teams mobilisation. A lot of integration work has continued at the same time as the coronavirus pandemic response.

## Kirklees

Outbreak measures are in place in Kirklees and we are working as part of the local Gold, Silver and Bronze command meetings. Our IAPT services have continued to develop support for people with long terms conditions and provide support in primary care settings.

## Wakefield

CAMHS in Wakefield has introduced a self-referral system which means young people and their families can refer themselves for support. This works alongside the CAMHS improvement plan, which has used service user insight to bring about change and improvement.

## Calderdale

An arts and health programme manager, David McQuillan, has started working in Calderdale. The project will promote arts and health and is a joint venture between the Arts Council, Calderdale Council, the CCG and us.

## Yorkshire Smokefree

A trust wide steering group has been established to review the smokefree policy, with a wide representation of staff involved. Having smokefree sites supports our smokefree policy.

Our organisation has signed up to commit to the **NHS Smokefree Pledge**. The pledge is designed to be a clear and visible way for NHS organisations to show their commitment to helping smokers to quit and to providing smokefree environments.

The **Quit programme** continues to make hospital sites in South Yorkshire smokefree.

# Improving Care: Safety and quality

In August we had:

- 1107 incidents – 895 rated green (no/low harm)
- 203 rated yellow or amber
- 9 rated as red
- There were 7 reported serious incidents this month  
2 apparent suicides, 2 cause of death awaiting confirmation, 1 focused on the supply of medication in clinical areas, 1 of information disclosed in error, and 1 incident of physical violence against another patient

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 our services safe and bring out improvements wherever we can.

There were **17 confidentiality breaches** in August, slightly down from the 25 we saw in July. The Trust has a duty to assure the public that any information we hold is in safe hands. Everyone has a part to play. Make sure you are up to date with the advice provided on the intranet.

For World Pharmacist Day our pharmacist Katie Crowe shared her typical day and information on what the team are doing to optimise medicine use and keep patients safe. Read her article on the Trust website. Thanks you to all the pharmacy team for everything you do.



With **all of us** in mind.

# Improving Care: Information governance (IG)



## Careless mistakes can ruin lives

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

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

If you need help or advice contact Rachael Smith on 07584 331791 or [rachael.smith@swyt.nhs.uk](mailto:rachael.smith@swyt.nhs.uk)

# Think. Check. Share.

With **all of us** in mind.



# Improving care:

## Our performance in August

- **224** inappropriate out of area bed days
- **95%** of people recommend our community services
- **80%** of people recommend our mental health services
- **0.7%** delayed transfers of care
- **46.3%** referral to treatment in CAMHS timescales
- **3** people under 18 admitted onto adult inpatient wards
- **94.5%** of prone restraint lasted less than 3 minutes
- **138** restraint incidents
- **84.4%** of people dying in a place of their choosing
- **54.4%** of people completing IAPT treatment and moving into recovery

We had 48 falls in August, up from 35 in July. We continue to investigate all falls so that we can learn lessons and reduce risks.

We had **32** attributable pressure ulcers in August. We review all pressure ulcer incidents to better understand the position and identify themes and learning.

Thank you to everyone involved in the **all age liaison work** across Barnsley CAMHS and in our working age adult services. Wakefield, Calderdale and Kirklees will also be moving to all age liaison soon. The teams have worked together incredibly well with support from Staffside and corporate teams in order to ensure safe and effective response to children and young people in crisis.



With **all of us** in mind.

# Improving care:

## Our coronavirus related performance

As of 30 September:

- **There are currently 119 members of staff absent or working from home due to coronavirus. This has increased from 31 last month.**
- **63 members of staff are absent and 56 are working from home.** Of those absent, **none** are shielding, **33%** are symptomatic, **47%** have household symptoms, and **1%** have been advised to isolate by occupational health
- **We've processed 2,405 swab test results for staff and household members**, with **172** of these testing positive and **2,233** testing negative.

As of 22 September:

- **125 service users have been tested** on the wards. This is **16** more than last month. **29** of which were positive. Of these, **28** have since recovered.
- **Occupational health have taken 1,536 coronavirus calls.**

Our recovery and wellbeing colleges now have their own websites. This has helped them to provide information, online courses and an opportunity to learn about the personal experiences of learners and volunteers. Take a look and share the links.



With **all of us** in mind.

# Improving resources:

## Our finances in 2020/21



**South West  
Yorkshire Partnership**  
NHS Foundation Trust

Performance Indicator		Year to date
1	Surplus / Deficit	
	Covid-19 reimbursement	£2.5m
	Top Up	£2.2m
	Reported position	£0m
2	Agency Cap	£2.7m
3	Cash	£55.8m
5	Capital	£0.5m
6	Better Payment	
	30 days	97%
	7 days	84%

The Trust is reporting a breakeven position for April to August. 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.

For the second half of the year we will be operating with different financial arrangements with updated block income paid directly to us, and fixed income for Covid-19 costs being channelled via the ICS. Mental health investment monies have been ring-fenced. We will have a financial target to meet in the second half of the year and will be setting budgets for BDUs and support services to work within.

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.

84% of invoices have been paid within 7 days.

# Improving resources

## Finance and procurement changes

On 1 October we made the switch to a new finance system - Oracle

Behind the scenes our project team have been working hard with colleagues from NHS Shared Business Services to get everything ready for the launch



It was vital that we got as many outstanding actions resolved prior to system transfer

Any questions email [financeproject@swyt.nhs.uk](mailto:financeproject@swyt.nhs.uk)  
Please do not use Agresso from 1 October 2020 but instead use the new system.



Read our third finance and procurement newsletter on the intranet

In this you will find more information about training, on-demand sessions, additional support and system champions in your area

With **all of us** in mind.



# Improving resources

## Electronic Prescribing & Administration of Medications (EPMA)

**“We can’t wait for EPMA, it will make a real difference to the way we work”**  
Emma Spencer, manager of Ward 18, Priestly Unit

The EPMA project is being delivered at pace

We will be implementing EPMA initially within the inpatient wards across the Trust

We are hoping to go live with the first ward in early November



EPMA is a key development enabling the prescribing, supply and administration of medicines electronically from any NHS device

Electronic drug charts will replace paper ones in SystmOne



See our new dedicated EPMA intranet pages

The team is looking forward to working with wards to deliver the improvements

Contact the team:  
[EPMA.Systmone@swyt.nhs.uk](mailto:EPMA.Systmone@swyt.nhs.uk)

With **all of us** in mind.

# Improving care

## FIRM risk assessment tool – now live



From 28 September, most services moved from the Sainsbury risk assessment tool on SystemOne to the formulation informed risk management (FIRM). Some specialist services such as forensics and ADHD will move to the new tool by the end of October.

To support the launch of the FIRM tool we have FIRM champions in all BDUs, alongside resources such as a user guide and FAQs. Virtual training is also available until early October and can be booked through ESR.

To find out more, visit the [new FIRM intranet page](#).



Once the FIRM tool goes live, previous Sainsbury's risk assessments will be available as read only. All new risk assessment must be completed using the new FIRM tool.

Any further requests for support should be made via the service desk:

- Telephone: 01226 644040 or extension 4040
- Email: [servicedesk@swyt.nhs.uk](mailto:servicedesk@swyt.nhs.uk)



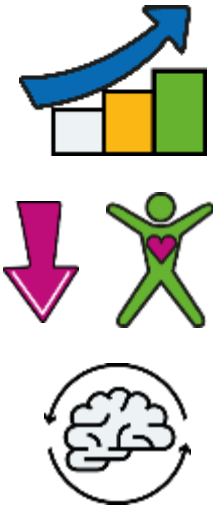
With **all of us** in mind.

# A great place to work

## Wellbeing at work survey results

Thank you to over 2,000 colleagues who gave their feedback on the 2020 wellbeing at work survey, which ran from 7 July to 3 August

The results from the survey can now be found on [the intranet](#). Overall, the reported results are similar to other organisations in public and private sectors.



The overall Trust results show improvements in the following scales:

- Resources and communication
- Job security and change
- Balanced workloads
- BAME staff responses
- AHPS results have improved too

Results for physical health and psychological health have worsened - this may likely be explained by the Covid-19 pandemic. Results also show us that disabled staff and carers are more likely to have negative results.

The Trust is reviewing the results and hosting staff insight events to develop actions from this. We encourage all services to review these and agree local actions too.

With **all of us** in mind.

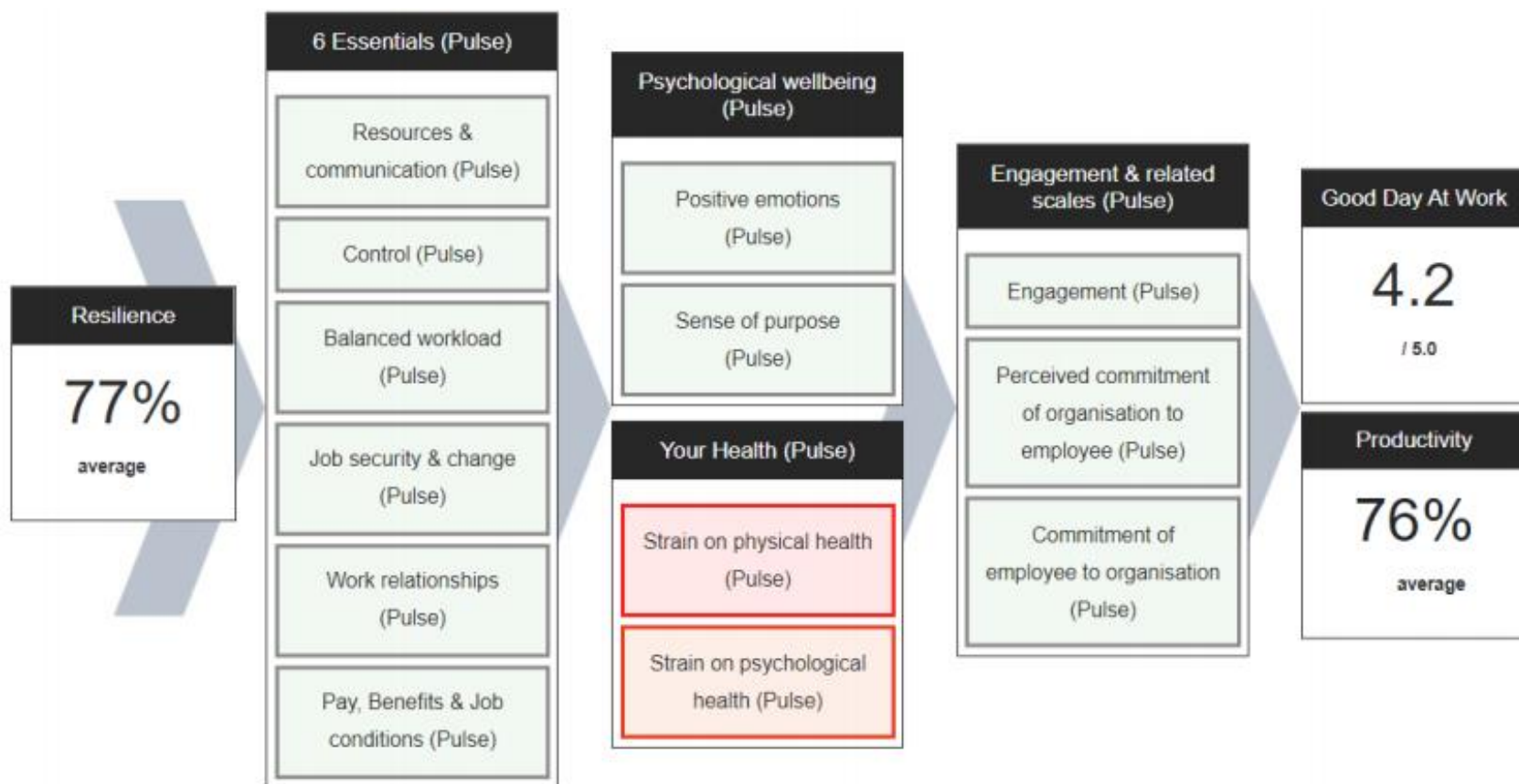
# A great place to work

## Wellbeing at work survey results

### - a snapshot



South West  
Yorkshire Partnership  
NHS Foundation Trust



	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

# A great place to work

## Wellbeing at work survey results

### - staff insight events

To support action planning staff insight events are taking place via Microsoft Teams in October to share the results and discuss suggestions for improvements.

- Learning disability services, Monday 5 October 2020, 11am – 12pm
- Barnsley community mental health services, Monday 5 October, 3 – 4pm
- Barnsley general community services, Tuesday 6 October, 9.30 – 10.30am
- CAMHS, Tuesday 6 October, 11am – 12pm
- Community mental health services (Wakefield, Calderdale and Kirklees), Tuesday 6 October, 1.30 – 2.30pm
- Adult mental health inpatients, Wednesday 7 October, 11am – 12pm
- Forensic services, Wednesday 7 October, 1 – 2pm
- Support services, Thursday 8 October, 1.30 – 2.30pm.

The HR team are also holding further virtual staff insight events to discuss our 'great place to work' priorities. Visit [the intranet](#) for more information.

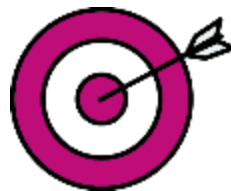
To book a place at any of these staff virtual events, please email: [Julie.LeMoigne@swyt.nhs.uk](mailto:Julie.LeMoigne@swyt.nhs.uk) or telephone 01924 316288.



With **all of us** in mind.

# A great place to work

## Priority updates



This month general staff sickness is **3.9%**. Turnover is **9.1%**. Remember there's support for **#allofus**

### WorkPal e-appraisal

Our new e-appraisal system went live on 1 Sept and so far 1,520 staff have registered on the system, 472 have completed a self assessment, and 61 have completed the full appraisal.

For those of you that haven't registered yet look out for a reminder email in early October from our developer 'Thirsty Horses'. For more info read our FAQs or watch one of the training films on the intranet.

Our **flu** campaign for 2020 is launching on Friday 2 October. This year we are repeating our 'Have a vaccine, Give a vaccine' campaign, which last year saw us donate 2,250 vaccines to people in need.

This year we will be holding the usual flu vaccine clinics in our Trust sites. All details will be posted on the Trust website. For those who cannot get to a Trust site you can have a jab locally and the Trust will reimburse the cost.



October is **Black History Month** and we will be celebrating and promoting the contribution of our BAME colleagues throughout the month.

### BAME health and wellbeing practitioner

We are delighted to welcome Charlene Sibanda who has joined our occupational health team as a health and wellbeing practitioner, focusing on support for our BAME colleagues. You can find out more about Charlene and her role on the intranet and on social media, where she introduced herself during National Inclusion Week. The role has been part funded by NHS Charities Together.





# A great place to work

## Freedom to speak up month



It is important to speak up is about anything that gets in the way of providing good care.

When things go wrong, we need to make sure that lessons are learnt and we improve. It's vital that we all feel able to speak up so that potential harm is avoided.

FTSU guardians support staff to speak up when they feel that they are unable to do so by other routes.

They ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken.

FTSU guardians are hosting virtual coffee mornings via Microsoft teams:

Wed	7 Oct	11.30-12.30
Tues	13 Oct	11.30-12.30
Thurs	22 Oct	10.00-11.00
Tues	27 Oct	10.00-11.00



Call the FTSU guardians on 07795 367197. You can also email [guardian@swyt.nhs.uk](mailto:guardian@swyt.nhs.uk). See the intranet for more details.

With **all of us** in mind.

# All of us improve Improvement network



As a listening and learning Trust we always strive to improve and be outstanding. We encourage all our staff to help us identify ways in which the Trust can improve and do things better. #allofusimprove is all about us working together to improve.

Our Improvement Network has now been launched. It will help us to support each other, carry out continuous quality improvement and share learning. Its aim is to:

- Embed #allofusimprove to improve services and enhance quality
- Help us to build improvement capability and capacity in the Trust
- Help us use improvement tools in key projects to capture impact

It builds on our integrated change framework and supports change and innovation across the Trust. The framework gives everyone the opportunity to act, and, through the network access to training, toolkits, resources and support.

The network is open to all staff who have completed the IHI Certificate of Quality and Safety – there are 193 people to date with another 40 in progress and we have a target to achieve 350 by March 2021. For more information please contact the helpdesk - [allofusimprove@swyt.nhs.uk](mailto:allofusimprove@swyt.nhs.uk)



This approach is currently being used in reducing restrictive behaviours, sexual safety, improving documentation for MHA, pharmacy, IG, care closer to home, and our recovery and reset work.

## i-hub

A place where you can put your ideas

## i-hub

A place where you can share your good practice

## i-hub

A place where you can raise problems and ask others for help in solving them

**With all of us in mind.**

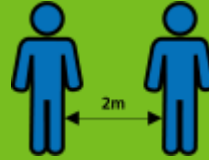


# Coronavirus update

## What you can do to help



Make sure you follow **social distancing** rules at work and in your day to day life; and don't exceed the occupancy numbers shown on the doors in Trust buildings.



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.

Continue to **wash your hands** and use hand sanitizer when you need to.



If you download the NHS Covid19 Test and Trace App then make sure you turn it off when you arrive in work. It isn't designed for healthcare workers to use in healthcare settings.



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

# A great place to work

## Support when you need it



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

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.

Make sure you familiarise yourself with the SystemOne FIRM risk assessment tool.

Discuss the wellbeing at work results in your teams, and attend a staff insight session to help identify actions.

Attend a freedom to speak up guardian event and raise any issues you need to.

Help us to keep everyone safe and well. Have your flu jab as soon as you can.

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



South West  
Yorkshire Partnership  
NHS Foundation Trust

**Thank you to everyone for  
your response so far.**

**Keep doing the right thing.**

With **all of us** in mind.

## Cascading the Brief

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!

## Trust Board 27 October 2020

### Agenda item 8.1

<b>Title:</b>	<b>Board Assurance Framework (BAF) Development – 2020/21</b>						
<b>Paper prepared by:</b>	Director of Finance & Resources						
<b>Purpose:</b>	For Trust Board to confirm the adoption of the updated strategic risks for inclusion in the Board Assurance Framework (BAF)						
<b>Mission / values:</b>	The BAF is part of the Trust's governance arrangements and an integral element of the Trust's system of internal control, supporting the Trust in meeting its mission and adhering to its values.						
<b>Any background papers / previously considered by:</b>	<p>Previous quarterly reports to Trust Board.</p> <p>Presentation and discussion at September Board strategy meeting</p> <p>Separate meeting in October to discuss and amend the draft strategic risks.</p>						
<b>Executive summary:</b>	<p>The Board Assurance Framework (BAF) provides the Trust Board with a simple but comprehensive method for the effective and focused management of the risks to meeting the Trust's strategic objectives. Given the impact of the Covid-19 pandemic it was agreed that the BAF used during 2019/20 would continue for the first half of 2020/21 until such time there is common agreement on the Trust's updated strategic objectives and priority programmes.</p> <p>The BAF is used by the Trust Board in the generation of the Trust Board agenda in the management of risk, and by the Chief Executive to support his mid and full year review meetings with Directors. This will ensure Directors are delivering against agreed objectives and action plans are in place to address any areas of risk identified.</p> <p>In line with the Corporate / Organisational Risk Register (ORR), the BAF has been aligned to the Trust's strategic objectives:</p> <table border="1" style="margin: 10px auto; text-align: center;"> <tr> <th colspan="2">Our four strategic objectives</th></tr> <tr> <td>Improving health</td><td>Improving care</td></tr> <tr> <td>Improving resources</td><td>Making SWYPFT a great place to work</td></tr> </table> <p>The Trust Board has discussed both themes for and detailed wording of our strategic risks at the September Board strategy meeting and in a separate meeting held in October to focus on this particular matter.</p> <p>All comments raised have been recorded and considered. Where agreed, strategic risks have been added or amended for these</p>	Our four strategic objectives		Improving health	Improving care	Improving resources	Making SWYPFT a great place to work
Our four strategic objectives							
Improving health	Improving care						
Improving resources	Making SWYPFT a great place to work						

	<p>comments. In other instances, reference is made to the organisational risk register. This documentation has previously been provided to Trust Board members.</p> <p>The proposed strategic risks for the updated BAF exclude three risks from the 2019/20 BAF. Two of these are consolidated with other risks and another has been removed as it is no longer considered a strategic risk. These are:</p> <ul style="list-style-type: none"> <li>• Impact of or differences between a multiplicity of commissioners and place-based plans, and those not being aligned with Trust plans – merged with another risk.</li> <li>• Failure to deliver efficiency and productivity improvements results in financial unsustainability – merged with another risk.</li> <li>• Impact of the Trust not having a robust and compelling value proposition leading to under-investment in services – key actions completed so no longer considered a strategic risk.</li> </ul> <p>In total 13 strategic risks have been identified including four new risks which are:</p> <ul style="list-style-type: none"> <li>• Lack of or ineffective communication and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve.</li> <li>• Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy.</li> <li>• Risk of deliberate and malicious harm to the Trust including cyber-crime, arson and violence resulting in a loss of confidence in and access to the services the Trust provides.</li> <li>• Failure to deliver compassionate and diverse leadership and a values-based inclusive culture meaning not everyone in the Trust is able to contribute effectively.</li> </ul> <p>The wording has been amended and / or added to in the cases of most strategic risks.</p> <p>Of the 13 strategic risks, four are attributed to the objective of 'improving health', four to the objective of 'improving care', three to the objective of 'improving resources' and two to the objective of 'make this a great place to work'.</p> <p>Once these proposed strategic risks are confirmed, work will commence to update the full BAF document such that by the time of the next business and risk Trust Board there will be a full document to review. Progress of development will be monitored at EMT.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to APPROVE the proposed strategic risks for inclusion in the Board Assurance Framework</b>
<b>Private session:</b>	Not applicable.



**Board Assurance Framework – 2020/21**

	<b>Objective</b>	<b>Proposed 2020/21 Risk</b>
1	Improving health	Changes to commissioning arrangements, an increasing role for each place and variations in local priorities could lead to service inequalities across the footprint.
2	Improving health	Differences in how services are provided internally between different BDUs may result in unwarranted variation and therefore inequitable service offers across the Trust.
3	Improving health	Lack of or ineffective communication and engagement with our communities, service users, and carers could result in poor service delivery that does not meet the needs of the populations we serve.
4	Improving health	Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy.
5	Improving care	Lack of suitable and robust information systems backed by strong analysis leading to lack of high quality management and clinical information.
6	Improving care	Failure to create a learning environment leading to lack of innovation and to repeat incidents.
7	Improving care	Increased demand for services and acuity of service users exceeds supply and resources available leading to a negative impact on quality of care.
8	Improving Care	Risk of deliberate and malicious harm to the Trust including cyber-crime, arson and violence resulting in a loss of confidence in and access to the services the Trust provides.
9	Improve resources	Changes to funding arrangements, increases in costs and failure to deliver efficiency and productivity improvements result in an unsustainable organisation and inability to provide services effectively.
10	Improve resources	Failure to develop relationships with commissioners and other key partners to improve services and respond to local needs.
11	Improve resources	Capability and capacity gaps and/or capacity / resource not prioritised leading to failure to meet strategic objectives.
12	Make this a great place to work	Inability to recruit retain, skill up, appropriately qualified, trained and engaged workforce leading to poor service user experience.
13	Make this a great place to work	Failure to deliver compassionate & diverse leadership and a values-based inclusive culture meaning not everyone in the Trust is able to contribute effectively.



## Trust Board 27 October 2020 Agenda item 8.2

<b>Title:</b>	<b>Corporate / Organisational Risk Register Quarter 2 2020/21</b>						
<b>Paper prepared by:</b>	Director of Finance and Resources						
<b>Purpose:</b>	For Trust Board to be assured that a sound system of control is in place with appropriate mechanisms to identify potential risks to delivery of key objectives and have controls and actions in place to mitigate those risks.						
<b>Mission / values:</b>	The risk register is part of the Trust's governance arrangements and an integral element of the Trust's system of internal control, supporting the Trust in meeting its mission and adhering to its values.						
<b>Any background papers / previously considered by:</b>	Previous quarterly reports to Trust Board, and monthly updates during the Covid-19 pandemic. Standing agenda item at each Board Committee meeting.						
<b>Executive summary:</b>	<p><b>Corporate / Organisational Risk Register</b></p> <p>The Corporate / Organisational Risk Register (ORR) records high level risks in the organisation and the controls in place to manage and mitigate the risks. The organisational level risks are aligned to the Trust's strategic objectives and to one of the board Committees for review and to ensure that the Committee is assured the current risk level is appropriate.</p> <table border="1" data-bbox="684 1220 1300 1422"> <tr> <th colspan="2">Our four strategic objectives</th></tr> <tr> <td>Improving health</td><td>Improving care</td></tr> <tr> <td>Improving resources</td><td>Making SWYPFT a great place to work</td></tr> </table> <p>The risks aligned to each Committee are reviewed at each Committee meeting and any recommendations made to the Executive Management Team (EMT) to consider as part of the cyclical review. EMT re-assess risks based on current knowledge and proposals made in relation to this assessment, including the addition of any high level risks from Business Delivery Units (BDUs), corporate or project specific risks and the removal of risks from the register.</p> <p>The Covid-19 pandemic has resulted in a change in emphasis in some risks and the addition of 14 Covid-19 related risks (two of which are now within risk appetite). The full organisational risk register, including the Covid-19 related risks, are reviewed on a regular basis by EMT. This report provides a full update on the organisational risk register since the previous quarterly report in July 2020.</p>	Our four strategic objectives		Improving health	Improving care	Improving resources	Making SWYPFT a great place to work
Our four strategic objectives							
Improving health	Improving care						
Improving resources	Making SWYPFT a great place to work						

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

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

The following changes have been made to the ORR since the last Board report in July 2020:

**Risks 15+**

Risk ID	Description	Status	Update (what changed, why, assurance)
1080	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.	Controls and actions updated	Reviewed by lead Director and EMT. Controls updated to reflect completion of roll out of Windows 10.
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.	Actions updated	Reviewed by lead Director and EMT. Action timescales updated.

**Risks below 15 (outside risk appetite):**

Risk ID	Description	Status	Update (what changed, why, assurance)
275	Risk of deterioration in quality of care due to unavailability of resources and service provision in local authorities and other partners.	Actions updated	Reviewed by lead Director and EMT. Action plan updated to reference work with partners on Covid-19 recovery and reset plans.
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.	Actions updated	Reviewed by lead Director and EMT. Actions updated to reflect timescales relating to April 2021 go-live date and requirement for a business case in early November
905	Risk that wards are not adequately staffed and there is insufficient access to temporary staffing which may impact upon quality of care.	Actions updated	Reviewed by lead Director and EMT. Actions and timescales updated to reflect the impact of Covid-19.
1078	Risk that young people will suffer serious harm as a result of waiting for treatment.	Controls and actions updated.	Reviewed by lead Director and EMT. Controls updated to reflect contact with young people. Actions updated to include ethnicity monitoring.

	1132	Risks to the confidence in services caused by long waiting lists delaying treatment and recovery.	Actions updated.	Reviewed by lead Director and EMT. Actions timescales updated to include monitoring of 'hidden waits' and ethnicity monitoring.
	1424	Risk of serious harm occurring from known patient safety. risks, with a specific focus on: <ul style="list-style-type: none"> <li>• Inpatient ligature risks</li> <li>• Learning from deaths &amp; complaints</li> <li>• Clinical risk assessment</li> <li>• Suicide prevention</li> <li>• Restraint reduction</li> <li>• Covid-19</li> </ul>	Actions updated.	Reviewed by lead Director and EMT. Actions updated to reflect communication relating to ligature risks.
	522	Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements.	Actions updated	Reviewed by lead Director and EMT. Actions updated to include assessment of impact of updated financial arrangements.
	852	Risk of information governance breach and / or non-compliance with General Data Protection Regulations (GDPR) leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk.	Actions updated.	Reviewed by lead Director and EMT. Actions updated to reflect review of recent IG incidents and planned quality improvement project.
	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.	Actions updated.	Reviewed by lead Director and EMT. Actions updated to reflect the engagement of the Trust across ICSS regarding national capital bids and assessment of impact of updated financial arrangements.
	1077	Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective.	Controls and actions updated.	Reviewed by lead Director and EMT. Controls updated to include approach to complex change programmes and tendering opportunities. Actions updated to include reference to strategy action plans.
	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.	Actions updated.	Reviewed by lead Director and EMT. Actions updated to include assessment of impact of updated financial arrangements.

1214	Risk that local tendering of services will increase, impacting on Trust financial viability.	Actions updated	Reviewed by lead Director and EMT. Actions updated to reflect the ongoing temporary contract arrangements.
1319	Risk that there will be no bed available in the Trust for someone requiring admission to hospital for PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed. The distance from home will mean that their quality of care will be compromised.	Actions updated	Reviewed by lead Director and EMT. Actions updated to include reference to ICS involvement and participation in 'Get It Right First Time' work.
1335	Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total.	Actions updated	Reviewed by lead Director and EMT. Actions updated to include consideration of impact of cohort proposals on the Trust.

Covid-19 related risks below 15 (outside risk appetite):

Risk ID	Description	Status	Update (what changed, why, assurance)
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.	Controls and actions updated	Reviewed by lead Director and EMT. Controls updated to reflect Covid-19 secure risk assessments. Actions updated to include plan for flu / future Covid-19 vaccination and awareness / implementation of changes to national guidance.
1523	Risk of serious harm occurring in core services as a result of the intense focus on the management of the Covid-19 outbreak.	Actions updated.	Reviewed by lead Director and EMT. Actions updated to include consideration of enhanced clinical risk report.
1524	Risk that staff do not have access to necessary personal protective equipment (PPE) during the Covid-19 outbreak leading to issues with personal safety and weak staff morale.	Risk score updated.	Reviewed by lead Director and EMT. Risk level reduced from 3 'possible' to 2 'unlikely', changing the risk score from 12 to 8.
1525	Risk the impact of Covid-19 results in the Trust having insufficient staff at work resulting in a risk to safety, quality of care and ability to provide services.	Controls and actions updated	Reviewed by lead Director and EMT. Controls updated to include staff testing arrangements. Actions updated to include arrangements to

				review safer staffing and staff testing capacity.
	1526	Risk that staff health and wellbeing is adversely affected by the impact of the coronavirus on service users, their families and themselves.		Reviewed by lead Director and EMT. No updates made.
	1528	Risk that new models of care arising from Covid-19 are not adequately tested, leading to a deterioration in the quality of care.	Controls and actions updated	Reviewed by lead Director and EMT. Controls updated to include role of Clinical Ethical Advisory Group. Actions updated to include guidance on face to face and virtual visits.
	1531	Service users with protected characteristics and specifically from a BAME background may be disproportionately affected by Covid-19.	Risk description, controls and actions updated	Reviewed by lead Director and EMT. Risk description updated to incorporate protected characteristics and BAME individuals. Controls updated to include EIA process, charitable fund support, place based working and clinical pathways in place. Actions updated to include update following review by task group, equality action plan, strategy action plans and quality improvement initiatives.
	1537	Risk that Covid-19 response arrangements restrict opportunities for current service users to engage in dialogue, resulting in late presentation.		Reviewed by lead Director and EMT. No updates made.
	1545	Increased risk of legal action as a result of decisions taken or events that have taken place during the Covid-19 pandemic.	Controls and actions updated.	Reviewed by lead Director and EMT. Controls updated to include accessible information and communication and EIA processes.
<b>Covid-19 related risks within risk appetite:</b>				
	Risk ID	Description	Status	Update (what changed, why, assurance)
	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		Reviewed by lead Director and EMT. No updates made.

		appropriate clinical contact and key activities not delivered.		
	1527	Risk that the Covid-19 testing regime is delayed or inadequate leading to sub-optimal utilisation of staff and sub-optimal care.		Reviewed by lead Director and EMT. No updates made.
<p>With the exception of the new risk relating to legal action, Covid-19 risks have been allocated to board Committees for review.</p> <p><b>The full detail for all current organisational level risks is included in the attached risk report. Further detail regarding the status of risks is also provided in the attached risk profile.</b></p> <p>During this recent quarter the Trust Board has met to review and update the strategic risks to be included in the Board Assurance Framework (BAF). As part of these discussions a number of potential additional and expanded risks have been identified. These are being reviewed in further detail by identified lead directors and the appropriate board committee. These include:</p> <ul style="list-style-type: none"> <li>• How Trust estate is used given the impact of social distancing and Covid-19 secure premises.</li> <li>• New or extended services requirements such as Covid-19 aftercare and long Covid-19.</li> <li>• Lack of a clear and consistent strategy for community health services.</li> <li>• Changes to the capital funding regime.</li> <li>• Level of uncertainty resulting from Covid-19.</li> <li>• Risk of a no-deal Brexit (re-emergence of a previous risk).</li> <li>• Risk of a major incident.</li> </ul> <p>The Workforce and Remuneration Committee (WRC) has met recently and reviewed workforce risks. Work is being undertaken to re-consider how these risks are structured and articulated in readiness for the next WRC meeting on 12 November 2020.</p> <p><b>Risk appetite</b></p> <p>The ORR supports the Trust in providing safe, high quality services within available resources, in line with the Trust's Risk Appetite Statement.</p>				
<b>Recommendation:</b>	<p><b>Trust Board is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>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.</b></li> <li>• <b>DISCUSS if the target risk levels that fall outside of the risk appetite are acceptable or whether they require review.</b></li> </ul>			
<b>Private session:</b>	Not applicable.			



## ORGANISATIONAL LEVEL RISK REPORT

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

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

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

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

### KEY:

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

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

Actions in green are ongoing by their nature.

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

### Trust Board (business & risk) – 27 October 2020

#### Risk level 15+

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1080	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.	<ul style="list-style-type: none"> <li>McAfee anti-virus software in place including additional email security and data loss prevention.</li> <li>The Trust's end user computer estate is now fully migrated onto Windows 10 which relies on Microsoft technologies, including Windows BitLocker for encryption.</li> <li>Security patching regime covering all servers, client machines and key network devices.</li> <li>Annual infrastructure, server and client penetration testing.</li> <li>Appropriately skilled and experienced staff who regularly attend cyber security events.</li> <li>Disaster recovery and business continuity plans which are tested annually.</li> <li>Data retention policy with regular back-ups and off-site storage.</li> </ul> <p>(continued)</p>	5 Catastrophic	3 Possible	15 Red / extreme / SUI risk (15-25)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Ongoing capital programme to upgrade IT infrastructure – some Cisco network equipment is due to be replaced during 2020/21.</li> <li>Training needs, communications and guidance to staff. Remains under constant review.</li> <li>Cyber SAL campaign revamped which is aimed at improving cyber awareness across the Trust.</li> <li>Reinforcement and additional key messages relating to cyber security are being issued to staff as part of the Trust's Covid-19 communications.</li> <li>Cyber security issues have been identified specifically relating to Zoom. An NHS Digital Care Cert alert has been issued and the Trust has implemented the necessary controls and measures meaning that Zoom is blocked from being downloaded onto Trust issued devices.</li> <li>Work towards full cyber essentials certification (DFR) (June 2021) – timescales extended due to impact of Covid-19 and remain subject to confirmation - activities progressing to support this.</li> </ul> <p>(continued)</p>	DFR	Ongoing	IM&T Managers Meeting (Monthly)  EMT Monthly (bi-Monthly)  Audit Committee (Quarterly)  IT Services Department management meetings (Trust / Daisy) (Monthly)	5 Yellow / moderate (4-6)	AC	Risk appetite: Financial risk target 1 – 6  Links to BAF, SO 2 & 3  The COVID-19 situation is presenting highly challenging circumstances which means the potential threat of cyber-attack remains potent and possibly heightened. (continued)	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

		<ul style="list-style-type: none"> <li>NHS Digital Care Cert advisories reviewed on an on-going basis &amp; where applicable applied to Trust infrastructure.</li> <li>Key messages and communications issued to staff regarding potential cyber security risks.</li> <li>Microsoft software licensing strategic roadmap in place.</li> <li>Cyber security has been incorporated into mandatory Information Governance training. The Trust achieved the compliance requirement for level 2.</li> <li>Annual cyber exercise.</li> <li>Windows defender advanced threat protection in place.</li> <li>Strengthened password requirements in place.</li> <li>Annual cyber table top exercise completed in January 2020.</li> <li>Third year of IT infrastructure improvements has been completed</li> <li>Data Security &amp; Protection Toolkit compliance.</li> <li>Successful adoption of NHS Digital secure boundary service.</li> </ul>				<ul style="list-style-type: none"> <li>Annual cyber survey currently being rescheduled and planned. (DFR) (October 2020)</li> <li>Improving Clinical Information &amp; Information Governance Group (ICIG) partly re-purposed to review additional risks and identify practical mitigations to decisions taken during the pandemic.</li> </ul>					<p>The measures that the Trust has established remain in place and all associated activities are continuing. Whilst there is a need to ensure rapid access to digital solutions and technologies which requires a less comprehensive testing approach in the short-term, security considerations remain at the forefront so as to ensure services remain safe.</p>	
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#### **Risk level <15 - risks outside the risk appetite**

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
275	Risk of deterioration in quality of care due to unavailability of resources and service provision in local authorities and other partners.	<ul style="list-style-type: none"> <li>Agreed joint arrangements for management and monitoring delivery of integrated teams.</li> <li>Weekly risk scan by Director of Nursing &amp; Quality and Medical Director.</li> <li>BDU / commissioner forums – monitoring of performance.</li> <li>Monthly review through performance monitoring governance structure via EMT of key indicators and regular review at OMG of key indicators, which would indicate if issues arose regarding delivery, such as delayed transfers of care, waiting times and service users in settled accommodation.</li> <li>Regular ongoing review of contracts with local authorities.</li> <li>New organisational change policy to include further support for the transfer and redeployment of staff.</li> <li>Attendance at and minutes from Health &amp; Wellbeing board meetings.</li> <li>Attendance and monitoring at contract</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Involved with partners in the co-development of integrated care partnerships in each place as Trust priority programmes of work. (DS)</li> <li>Calderdale is captured in the Calderdale Cares document and delivery is overseen through the Health and Wellbeing Board. (DNQ)</li> <li>Kirklees – part of the provider development board to develop wider system integration of care closer to home and 0 – 19 services in Kirklees. (DO / DPD)</li> <li>Barnsley – part of the Integrated Care Partnership and Delivery Group. (DS / CEO)</li> <li>Wakefield – active involvement in the mental health provider alliance and integrated care partnership. (DPD)</li> <li>Active involvement in both West and South Yorkshire integrated care systems. We have internal groups established to co-ordinate contribution and involvement in each place and in both West and South Yorkshire integrated care systems. (DO / DS / DPD)</li> <li>Engagement in each place with local authority partners through meetings and joint working. (DO)</li> </ul>	DS	Ongoing risk given external influence outside our control	BDU (monthly) EMT (monthly) OMG (regular) Trust Board (each meeting through integrated performance report) Annual review of contracts and annual plan at EMT and Trust Board	6 Yellow / Moderate (4-6)	CG&CS FIP	Risk appetite: Clinical risk target 1 – 6 Links to BAF, SO1, 2 & 3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review



Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		forums. • Annual planning process.					<ul style="list-style-type: none"> <li>Working on a plan through command structures in each place. (DPD / DS)</li> <li>Contributing to the development of recovery plans in each place with partners. (DS / DPD / DO)</li> </ul>							
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.	<ul style="list-style-type: none"> <li>Partnership Board.</li> <li>Individual work streams.</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Share learning from other lead providers and early implementers across the country. (DPD)</li> <li>Engagement with other lead provider collaboratives across Yorkshire &amp; Humber. (DPD)</li> <li>Due diligence being carried out. (DPD) (January 2021)</li> <li>Development of appropriate financial risk and gain share with other providers in the collaborative. (DPD) (January 2021)</li> <li>Development of quality assurance processes and monitoring across the Collaborative. (DPD) (March 2021)</li> <li>Confirm and engage resource requirements. (DPD) (November 2020)</li> </ul>	DPD	February 2021	EMT (monthly)	4 Yellow / moderate (4-6)	FIP	Work recommenced in July 2020 after being paused in April. An update on timescales was reported to Board in July 2020. Timescales for completion remain in line with previous meaning a planned go-live in April 2021. An updated business case needs to be agreed by partners and submitted to NHSE by 6 November 2020.	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
905	Risk that wards are not adequately staffed and there is insufficient access to temporary staffing which may impact upon quality of care.	<ul style="list-style-type: none"> <li>Safer staffing project manager in place with appropriate medium and longer term plans including recruitment drive and centralisation of the bank.</li> <li>Safer staffing project manager is currently implementing appropriate actions.</li> <li>Recruitment and retention plan agreed.</li> <li>Monthly safer staffing reports to Board and OMG with appropriate escalation arrangements in place.</li> <li>Biannual safer staffing report to Board and Commissioners.</li> <li>Review of establishment for adult inpatient areas completed and implementation plan developed. Progress monitored through OMG &amp; EMT.</li> <li>Care hours per patient day (CHPPD) data now included in revised safer staffing six monthly board report.</li> <li>Ability to move staff between wards / teams</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Additional funding requests with commissioners will be maintained throughout contract negotiations for 2020/21. (DO / DFR)</li> <li>Staff redeployment plan (DHR)</li> <li>Safecare implementation timescale to be reviewed in light of Covid-19. (DNQ)</li> <li>Further review of forensics and older peoples' services to take place. (DNQ / DO) (review delayed and revised date under review in line with Covid-19 response) (September 2020)</li> <li>Safecare tool to be introduced during 2020/21 with pilot during Q4 2019/20. (DNQ) (Pilot delayed and revised implementation plan under review in line with Covid-19 response)</li> <li>Relaunch pilot of safer staffing judgement tool within community teams. (relaunch delayed and revised implementation plan under review in line with Covid-19 response). (DNQ)</li> <li>Embed MHOST following pilot in forensic services. (revised implementation plan under review in line with Covid-19 response). (DO)</li> </ul>	DO / DNQ	Ongoing	EMT (monthly)	6 Yellow / moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6  Links to BAF, SO 2 & 3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> <li>Daily staff absence report.</li> <li>Covid-19 measures involve the review of staffing in each daily Bronze command meeting.</li> </ul>					<ul style="list-style-type: none"> <li>Safer staffing reported on inpatient wards to OMG monthly. (DO)</li> <li>During Covid-19 pandemic, Bronze command meetings review safer staffing and take action to prioritise redeployment of staff to maintain safe staffing levels. (DNQ)</li> <li>Regular review of staff testing capacity through silver command to minimise staff absence with Covid-19 symptoms. (DNQ)</li> </ul>							
1078	Risk that young people will suffer serious harm as a result of waiting for treatment.	<ul style="list-style-type: none"> <li>Emergency response process in place for those on the waiting list.</li> <li>Demand management process with commissioners to manage ASD waiting list within available resource.</li> <li>Commissioners have established an ASD Board and local commissioning plans are in place to start to address backlog for ASD.</li> <li>Future in Mind investments are in place to support the whole CAMHS system.</li> <li>Healthwatch Barnsley and Wakefield have carried out monitoring visits and are supporting local teams with the action plans.</li> <li>CAMHS performance dashboard for each district.</li> <li>Work has taken place to implement care pathways and consistent recording of activity and outcome data.</li> <li>Kirklees has a new ASD pathway in place.</li> <li>System wide work was undertaken in Wakefield to improve access to assessment for ASD.</li> <li>There is ongoing dialogue with people on the waiting list to keep in touch and to carry out well-being checks.</li> <li>Active participation in ICS CAMHS initiative.</li> <li>Jointly agreed neuro-developmental pathway implemented in Kirklees.</li> <li>Improved finances included in 2019/20 contracts.</li> <li>CAMHS assurance meeting chaired by Chief Exec of SWYPFT and Chief Officer of Wakefield CCG oversees the delivery of young people's mental health and associated action plans.</li> <li>First point of contact is in place in all areas.</li> <li>Waiting list initiatives have been agreed in all areas.</li> </ul>	4 Major	2 Unlikely	8 Amber / High risk (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Recruitment to vacant positions is underway and showing successes in increasing capacity. This includes the consideration of new roles to improve opportunities to recruit. (DO)</li> <li>Calderdale CCG has led on development of a new diagnostic assessment pathway and is currently considering options for investment in a waiting list initiative. (DO) (Date to be confirmed by CCG).</li> <li>Learning from the business continuity plans is being captured to support working differently in the future. This includes using technology to provide contacts. (DO)</li> <li>Improvement noted from waiting list initiatives in Wakefield and Barnsley. Reported to FIP and CG&amp;CS. (DO)</li> <li>CAMHS Improvement Group established with identified change leadership for Barnsley and Wakefield – this focuses on improvements required to reduce waits. (DO) This was reviewed in September 2020. Significant progress noted. Calderdale and Kirklees to be included in the work in relation to neuro development pathways to be reviewed in December 2020. (DO) (December 2020)</li> <li>Ethnicity monitoring has commenced and will be embedded to ensure that no group or community is adversely impacted by waits. (DO) (review November 2020)</li> </ul>	DO	Review every three months	<p>Performance reporting to EMT - monthly</p> <p>Assurance report to Clinical Governance Committee</p> <p>Individual district performance reports reviewed by BDU</p>	6 Yellow / moderate (4-6)	CG&CS	<p>Risk appetite: Clinical risk target 1 – 6</p> <p>Links to BAF, SO 2</p> <p>C&amp;K waiting list initiatives (recovery plans) relate to ASC diagnostic assessment and W&amp;B initiatives focus on reducing waits from referral to treatment. Improving position in all areas with exception of K where increase in referrals outstrips the additional capacity. Position understood by CCG but potentially increases again the broader reputational and clinical risk.</p>	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> <li>Waiting list initiatives details and outputs reported to Clinical Governance &amp; Clinical Safety Committee routinely.</li> <li>Young people are contacted on the waiting list every three months.</li> </ul>												
1132	Risks to the confidence in services caused by long waiting lists delaying treatment and recovery.	<ul style="list-style-type: none"> <li>Waiting lists are reported through the BDU business meetings.</li> <li>Alternative services are offered as appropriate.</li> <li>People waiting are offered contact information if they need to contact someone urgently.</li> <li>Individual bespoke arrangements are in place within services and reported through the BDU business meetings.</li> <li>Bespoke arrangements to review pathways in individual services.</li> <li>Additional investment secured waiting list initiatives as part of the 2019/20 contract negotiations to flex capacity across the IAPT pathway.</li> <li>Review of impact and ongoing risk presented to CG&amp;CS Committee.</li> <li>Bespoke arrangements are in place in BDUs where waiting times have an impact on carers.</li> <li>Waiting list initiatives have been agreed in all areas.</li> <li>Work has taken place with commissioners to agree additional capacity in specific services.</li> </ul>	4 Major	3 Possible	12 Amber / high risk (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Waiting list initiatives agreed with Barnsley and Calderdale CCGs. Demand will be reported via contract meetings during 2020/21. (DFR)</li> <li>Waiting lists and associated actions are monitored through the Clinical Governance and Clinical Safety Committee. (DO)</li> <li>Waiting list reports developed, further work required to ensure they are comprehensive. Additional reporting will be developed as part of SystemOne optimisation. (DPD / DO / DFR) (September 2020)</li> <li>Further review of the waiting lists is taking place at service level to consider the impact from Covid-19 and any additional actions required. This work will consider “hidden” waits, where the wait is secondary to formally reported waiting information. (DO) (October 2020)</li> <li>Ethnicity monitoring has commenced and will be embedded. This is to ensure that there is no disproportionate impact for specific communities or groups. (DO) (November 2020)</li> </ul>	DO	November 2020	<p>Performance reporting to OMG and EMT monthly.</p> <p>Assurance report to CG&amp;CS Committee (CAMHS).</p> <p>Individual district performance reports reviewed by BDU.</p>	6 Yellow / moderate (4-6)	CG&CS	<p>Risk appetite: Clinical risk target 1 – 6</p> <p>Links to BAF, SO 2</p> <p>C&amp;K waiting list initiatives (recovery plans) relate to ASC diagnostic assessment and W&amp;B initiatives focus on reducing waits from referral to treatment. Improving position in all areas with exception of K where increase in referrals outstrips the additional capacity. Position understood by CCG but potentially increases again the broader reputational and clinical risk.</p>	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1159	Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity.	<ul style="list-style-type: none"> <li>Fire Safety Advisor produces monthly / quarterly Fire Report and Operational Fire / Unwanted Fire Activation for review / action by EFM Senior Managers.</li> <li>Quarterly review undertaken by Estates TAG.</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Smoking group established to review the smoking policy including the trial period for the use of e-cigarettes. (DO) An update report will be provided to the Clinical Governance and Clinical Safety Committee in February 2020. (deferred due to the impact of Covid-19)</li> </ul>	DHR	Ongoing	EFM (weekly and monthly)  Estates TAG	6 Yellow / moderate (4-6)	CG&CS	<p>Risk appetite: Clinical risk target 1 – 6</p> <p>Links to BAF, SO2 &amp; 3</p>	Every three months prior to business and

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> <li>Weekly risk scan are completed by the Trust's Fire Safety Advisor and any issues or concerns raised directly with the Head of Estates and Facilities and Head of Estates Operations with the Director of HR, OD and Estates been briefed and action undertaken accordingly.</li> <li>Trust smoking policies with the use of e-cigarettes agreed for a trial period.</li> <li>Compliance with the following regulations: <ul style="list-style-type: none"> <li>The allocation and definition of responsibilities and standards for the provision, installation, testing and planned maintenance of fire safety equipment, devices, alarm and extinguishing systems;</li> <li>The identification of standards for the control of combustible, flammable or explosive materials;</li> <li>The allocation of responsibilities for the implementation of fire emergency plans including evacuation procedures, first-aid firefighting, contacting the emergency services, emergency co-ordination and staff training;</li> <li>The allocation of responsibilities and duties of staff for monitoring and auditing all fire safety management systems and procedures;</li> <li>The development and delivery of suitable staff training in fire safety awareness;</li> <li>Fire safety training compliance measured monthly at OMG with time constrained action plans required for non-compliant areas.</li> <li>The development and implementation of emergency procedures to ensure early recovery from unforeseen incident involving fire in order to maximise safety, minimise problems and enable the core business structure to continue.</li> </ul> </li> <li>Use of sprinklers across all Trust buildings reviewed as part of the capital programme.</li> <li>New inpatient builds and major developments fitted with sprinklers.</li> <li>Reinforcement of rules and fire safety message in locations where additional oxygen could be used.</li> </ul>								(quarterly)  OMG (monthly)			Note - A failure to effectively manage compliance with the Trust Fire/Smoking policies will expose the Trust to an increased risk of fire within patient care areas. This would result in injury to service users and damage to Trust property and buildings.	risk Trust Board – October 2020 & weekly Covid-19 review



Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> <li>Temporary smoking arrangements introduced in response to Covid-19.</li> </ul>												
1424	<p>Risk of serious harm occurring from known patient safety risks, with a specific focus on:</p> <ul style="list-style-type: none"> <li>Inpatient ligature risks</li> <li>Learning from deaths &amp; complaints</li> <li>Clinical risk assessment</li> <li>Suicide prevention</li> <li>Restraint reduction</li> <li>Covid-19.</li> </ul>	<p>Clear policy &amp; procedure in place providing framework for the identification and mitigation of risks in respect of:</p> <ul style="list-style-type: none"> <li>Ligature assessment.</li> <li>Blue light alerts and learning library introduced immediate lessons learnt are shared and prompt action taken to prevent recurrence of incidents.</li> <li>Learning from deaths.</li> <li>Complaints reviews.</li> <li>Clinical risk assessment process.</li> <li>Suicide prevention training.</li> <li>Weekly risk scan of all red and amber patient safety incidents for immediate action.</li> <li>Monthly clinical risk report to OMG for action and dissemination.</li> <li>Monthly IPR performance monitoring report includes complaints response times and risk assessment training level compliance.</li> <li>Patient safety strategy in place to reduce harm and improve patient experience.</li> <li>Patient safety strategy identifies key metrics for harm reduction which are reported to EMT &amp; TB.</li> <li>Suicide prevention strategy in place to reduce risk of suicide.</li> <li>Monthly complaints review meeting with CEO / DNQ / MD / DO to scan and act on themes.</li> <li>Introduction of "Manchester scale" to improve reliability &amp; validity of ligature assessment process and to prioritise remedial action.</li> <li>New AMD for patient safety appointed to revised job description.</li> <li>Updated clinical risk report that captures a wider range of risk information for OMG.</li> <li>Mental health safety improvement partnership in place with NHS I / CQC.</li> <li>Clinical risk assessment training programme.</li> <li>Our Learning Journey report disseminated across all teams and discussed at team level (DNQ) (2017/18 report complete, 2018/19 report complete and being utilised).</li> <li>Agency and bank staffing action plan is</li> </ul>	4 Major	2 Unlikely	8 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Quality improvement network focus on patient safety improvement. (DNQ) – to commence in Q1 2020/21 in line with clinical TRIO refresh. (Implementation plan to be reviewed in line with Covid-19 restoration and reset)</li> <li>Formulation of informed risk assessment training plan scheduled for Q4 2019/20 / Q1 2020/21 to introduce enhanced risk assessment process and outcome. (Implementation plan now scheduled for September 2020 following review in line with Covid-19 response)</li> <li>Cohorting plan in place to mitigate an impact of Covid-19 and any outbreak.</li> <li>Enhanced risk scan initiated to ensure incidents referencing Covid-19 are reviewed for trends and themes that may require mitigations. (DNQ)</li> <li>Enhanced IPC team offer to services as part of Covid-19 response. (DNQ)</li> <li>Pandemic flu plan response including BCP stress testing. (DHR)</li> <li>Additional support from legal team to provide timely response to clinicians in relation to MHA / MCA matters. (MD)</li> <li>Internal and external regional work to ensure ECT offer remains in place. (MD)</li> <li>Additional pharmacy team support to clinicians to manage Covid-19 related matters. (MD)</li> <li>Recent CQC communication around ligature risks being reviewed by environmental safety group, recommendations awaited in October. (DNQ)</li> </ul>	DNQ MD	On going	Performance & monitoring via EMT, OMG & TB reports e.g. quarterly Patient Safety report & incident report	6 Yellow / moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<p>monitored through OMG.</p> <ul style="list-style-type: none"> <li>• Safer staffing group meets on a monthly basis to review exception reporting.</li> <li>• Alignment of WY&amp;H ICS suicide prevention strategy with SWYPFT plans.</li> <li>• QI approach adopted on CQC areas for improvement. Detailed plan approved by CG&amp;CS Committee. Risk assessment improvement is a key domain.</li> <li>• Suicide prevention strategy action plan.</li> <li>• CQC improvement action plans performance managed through OMG and Clinical Governance Group with escalation arrangements in place where action behind schedule.</li> <li>• Reducing restrictive practice and intervention (RRPI) improvement plan implementation.</li> <li>• Covid-19 pathway including cohorting protocol developed and implemented.</li> <li>• Enhanced risk scan initiated to ensure incidents referencing Covid-19 are reviewed for trends and themes that may require mitigation.</li> <li>• Enhanced IPC team offer to services as part of Covid-19 response.</li> <li>• Agreed pathway with acute providers to access clinically appropriate support for Covid-19.</li> <li>• Additional training and support plan for staff to respond to needs of suspected and positive Covid-19 patients.</li> <li>• Development of step-up and step-down guidance in partnership with acute trust colleagues.</li> <li>• Development of a plan if impact of Covid-19 is such that service users need to be transferred on to different co-horted wards.</li> <li>• Agreed pathway with acute providers to access clinically appropriate support for Covid-19.</li> </ul>												
522	Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements.	<ul style="list-style-type: none"> <li>• Participation in system transformation programmes.</li> <li>• Robust CIP planning and implementation process.</li> <li>• Trust is proactive in national discussions and forums to have positive influence on upholding concept of "parity of esteem" for mental health and learning disabilities.</li> <li>• 5 year funding arrangements increases</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8 – 12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>• The Trust is approach to change and transformation includes a communication and engagement plan to co-produce and explain the benefits of transformation for external stakeholders. (DS) (Ongoing – delivery dates specific to each priority programme)</li> <li>• Annual planning process identifies financial needs and risks, enabling necessary actions to be identified. (DFR)</li> <li>• Full engagement with ICSs in relation to system</li> </ul>	DFR	Ongoing Review annually	EMT (monthly) Trust Board	6 Yellow / moderate (4-6)	FIP	<p>Risk appetite: Financial risk target 1 – 6</p> <p>Links to BAF, SO1, 2 &amp; 3</p> <p>Funding arrangements for the</p>	Every three months prior to business and risk Trust Board –

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<p>income allocated to mental health services.</p> <ul style="list-style-type: none"> <li>Mental health investment standard.</li> <li>Confirmed block income for remainder of 2020/21.</li> </ul>					<p>financial position and funding. (DFR)</p> <ul style="list-style-type: none"> <li>2020/21 contract negotiation process (DFR) (March 2020). <i>Temporary contracting arrangements in place for April – September 2020. (DFR)</i></li> <li>Assessing impact of updated financial arrangements for H2 of 2020/21 (DFR) (October 2020)</li> </ul>						<p>remainder of 2020/21 have been provided and there is an increase in proportion of monies being channelled via the ICS. 2021/22 financial arrangements are not known at this stage.</p>	October 2020 & weekly Covid-19 review
852	Risk of information governance breach and / or non-compliance with General Data Protection Regulations (GDPR) leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk.	<ul style="list-style-type: none"> <li>Trust maintains access to information governance training for all staff and has track record of achieving the mandatory training target of 95%.</li> <li>Trust employs appropriate skills and capacity to advise on policies, procedures and training for Information Governance.</li> <li>Trust has appropriate policies and procedures that are compliant with GDPR.</li> <li>Trust has good track record for recording incidents and all incidents are reviewed weekly with investigations carried out where needed and action plans put in place.</li> <li>Improving Clinical Information and Governance group in place which is the governance group with oversight of IG issues.</li> <li>Monthly report of IG issues to EMT.</li> <li>Internal audit perform annual review of IG as part of DSPT Toolkit.</li> <li>Internal Audit programme of work.</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Targeted approach to advice and support from IG Manager through proactive monitoring of incidents and 'hot-spot- areas. (DFR)</li> <li>Individual letters asking for action plans from services where there has been a recurrence of incidents. (DFR)</li> <li>Use of blue light system to highlight specific breaches. (DNQ)</li> <li>Corporate and Clinical Governance leads working together to deliver focussed improvement work. (DFR / DNQ)</li> <li>IG awareness raising sessions through an updated communications plan. (DFR)</li> <li>Rebranded materials and advice to increase awareness in staff and reduce incidents. (DFR)</li> <li>Increase in training available to teams including additional e-learning and self-assessment using workbooks. Face-to-face training is currently on hold due to restrictions imposed by the Covid-19 outbreak. (DFR)</li> <li>Commitment to support comprehensive attendance at the ICIG meeting. (DO)</li> <li>Formal decision logs to be maintained for any temporary changes to policies as a result of wider incidents. (DFR)</li> <li>Ensuring that the data protection impact assessment is reviewed, updated and published as required. (DFR)</li> <li>Part re-purposing of ICIG during the Covid-19 outbreak to identify IG concerns arising from rapid systems deployment and changes in policy &amp; procedure. (DFR)</li> <li>Review of incidents that have taken place during the Covid-19 outbreak to identify if additional mitigations required. (DFR) (October 2020)</li> <li>Change improvement will commence a quality improvement project Trust-wide. (DFR) (March 2021)</li> </ul>	DFR	ICO external monitoring of progress by external evidence / desk based reviews	Progress monitored through EMT and weekly risk scans	4 Yellow / moderate (4-6)	AC	<p>Risk appetite: Financial risk target 1 – 6</p> <p>Links to BAF, SO2 &amp; 3</p>	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1076	Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its capital programme, leading to an inability to pay staff and suppliers without DH support.	<ul style="list-style-type: none"> <li>Financial planning process includes detailed two year projection of cash flows.</li> <li>Working capital management process including credit control and creditor payments to ensure income is collected on time and creditors paid appropriately.</li> <li>Capital prioritisation process to ensure capital is funded where the organisation most needs it.</li> <li>Stated aim of development of financial plans that achieve at least a small surplus position.</li> <li>Existing estates strategy in place.</li> <li>CIP identification and review process.</li> <li>Treasury Management policy.</li> <li>Non-Executive Director led Finance, Investment &amp; Performance Committee.</li> <li>Cash management procedures.</li> <li>Financial sustainability plan.</li> </ul>	4 Major	2 Unlikely	8 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Increased robustness of CIP and expenditure management. (DFR)</li> <li>Increased focus on raising of invoices to ensure timely payment. (DFR)</li> <li>Increased focus on robust financial management via training. (DFR)</li> <li>Collaborative working within West Yorkshire and South Yorkshire ICSs. (DFR / CEO / DPD)</li> <li>Investigate additional sources of capital funding should they be required. (DFR) (December 2020). <i>Current plan for 2020/21 does not require additional funding. Trust has participated in prioritising bids for national Covid-19 related capital funding across each ICS.</i></li> <li>Focus on benchmarking and internal productivity. (DFR) (March 2021)</li> <li>Compare CIP ideas with similar trusts in the region. (DFR) (September 2020). <i>Delayed to due impact of Covid-19 and temporary financial arrangements.</i></li> <li>Revised estates strategy being developed. (DHR) (December 2020)</li> <li>Temporary contracting arrangements in place for April – September 2020. Assessing impact of updated financial arrangements for H2 of 2020/21 (DFR) (October 2020)</li> <li>Engagement across West Yorkshire ICS to agree principles for prioritising and allocating system wide funds. (DFR) (October 2020)</li> </ul>	DFR	Ongoing	EMT (monthly)  Board (monthly)	6 Yellow / moderate (4-6)	FIP	Risk appetite: Financial risk target 1 – 6  Links to BAF, SO3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1077	Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective.	<ul style="list-style-type: none"> <li>Systematic and integrated monitoring of contract performance, changes in specification and commissioning intentions to identify and quantify contract risks.</li> <li>Regular reporting of contract risks to EMT and Trust Board.</li> <li>Play full role in ICSs in both West and South Yorkshire.</li> <li>Equality, Involvement, Communication and Membership strategy.</li> <li>Updated Trust strategy in place.</li> <li>Liaison with regulators.</li> <li>Approved commercial strategy.</li> <li>Non-Executive Director led Finance, Investment &amp; Performance Committee.</li> <li>Prospectus and Board stakeholder engagement plan.</li> <li>Annual contracting process.</li> <li>Significant change programmes identified as priorities for the Trust that have high cost, high risks and / or high complexity.</li> <li>Updates to Trust Board through business tendering opportunities.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Implementation of longer term financial sustainability plan. (DFR) (ongoing over three years period 2019 - 2022)</li> <li>Development of targeted programme of business growth focused on specific services and markets and aligned to strategy. (DPD / DO)</li> <li>Scenario planning in operational plan and strategy regarding place based developments, where this could result in step-changes in income in either direction. (DS / DPD / DO) (Ongoing – delivery dates specific to each priority programme)</li> <li>Ongoing response to the rapidly changing operating environment and the role the Trust plays in each place (DS). (Ongoing – delivery dates specific to each priority programme and regular discussions at strategic Trust Board meetings.)</li> <li><i>In light of Covid-19 outbreak there is currently only limited tendering of services.</i></li> <li>Develop an understanding of clinical and operational interdependencies and minimum volumes for high quality care. (DPD / DO)</li> <li>2020/21 contract negotiations. (DFR) (March 2020) <i>Temporary contracting &amp; financial arrangements in place for 2020/21.</i></li> </ul>	DFR	Ongoing	EMT (monthly)  Board (monthly)	6 Yellow / moderate (4-6)	FIP	Risk appetite: Financial risk target 1 – 6  Links to BAF, SO 1 & 3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review



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							<ul style="list-style-type: none"> <li>External stakeholder engagement plans will be refreshed as part of the Equality, Involvement, Communication and Membership strategy development and supporting action plans. (DS) (November 2020)</li> </ul>							
1114	Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided.	<ul style="list-style-type: none"> <li>Board and EMT oversight of progress made against transformation schemes.</li> <li>Active engagement in West Yorkshire and South Yorkshire STPs / CEO leads the West Yorkshire STP.</li> <li>Active engagement on place based plans.</li> <li>Enhanced management of CIP programme.</li> <li>Updated integrated change management processes.</li> <li>2019/20 contracts agreed and in place.</li> <li>Non-Executive Director led Finance, Investment &amp; Performance Committee.</li> <li>Confirmed block income in place for 2020/21.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Implementation of longer term financial sustainability plan. (DFR)</li> <li>Increased use of service line management information by directorates. (DFR)</li> <li>Increase in joint bids and projects to develop strategic partnerships which will facilitate the transition to new models of care and sustainable services. (DS)</li> <li>Focus on benchmarking and internal productivity. (DFR) (March 2021)</li> <li>Temporary contracting arrangements in place for April – September 2020. Assessing impact of financial arrangements of H2 of 2020/21. (DFR) (October 2020)</li> <li>Engagement across West Yorkshire ICS to agree principles for prioritising and allocating system wide funds. (DFR) (October 2020)</li> <li>Discussions taking place with each CCG to confirm mental health investment standard monies for 2020/21. (DFR) (October 2020)</li> </ul>	DFR	Annual review	EMT (monthly)  Trust Board (quarterly)	4 Yellow / Moderate (4-6)	FIP	Risk appetite: Financial risk target 1 – 6  Links to BAF, SO 3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1153	Risk of potential loss of knowledge, skills and experience of NHS staff due to ageing workforce able to retire in the next five years.	<ul style="list-style-type: none"> <li>Monitoring turnover rates monthly.</li> <li>Exit interviews.</li> <li>Flexible working guidance.</li> <li>Flexible working arrangements promoted.</li> <li>Investment in health and well-being services.</li> <li>Retire and return options.</li> <li>Apprenticeship scheme balancing the age profile.</li> <li>Recruitment and Retention action plan agreed.</li> <li>Workforce planning includes age profile.</li> <li>Bring back staff programme at national and local level.</li> <li>New pension arrangements allow for easier retire and return.</li> <li>All potential retirees have a discussion on options.</li> </ul>	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Refresh of workforce plans as part of operational planning process. (DHR) (December 2020)</li> </ul>	DHR	Ongoing	EMT and Trust Board reporting through IPR (monthly)  RTSC exception reports	6 Yellow / moderate (4-6)	WRC	Risk appetite: Financial / commercial risk target 1 – 6  Links to BAF, SO2 & 3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1158	Risk of over reliance on agency staff which could impact on quality and finances.	<ul style="list-style-type: none"> <li>Board self-assessment.</li> <li>Reporting through IPR.</li> <li>Safer Staffing Reports.</li> <li>Agency induction policy.</li> <li>Authorisation levels for approval of agency staff now at a senior level.</li> </ul>	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate	<ul style="list-style-type: none"> <li>A dedicated recruitment resource has been sourced until May 2020 to target areas with the greatest recruitment issues / highest agency use. (DHR / DO) (May 2020)</li> <li>Exit strategy for all agency locums has been requested from all clinical leads who refresh this on</li> </ul>	DHR	Ongoing through agency project group and	EMT (monthly)  Board (monthly)	6 Yellow / moderate	WRC	Risk appetite: Financial / commercial risk target 1 – 6	Every three months prior to business

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		<ul style="list-style-type: none"> <li>Restrictions on administration and clerical agency staff usage</li> <li>Extension of the Staff Bank.</li> <li>Development of Medical Bank.</li> <li>OMG to Overview.</li> <li>Retention plan developed.</li> <li>Recruitment to Consultant roles.</li> <li>Direct engagement vendor is in place and meeting are almost complete with individual agency locums to support move to DE, with a few remaining.</li> <li>Agency project group has joined with the R&amp;R group to focus on actions to address staffing shortfalls that then lead to agency use.</li> <li>Support through Bring Back Staff Programme.</li> </ul>				(1 – 6)	<ul style="list-style-type: none"> <li>an ongoing basis. (MD) (March 2020)</li> <li>Business case for potential use of NHS Professionals underway. (DHR) (awaiting NHSP proposal)</li> <li>Implementation of new roles across 2020 including Nursing Associates and Advanced Clinical Practitioners. (DHR / MD)</li> </ul>		workforce planning – workshop		(4-6)		Links to BAF, SO2 & 3	and risk Trust Board – October 2020 & weekly Covid-19 review
1214	Risk that local tendering of services will increase, impacting on Trust financial viability.	<ul style="list-style-type: none"> <li>Clear service strategy to engage commissioners and service users on the value of services delivered.</li> <li>Participation in system transformation programmes.</li> <li>Robust process of stakeholder engagement and management in place through EMT.</li> <li>Progress on transformation reviewed by Trust Board and EMT.</li> <li>Robust CIP planning and implementation process.</li> <li>Trust is proactive in engaging leadership across the service footprint.</li> <li>Active role in ICSs.</li> <li>Skilled business development resource in place.</li> <li>Commercial strategy.</li> <li>Trust prospectus.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>The Trust leadership is developing productive partnerships with other organisations to develop joint bids and shared services in preparation for integration of services. (DFR / DS / DPD / DO)</li> <li>The Trust as part of its change approach develops communications and engagement plans that drive external engagement and communications to explain the benefits of transformation for external stakeholders. (DS) (Ongoing – delivery dates specific to each priority programme)</li> <li>Annual planning process identifies financial needs and risks, enabling necessary actions to be identified. (DFR) – planning process currently suspended.</li> <li>Development of Alliances in Calderdale, Kirklees and Wakefield will ensure local priorities and impact are considered. (DS / DPD / DO)</li> <li>Currently only limited tendering of services in light of Covid-19 outbreak. (DFR)</li> <li>2020/21 contract negotiations. (DFR) (March 2020) – process suspended.</li> <li>Temporary contracting arrangements in place for the remainder of 2020/21. (DFR)</li> </ul>	DFR	Ongoing Review annually	EMT (monthly) Trust Board	6 Yellow / moderate (4-6)	FIP	Risk appetite: Financial risk target 1 – 6  Links to BAF, SO1, 2 & 3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1319	Risk that there will be no bed available in the Trust for someone requiring admission to hospital for PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed.	<ul style="list-style-type: none"> <li>Bed management process.</li> <li>Critical to Quality map to identify priority change areas.</li> <li>Joint action plan with commissioners.</li> <li>Internal programme board.</li> <li>Weekly oversight at OMG.</li> <li>Agreed governance structure, with meetings in place, with commissioners in relation to the monitoring and management out of area cessation plans.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8 – 12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Development and implementation of local plans of change activity to reduce admissions and plans to reduce length of stay. (DO)</li> <li>Development and implementation of local plans of change activity to reduce PICU bed usage. (DO)</li> <li>Identify barriers to discharge in light of impact of Covid-19 such as availability and capacity of care homes. Identify possible mitigations. (DO)</li> <li>Implementation of actions identified through independent review of our bed management processes remain a priority throughout the Covid-</li> </ul>	DO	Ongoing / monthly	OMG	4 Yellow / Moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6	Every three months prior to business and risk Trust Board – October

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	The distance from home will mean that their quality of care will be compromised.	<ul style="list-style-type: none"> <li>Workstreams in place to address specific areas as agreed following the SSG review.</li> <li>Routine reviews of care whilst out of area are in place.</li> <li>Pathway for people with trauma informed emotionally unstable personality disorder is in place with a programme of training ongoing.</li> </ul>					<ul style="list-style-type: none"> <li>19 phase. (DO)</li> <li>Ongoing work as part of West Yorkshire and Harrogate ICS to develop a system wide approach to management of out of area beds to manage peaks in demand. (DO)</li> <li>Participation in the Getting It Right First Time (GIRFT) work has commenced. The outputs will be shared across the ICS. (DO)</li> </ul>							2020 & weekly Covid-19 review
1335	Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total.	<ul style="list-style-type: none"> <li>Bed management process.</li> <li>Joint action plan with commissioners.</li> <li>Internal bed management programme board.</li> <li>Weekly oversight at EMT and OMG.</li> <li>In-depth financial reviews at OMG, EMT and Trust Board.</li> <li>2019/20 contracts agreed and in place.</li> <li>Contract arrangements for the first four months for 2020/21 enable trusts to break even.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8 – 12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Ongoing review with commissioners to prioritise areas of expenditure. (DFR)</li> <li>Implementation of actions identified through independent review of our bed management processes. Remains a priority throughout the Covid-19 outbreak. (DO)</li> <li>Review recommendations made by Niche regarding PICU bed management across West Yorkshire. (DO)</li> <li>2020/21 contract negotiations. (DFR) (March 2020) – process suspended with temporary arrangements in place.</li> <li>Consider the impact on the Trust of the cohort proposal made by Mental Health Collaborative ICS. (DO) (October 2020)</li> </ul>	DO / DFR	Ongoing	OMG monthly  EMT monthly  Trust Board monthly	4 Yellow / moderate (4-6)	FIP	Risk appetite: Financial risk 1 – 6	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1368	Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be unable to access a CAMHS bed. This could result in serious harm.	<ul style="list-style-type: none"> <li>Bed management processes are in place as part of the new care model for Tier 4. These include exhausting out of area provision.</li> <li>All community options are explored.</li> <li>Where no age appropriate bed or community option is available then a bed on an adult ward is considered as the least worst option to maintain safety.</li> <li>Protocol in place for admission of children and younger people on to adult wards.</li> <li>The most appropriate beds identified for temporary use.</li> <li>CAMHS in-reach arrange to the ward to support care planning.</li> <li>Safeguarding policies and procedures.</li> <li>Safer staffing escalation processes.</li> <li>Regular report to board to ensure that position does not become accepted practice.</li> <li>Safeguarding team scrutiny of all under 18 admissions.</li> <li>Letter sent to NHS England from Director of Nursing &amp; Quality and Medical Director expressing concerns.</li> </ul>	4 Major	2 Unlikely	8 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Development of new CAMHS inpatient facility in Leeds for West Yorkshire. (DO) (2021)</li> <li>Further recruitment underway.</li> <li>All age liaison plans are being revised for Covid-19 with local solutions in place in Wakefield and Barnsley and a Trustwide solution available through the 24/7 helpline. Work will continue towards a substantive solution. (DO) (September 2020)</li> </ul>	DO	Ongoing risk given external influence outside our control	EMT (monthly)  CG&CS (regular)  Trust Board (each meeting through integrated performance report)	4 Yellow / Moderate (4-6)	CG&CS	Risk appetite: Clinical risk target 1 – 6  The Trust ensures children and young people are only admitted to an adult bed as least worst option and ensure full safeguarding is in place when the need arises. This is in line with our “safety first” approach.	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review



Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> <li>Meetings led by NHSE took place. The system is better informed of the challenges with agreement to working together to best meet the needs of children and young people.</li> </ul>												
1151	Risk of being unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development.	<ul style="list-style-type: none"> <li>Safer staffing levels for inpatient services agreed and monitored.</li> <li>Agreed turnover and stability rates part of IPR.</li> <li>Weekly risk scan by DNQ and MD to identify any emerging issues, reported weekly to EMT.</li> <li>Reporting to the Board through IPR.</li> <li>Datix reporting on staffing levels.</li> <li>Strong links with universities.</li> <li>New students supported whilst on placement.</li> <li>Regular advertising.</li> <li>Development of Associate Practitioner.</li> <li>Workforce plans incorporated into new business cases.</li> <li>Workforce strategy implementation of action plan.</li> <li>Retention plan developed.</li> <li>Workforce plans linked to annual business plans.</li> <li>Working in partnership across West Yorkshire on international recruitment.</li> <li>Inpatient ward workforce review with revised skill mix. Major recruitment drive to implement nursing associates via Trainee Nurse Associate recruitment.</li> <li>Introduction of new temporary register by NMC and HCPC plus retirees return national initiative is in place and being utilised to support staffing during Covid-19 response.</li> </ul>	3 Moderate	4 Likely	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Proposal for On Boarding System to include recruitment Microsite. (DHR)</li> <li>Marketing of the Trust as an employer of choice. (DHR)</li> <li>Develop new roles e.g. Advanced Nurse Practitioner. (DNQ / DHR / MD)</li> <li>Safer staffing reviewing establishment levels. (DNQ) (Review delayed and revised implementation plan under review in line with Covid-19 response)</li> </ul>	DHR	Ongoing given external influence outside our control	BDU (weekly) EMT (monthly) Trust Board (each meeting through integrated performance report)	6 Yellow / moderate (4-6)	CG&CS	<p>Risk appetite: Financial / commercial risk target 1 – 6</p> <p>Links to BAF, SO 2 &amp; 3</p> <p>34 TNA posts recruited to (October – November 2019) both internal and external to a total establishment of 52 WTE.</p>	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1154	Risk of loss of staff due to sickness absence leading to reduced ability to meet clinical demand etc.	<ul style="list-style-type: none"> <li>Absence management policy.</li> <li>Occupational Health service.</li> <li>Trust Board reporting.</li> <li>Health and well-being survey.</li> <li>Each BDU identified wellbeing groups and champions.</li> <li>Enhanced occupational health service.</li> <li>Well-being at Work Partnership Group.</li> <li>Health trainers.</li> <li>Well-being action plans.</li> <li>Core skills training on absence management.</li> <li>Extend use of e-rostering.</li> </ul>	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)		DHR	Ongoing	BDU (weekly) EMT (monthly) Trust Board	6 Yellow / moderate (4-6)	WRC	<p>Risk appetite: Financial / commercial risk target 1 – 6</p> <p>Links to BAF, SO2 &amp; 3</p>	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-

Risk ID	Description Of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> <li>Retention plan developed.</li> <li>HR and service managers ensuring consistent application of sickness policy.</li> </ul>												19 review
1157	Risk that the Trust does not have a diverse and representative workforce and fails to achieve EDS2, WRES and WDES.	<ul style="list-style-type: none"> <li>Annual Equality Report.</li> <li>Equality and Inclusion Form.</li> <li>Equality Impact Assessment.</li> <li>Staff Partnership Forum.</li> <li>Development and delivery of joint WRES and EDS2 action plan.</li> <li>Targeted career promotion in Schools.</li> <li>Focus development programmes.</li> <li>Review of recruitment with staff networks complete.</li> <li>Actions identified in the equality and diversity annual report 2017/18.</li> <li>Establishment of staff disability network and LGBT network.</li> <li>Links with Universities on widening access.</li> <li>Framework for bullying and harassment between colleagues.</li> <li>Action plan to tackle harassment and bullying from service users and families.</li> </ul>	3 Moderate	3 Possible	9 Amber / High (8-12)	Minimal / low – Cautious / moderate (1 – 6)	➤ Delivery of WRES and EDS2 action plans. (DHR)	DHR	Ongoing	EMT (quarterly)  EIC Committee (quarterly)	6 Yellow / moderate (4-6)	EIC	Risk appetite: Financial / commercial risk target 1 – 6  Links to BAF, SO2 & 3	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

### Organisational level risks within the risk appetite

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

## COVID-19 RISKS

### Risk level 15+

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
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.	<ul style="list-style-type: none"> <li>Planning process.</li> <li>Working as a key partner in each of the Integrated Care Systems, recovery and reset planning and learning from Covid-19 workstreams.</li> <li>Members of the place based partnerships and integrated care boards MH alliance in Wakefield, IPCG in Barnsley and ICHLB in Kirklees.</li> <li>Health and wellbeing boards.</li> </ul>	4 Major	4 Likely	16 Red / extreme / SUI risk (15-25)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>New ways of working e.g. digital. (DFR)</li> <li>Learning from Covid-19 is being captured as it becomes available. This will support working in a different way in the future. (DO)</li> <li>Learning from national mental health, learning disability and autism Covid-19 response cell. (DO)</li> <li>Work with partners in each place to understand emerging impact of Covid-19, need and demand. (DS / DPD)</li> <li>Contribute to stress testing exercises through the ICS and use learning internally.</li> <li>Prioritisation of service planning based on what is known of impact during stabilisation phase. (DO) (Ongoing through recovery phase).</li> <li>Service delivery is prioritised to meet need, manage risk and promote safety. (DO)</li> <li>Detailed activity, workforce and finance planning for remaining 2020/21. (DPD)</li> <li>Contribute to place based planning including recovery and reset. (DS / DPD)</li> <li>Business continuity plans to remain responsive to difference phases and impact of the pandemic. (DO)</li> </ul>	DO	Ongoing during the Covid-19 pandemic	EMT (monthly)	4 Yellow / moderate (4-6)	CG&CS	Risk score reviewed and remains the same, whilst findings of stress testing and internal planning are considered. The risk is being reviewed and given the increasing activity and demand in light of the second wave risk definition, controls and actions remain appropriate subject to monthly review.	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

### Risk level <15 - risks outside the risk appetite

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
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.	<ul style="list-style-type: none"> <li>Policies and procedures revised to take account of Covid-19.</li> <li>Publication of guidance on the intranet.</li> <li>Regular communication to all staff.</li> <li>Application of social distancing guidance.</li> <li>Provision of appropriate personal protective equipment in line with national guidance.</li> <li>Bronze, silver and gold command incident processes established.</li> <li>Self-isolation guidance.</li> <li>Process for testing all staff established: symptomatic, asymptomatic and</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Daily follow up of actions identified through command structure. (MD / DNQ)</li> <li>Routine scan of national guidance as part of horizon scanning in command structure. (MD / DNQ)</li> <li>Membership of clinical and professional regional and national networks. (MD / DNQ)</li> <li>Implementation plan under development to ensure timely delivery of flu vaccination and any future Covid-19 vaccine. (DNQ)</li> <li>Timely action and intervention on outbreak management. (DNQ)</li> <li>Timely response to change in restriction on social distancing guidance. (DNQ)</li> </ul>	DNQ	Ongoing during Covid-19 pandemic	EMT (monthly)	4 Yellow / moderate (4-6)	CG&CS		Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		antibody. <ul style="list-style-type: none"> <li>Covid-19 pathway including cohorting protocol developed and implemented.</li> <li>Enhanced IPC team offer to services as part of Covid-19 response.</li> <li>Agreed pathway with acute providers to access clinically appropriate support for Covid-19.</li> <li>Additional training and support plan for staff to respond to needs of suspected and positive Covid-19 patients.</li> <li>Development of step-up and step-down guidance in partnership with acute trust colleagues.</li> <li>Face masks available across the Trust for staff in line with government guidance.</li> <li>Risk assessments complete to determine if areas are Covid-19 secure.</li> </ul>												19 review
1523	Risk of serious harm occurring in core services as a result of the intense focus on the management of the Covid-19 outbreak.	<ul style="list-style-type: none"> <li>Business continuity plans.</li> <li>Performance management processes.</li> <li>Risk panel review process.</li> <li>There is clear escalation structure through bronze / silver / gold meetings in place.</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Bronze command meetings meet regularly to manage the demand in the local service and review the needs of the service users on the caseload. (DO)</li> <li>Bronze / management huddles are also being used to ensure safe return of services in line with Covid-19 restrictions. (DO)</li> <li>A 24/7 helpline is available to service users and members of the public who can raise concern and ask for help. (DO)</li> <li>OMG continues to monitor performance and take appropriate actions to address areas of concern, with appropriate escalation to EMT. (DO)</li> <li>The Datix reporting system has been simplified to support staff to report incidents which are then reviewed at the risk panel. (DNQ)</li> <li>Safe working practices in community services group established to ensure people are working safely. The group reports to OMG. (DHR / DO)</li> <li>Enhanced clinical risk report considered by OMG. (DO)</li> </ul>	DO	Ongoing through Covid-19 phase	EMT (monthly)	4 Yellow / moderate (4-6)	CG&CS	Risk score reviewed. Currently score not reduced as the focus on Covid-19 remains during the work underway to return services in line with Covid-19 restrictions.	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1524	Risk that staff do not have access to necessary personal protective equipment (PPE) during the Covid-19 outbreak leading to issues with personal safety and weak staff morale.	<ul style="list-style-type: none"> <li>Bronze PPE group.</li> <li>Trust guidance on application and use of PPE in line with national guidance.</li> <li>Part of national delivery process for PPE.</li> <li>Process in place for delivering to Trust services.</li> <li>Confirmed delivery process with the supplier.</li> <li>Mutual aid scheme across ICSs.</li> </ul>	4 Major	2 Unlikely	8 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Development of basic demand forecasting and stock usage information. (DFR / DNQ)</li> <li>Routine scan of national guidance as part of horizon scanning in command structure. (DNQ)</li> </ul>	DNQ	Ongoing	EMT (monthly)	4 Yellow / moderate (4-6)	CG&CS		Every three months prior to business and risk Trust Board – October 2020 &



Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
1525	Risk the impact of Covid-19 results in the Trust having insufficient staff at work resulting in a risk to safety, quality of care and ability to provide services.	<ul style="list-style-type: none"> <li>• Safer staffing policies.</li> <li>• Increased supply of temporary labour through staff bank recruitment.</li> <li>• Ability to move staff between wards / teams.</li> <li>• Daily access to staff absent report by service.</li> <li>• Business continuity plans in place that relate to the deployment of staff towards critical (24/7) services.</li> <li>• Talent pool for the redeployment of staff from non-critical to critical roles.</li> <li>• Staff health and wellbeing offer.</li> <li>• Testing programme.</li> <li>• Retirees return and 'bring back' NHS staff programme.</li> <li>• New temporary register for NMC and HCPC.</li> <li>• Fast track recruitment process for essential roles in line with national guidance.</li> <li>• Staff testing arrangements in place.</li> <li>• Staff and managers advice line operating 7 days a week.</li> <li>• Integrated Health and Wellbeing support.</li> <li>• Reduction in mandatory refresher training to release headroom.</li> <li>• Student nurses deployed in line with guidance.</li> <li>• Staff Portability Agreement with West Yorkshire MH / LD Trusts.</li> <li>• Management guidance on supporting staff attendance.</li> <li>• PPE guidance.</li> <li>• New working from home guidance.</li> <li>• Process for testing all staff.</li> <li>• Revised equality / quality impact assessment process introduced during Covid-19 pandemic.</li> <li>• Staff testing arrangement available to all staff.</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>• Training and support readily available for staff who are needed to work in a different service or a different way.</li> <li>• Staff portability arrangements within each place.</li> <li>• PPE availability processes being further developed.</li> <li>• Link to national wellbeing offer to keep staff resilient.</li> <li>• Safe working practices in community services group established to ensure people are working safely. The group reports to OMG. (DHR / DO)</li> <li>• Safer staffing reported on inpatient wards to OMG monthly. (DO)</li> <li>• During Covid-19 pandemic, Bronze command meetings review safer staffing and take action to prioritise redeployment of staff to maintain safe staffing levels. (DNQ)</li> <li>• Regular review of staff testing capacity through silver command to minimise staff absence with Covid-19 symptoms. (DNQ)</li> <li>• Testing for staff remains available throughout phase 2. (DNQ)</li> </ul>	DHR / DO	Ongoing	Command structure	8 Amber / high (8-12)	CG&CS		Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1526	Risk that staff health and wellbeing is adversely affected by the impact of the coronavirus on	<ul style="list-style-type: none"> <li>• Pastoral care 'talk-line'.</li> <li>• Access to wellbeing apps.</li> <li>• National mental health hotline.</li> <li>• Occupational Health Service operating extended hours.</li> </ul>	3 Moderate	4 Likely	12 Amber / high (8-12)	Minimal / low – Cautious / moderate	<ul style="list-style-type: none"> <li>• Financial support guidance. (DHR / DFR)</li> <li>• Strengthen bereavement support. (DHR)</li> </ul>	DHR		Command structure	8 Amber / high (8-12)	WRC		Every three months prior to busi-



Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
	service users, their families and themselves.	<ul style="list-style-type: none"> <li>Coronavirus psychological support line for staff operative 7 days a week.</li> <li>Support arrangements for shielded staff introduced.</li> <li>Health and wellbeing support centre as part of Workforce Support Hub.</li> <li>Support and advice on childcare and caring.</li> <li>Staff and managers advice line operating 7 days a week.</li> <li>Self help guide for managers and teams</li> <li>Coaching offer to managers, team leaders and teams to support wellbeing and resilience.</li> <li>Staff counselling availability.</li> <li>Link to the national Health and Wellbeing offer.</li> <li>Staff food provision for frontline staff.</li> <li>Health lifestyle support on stop smoking and weight management.</li> <li>Staff testing arrangements available to staff.</li> </ul>				ate (1 – 6)								ness and risk Trust Board – October 2020 & weekly Covid-19 review
1528	Risk that new models of care arising from Covid-19 are not adequately tested, leading to a deterioration in the quality of care.	<ul style="list-style-type: none"> <li>Business continuity plans.</li> <li>Performance management processes including monthly reporting on quality metrics to the Trust Board via IPR</li> <li>Risk panel review process.</li> <li>There is clear escalation structure through bronze / silver / gold meetings in place. Silver reviews all changes in care models.</li> <li>Use of local clinical expertise in development of models.</li> <li>Log of all changes made during the outbreak.</li> <li>QIA process for clinical pathway changes.</li> <li>EIA rapid decision making framework</li> <li>Summary log of legal risks reviewed by MHAC.</li> <li>An interim CEAG has been established to provide urgent ethical advice to clinical teams and provides a governance framework reporting into CG&amp;CS Committee.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>An enhanced risk stratification tool is being developed (DNQ)</li> <li>The Equality, Involvement, Communication and Membership strategy is in development that embeds the people plan and phase 3 requirements. Supporting action plans will form from the strategy. (DS) (November 2020)</li> <li>Survey of patient experience who have had involvement with MHA. (MD)</li> <li>Roll out and implementation of Covid-19 patient experience and engagement toolkit for changes and reset and recovery toolkit developed to support services returning to a new normal. (DS / DO)</li> <li>New guidance for staff on decision making regarding face to face or virtual visits has been issued. (DO / DNQ)</li> </ul>	MD / DNQ	October 2020	EMT (monthly)	4 Yellow / moderate (4-6)	CG&CS		Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1531	Service users with protected characteristics and specifically from a BAME background may be	<ul style="list-style-type: none"> <li>Enhanced clinical risk scanning.</li> <li>Engagement with staff equality networks to advise on specific issues.</li> <li>Charitable funds donated to support Kirklees BAME communities and bereavement work.</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate	<ul style="list-style-type: none"> <li>Risk scan report into EIC committee and escalation to EMT and OMG by exception. (DNQ)</li> <li>Working with commissioners and partners in both the West Yorkshire and South Yorkshire &amp; Bassetlaw integrated care systems. (DPD / DS)</li> <li>Introduction of task group to understand the impact</li> </ul>	DNQ	Ongoing during Covid-19 pandemic	EMT (monthly)	4 Yellow / moderate (4-6)	EIC		Every three months prior to business

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
	disproportionately affected by Covid-19.	<ul style="list-style-type: none"> <li>Equality Impact Assessment process.</li> <li>Vitamin D supplements position statement in place for all inpatient service users.</li> <li>Covid-19 clinical pathways for inpatients in place.</li> <li>Place based partnership working to support population health mapping and initiatives in each of our places.</li> </ul>				(1 – 6)	<ul style="list-style-type: none"> <li>of Covid-19 on our protected user groups. (DNQ / MD / DO)</li> <li>Task group reviewed risk description and amended to incorporate protected characteristics and BAME individuals. (DNQ)</li> <li>Equality action plan including annual review of EIA, improved data capture and evidence of equality considerations is being developed. (DS) (October 2020) Tools developed to capture include: <ul style="list-style-type: none"> <li>Checklist approach for equality, engagement and communication.</li> <li>Equality Impact Assessment (EIA) quick decision tool and action log.</li> <li>Trust wide Covid-19 EIA and process to embed at service level in place.</li> <li>Improvements being made in data quality and data collection in line with national guidance.</li> </ul> </li> <li>Equality, Involvement, Communication and Membership strategy is in development that embeds the people plan and phase 3 requirements. Supporting action plans will form from the strategy. (DS) (November 2020)</li> <li>Quality improvement initiatives to continually improve recording and insight. (DNQ) (ongoing)</li> <li>Roll out and implementation of the action plan related to the Physical Health Optimisation Strategy. (MD) (December 2020)</li> </ul>							and risk Trust Board – October 2020 & weekly Covid-19 review
1537	Risk that Covid-19 response arrangements restrict opportunities for current service users to engage in dialogue, resulting in late presentation.	<ul style="list-style-type: none"> <li>New ways of working introduced to enhance clinical contact.</li> <li>Routine caseload risk scan by responsible clinician and local trio.</li> <li>Complaint and concern monitoring.</li> <li>24 hour helpline available for service users and general public.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>CAMHS “we are still here” campaign. (DO)</li> <li>Risk to be considered as part of restoration and reset workstream. (DO)</li> <li>Review of new benchmarking data. (DO)</li> <li>ICS system wide working to improve awareness of secondary services being open for routine referral. (DO)</li> <li>Revised guidance issued to clinicians to support appropriate clinical review. (DO / DNQ / MD) (August 2020)</li> </ul>	DNQ / MD	Ongoing	EMT (monthly)	4 Yellow / moderate (4-6)	CG&CS		Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1545	Increased risk of legal action as a result of decisions taken or events that have taken place during the Covid-19 pandemic.	<ul style="list-style-type: none"> <li>Process to receive and implement national guidance.</li> <li>Command structure for decision-making.</li> <li>Existing policies and procedures.</li> <li>Decision logs.</li> <li>Use of internal professional expertise.</li> <li>Use of risk assessments.</li> <li>Committee structure.</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Ongoing review of leave entitlement for inpatient service users.</li> <li>Ongoing review and implementation of national guidance.</li> <li>Regular reinforcement of key messages to staff.</li> <li>Ongoing review of visitor policy.</li> <li>Checklist approach for Equality, Engagement and Communication.</li> <li>Equality Impact Assessment (EIA) quick decision</li> </ul>	DFR		EMT (monthly)	6 Yellow / moderate (4-6)	TBC		Every three months prior to business and risk Trust

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		<ul style="list-style-type: none"> <li>Trust understanding of Equality law – training / EIA process and governance.</li> <li>Adoption of accessible information standard to support information and communication.</li> <li>NHS Constitution embedded in Trust strategies, policies and procedures.</li> <li>Information and communication in accessible formats including easy read, a range of translated materials available to services on the intranet, use of translation in leaflets and letters.</li> </ul>					<a href="#">tool and action log.</a> <ul style="list-style-type: none"> <li>Consent letters and verbal contact being made with all service users in respect of sharing out of data. (September 2020)</li> <li>Reset and recovery of services.</li> <li>Review of estates requirements. (DHR)</li> <li>Regular consideration of staff wellbeing offers. (DHR)</li> <li>The Equality, Involvement, Communication and Membership strategy is in development that embeds the people plan and phase 3 requirements. Supporting action plans will form from the strategy (DS) (November 2020)</li> </ul>							Board – October 2020 & weekly Covid-19 review
1533	Risk that as a number of key workforce activities have stopped they could cause future problems around burnout and resilience, professional and personal development, staff and service safety.	<ul style="list-style-type: none"> <li>Workforce support to remain operational.</li> <li>Additional bereavement support to be kept in place.</li> <li>Great place to work to be re-focused.</li> <li>Workforce planning arrangements to continue with Learning Needs Analysis.</li> <li>Staff and Managers advice line operating extended hours.</li> <li>Self help guide for managers and teams.</li> <li>Managers and team leaders coaching support.</li> <li>Healthy teams self-help guidance.</li> <li>Team coaching to support wellbeing and resilience.</li> <li>Staff counselling availability.</li> <li>National Health and Wellbeing offer to be maintained for at least 12 months.</li> <li>Bring Back Staff support to be reviewed to support staff leave and training.</li> </ul>	3 Moderate	3 Possible	9 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)		DHR		EMT (monthly)	4 Yellow / moderate (4-6)	WRC		Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review
1536	BAME staff health and wellbeing is disproportionately adversely affected by the impact of the Coronavirus.	<ul style="list-style-type: none"> <li>Occupational health service operating extended hours.</li> <li>Coronavirus psychological support line for staff operating 7 days a week.</li> <li>Support arrangements for shielded staff introduced.</li> <li>Health and wellbeing support centre as part of the Workforce Support Hub.</li> <li>Staff and managers advice line operating 7 days a week.</li> <li>Self help guide for manager on their own and teams wellbeing and resilience.</li> <li>Managers and team leaders coaching to support wellbeing and resilience.</li> <li>Healthy teams self-help guidance.</li> <li>Team coaching to support wellbeing</li> </ul>	4 Major	3 Possible	12 Amber / high (8-12)	Minimal / low – Cautious / moderate (1 – 6)	<ul style="list-style-type: none"> <li>Health lifestyle support including review of vitamin D3. (DHR) (June 2020)</li> <li>Equality Impact Assessment of staff health and wellbeing offer and occupational health. (DHR) (June 2020)</li> </ul>	DHR	Ongoing	Command structure of Gold, Silver, Bronze (daily)  Trust Board through IPR (monthly)  Safer staffing reports (monthly)	8 Amber / high (8-12)	EIC	It has been agreed to ensure that workforce information is provided to the Trust Board and that the WRC will meet on an exception basis as directed by the Board.  Aim is to reduce the risk level to 8 which remains outside the	Every three months prior to business and risk Trust Board – October 2020 & weekly Covid-19 review

Risk ID	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Risk level (current)	Risk appetite	Summary of Risk action Plan to get To Target Risk Level and individual risk owners	Overall Risk owner	Expected Date of completion	Assurance & monitoring	Risk level (target)	Nominated Committee	Comments	Risk review date
		and resilience. <ul style="list-style-type: none"> <li>Staff counselling availability.</li> <li>Link to the national health and wellbeing offer.</li> <li>BAME staff health and wellbeing taskforce established.</li> <li>Staff and BAME staff review meeting.</li> <li>BAME health and wellbeing project manager appointed.</li> <li>Ongoing review of national and international evidence and research.</li> <li>Health lifestyle support on Stop Smoking and weight management.</li> <li>Increased monitoring of Covid-19 BAME staff absence.</li> <li>Staff testing arrangements available to all staff.</li> <li>Support and engagement from the BAME Staff Equality Network.</li> <li>Management guidance on support and risk assessment for BAME staff.</li> <li>BAME staff Covid-19 risk assessment.</li> <li>BAME health and wellbeing videos.</li> </ul>								WRC (as appropriate )			current risk appetite. Further reductions may require revision on the Business Continuity Plans.	

**Risks within the risk appetite**

Risk ID	Description of risk	Risk level (current / pre-mitigation)	Risk appetite	Risk level (target)
1527	Risk that the Covid-19 testing regime is delayed or inadequate leading to sub-optimal utilisation of staff and sub-optimal care.	Yellow / Moderate (4-6)	Minimal / low – cautious Moderate (1-6)	Yellow / Moderate (4-6)
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.	Yellow / Moderate (4-6)	Minimal / low – cautious Moderate (1-6)	Yellow / Moderate (4-6)



Risk profile (risks outside the risk appetite) – Trust Board 27 October 2020

Consequence (impact / severity)	Likelihood (frequency)				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Catastrophic (5)			= Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data. (1080)		
Major (4)		= Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its high capital programme committed to, leading to an inability to pay staff and suppliers without DH support. (1076) = Risk that young people will suffer serious harm as a result of waiting for treatment. (1078) = Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be unable to access a CAMHS bed. This could result in serious harm. (1368) = Risk of serious harm occurring from known patient safety risks, with a specific focus on: inpatient ligature risks, learning from deaths & complaints, clinical risk assessment, suicide prevention, restraint reduction, Covid-19. (1424) C < Risk that staff do not have access to necessary personal protective equipment (PPE) during the Covid-1 outbreak leading to issues with personal safety and weak staff morale. (1524)	= Risk of deterioration in quality of care due to unavailability of resources and service provision in local authorities and other partners. (275) = Risk of information governance breach and / or non-compliance with General Data Protection Regulations (GDPR) leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk. (852) = Risk that wards are not adequately staffed and there is insufficient access to temporary staffing which may impact upon quality of care. (905) = Risks to the confidence in services caused by long waiting lists delaying treatment and recovery. (1132) = Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity. (1159) = 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. (1511) C = 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. (1522) C = Risk of serious harm occurring in core services as a result of the intense focus on the management of the Covid-19 outbreak. (1523) C = Risk that the impact of Covid-19 results in the Trust having insufficient staff at work resulting in a risk to safety, quality of care and ability to provide services. (1525) C = Service users with protected characteristics and specifically from a BAME background may be disproportionately affected by Covid-19. (1531) C = BAME staff health and wellbeing is disproportionately adversely affected by the impact of the Coronavirus. (1536) C = Increased risk of legal action as a result of decisions taken or events that have taken place during the Covid-19 pandemic. (1545)	C = Risk that Covid-19 leads to a significant increase in demand for our services as anxiety and mental health issues increases in our population. (1530)	
Moderate (3)			= Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements. (522) = Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective. (1077) = Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided. (1114) = Risk of potential loss of knowledge, skills and experience of NHS staff due to ageing workforce able to retire in the next five years. (1153) = Risk of loss of staff due to sickness absence leading to reduced ability to meet clinical demand etc. (1154) = Risk that the Trust does not have a diverse and representative workforce and fails to achieve EDS2, WRES and WDES. (1157) = Risk of over reliance on agency staff which could impact on quality and finances. (1158) = Risk that local tendering of services will increase, impacting on Trust financial viability. (1214) = Risk that there will be no bed available in the Trust for someone requiring admission to hospital for PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed. The distance from home will mean that their quality of care will be compromised. (1319) = Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total. (1335) C = Risk that new models of care arising from Covid-19 are not adequately tested, leading to a deterioration in the quality of care. (1528) C = Risk that as a number of key workforce activities have stopped the could cause future problems around burnout and resilience, professional and personal development, staff and service safety. (1533) C = Risk that Covid-19 response arrangements restrict opportunities for current service users to engage in dialogue, resulting in late presentation. (1537)	= Risk of being unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development. (1151) C = Risk that staff health and wellbeing is adversely affected by the impact of the Coronavirus on service users, their families and themselves. (1526)	
Minor (2)			RA (275), (522), (852), (905), (1076), (1077), (1078), (1080), (1114), (1132), (1151), (1153), (1154), (1157), (1158), (1159), (1214), (1319), (1335), (1368), (1424), (1511), (1522), (1523), (1524), (1525), (1526), (1528), (1530), (1531), (1533), (1536), (1537), (1545)		
Negligible (1)					

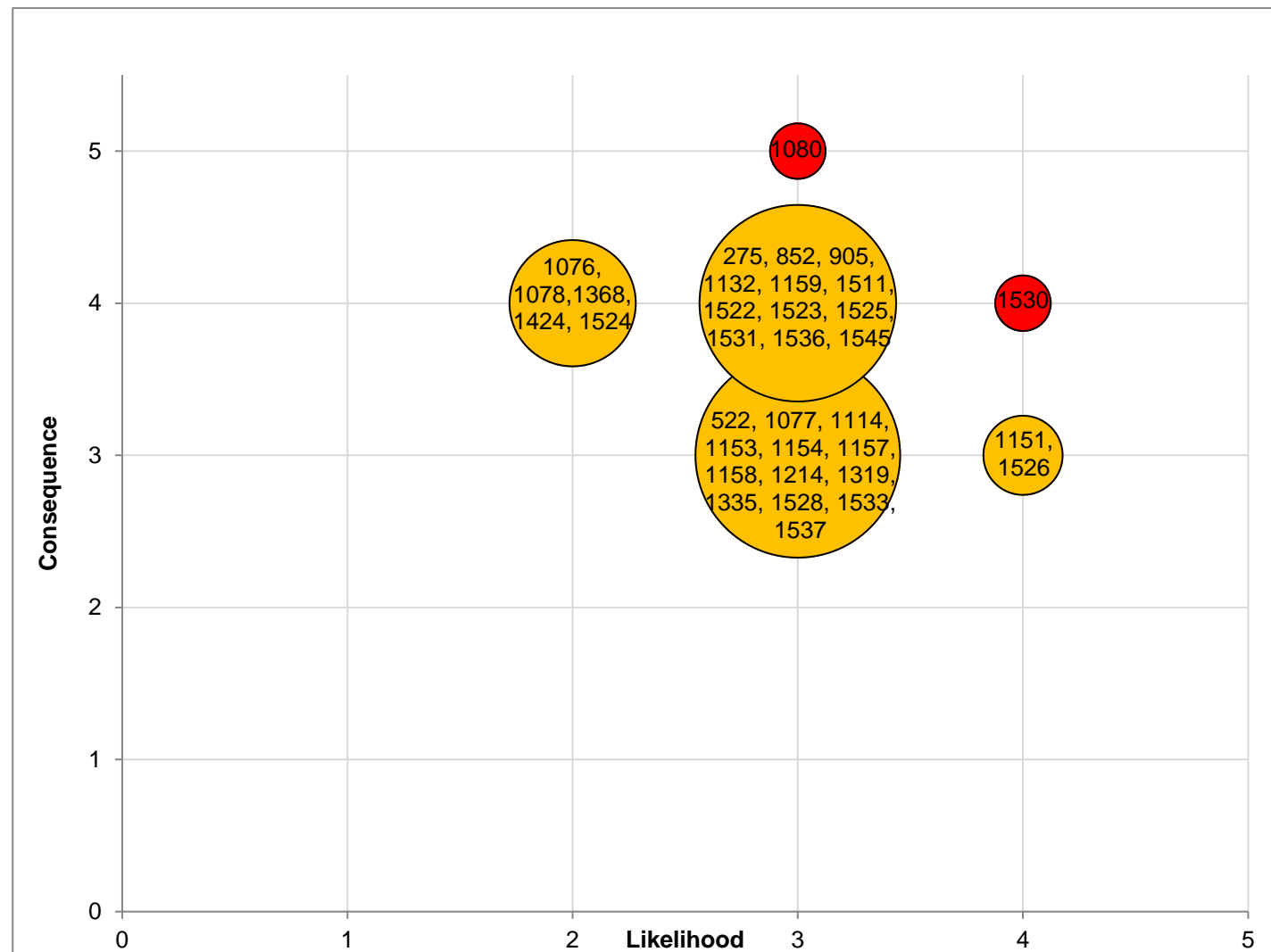
= same risk rating as last quarter  
! new risk since last quarter

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

RA risk appetite  
C Covid-19 risk

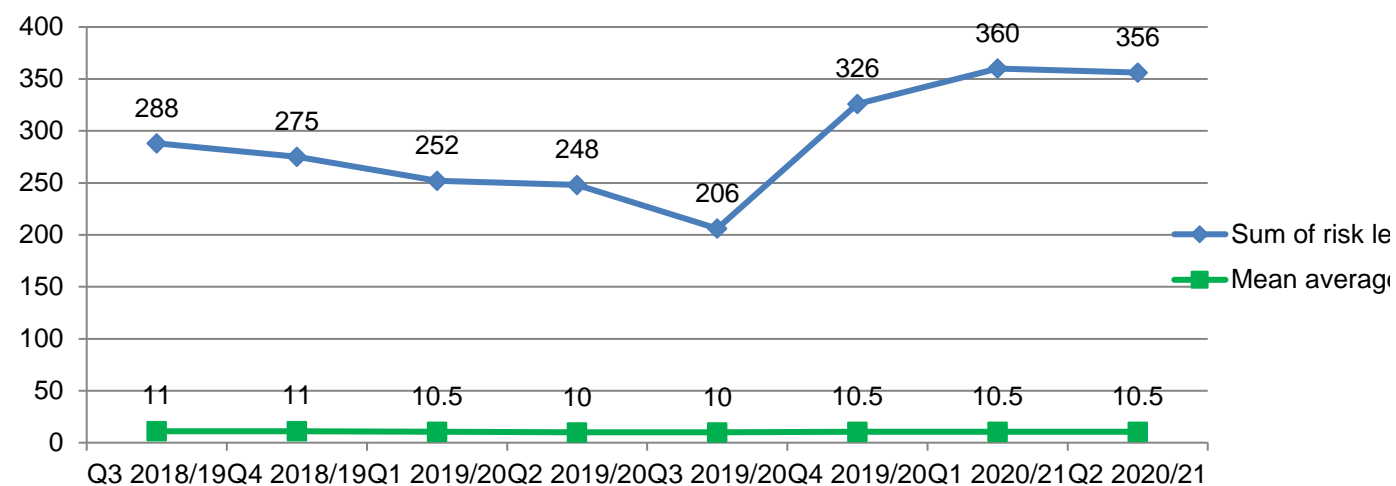
With all of us in mind.

## Risk profile (risks outside risk appetite) – Trust Board 27 October 2020



2018/19		2019/20				2020/21	
Q3 (26 risks)	Q4 (25 risks)	Q1 (24 risks)	Q2 (24 risks)	Q3 (21 risks)	Q4 (31 risks)*	Q1 (34 risks)*	Q2 (34 risks)*
11	11	10.5	10	10	10.5	10.5	10.5

\*includes Covid-19 related risks



Score	ID	Description
12	275	Risk of deterioration in quality of care due to unavailability of resources and service provision in local authorities and other partners.
9	522	Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements.
12	852	Risk of information governance breach and / or non-compliance with General Data Protection Regulations (GDPR) leading to inappropriate circulation and / or use of personal data leading to reputational and public confidence risk.
12	905	Risk that wards are not adequately staffed and there is insufficient access to temporary staffing which may impact upon quality of care.
8	1076	Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its high capital programme committed to, leading to an inability to pay staff and suppliers without DH support.
9	1077	Risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective.
8	1078	Risk that young people will suffer serious harm as a result of waiting for treatment.
15	1080	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.
9	1114	Risk of financial unsustainability if the Trust is unable to meet cost saving requirements and ensure income received is sufficient to pay for the services provided.
12	1132	Risks to the Trust's reputation caused by long waiting lists delaying treatment and recovery.
12	1151	Risk that the Trust is unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development.
9	1153	Risk of potential loss of knowledge, skills and experience of NHS staff due to ageing workforce able to retire in the next five years.
9	1154	Risk of loss of staff due to sickness absence leading to reduced ability to meet clinical demand etc.
9	1157	Risk that the Trust does not have a diverse and representative workforce and fails to achieve EDS2, WRES and WDES.
9	1158	Risk of over reliance on agency staff which could impact on quality and finances.
12	1159	Risk of fire safety – risk of arson at Trust premises leading to loss of life, serious injury and / or reduced bed capacity.
9	1214	Risk that local tendering of services will increase, impacting on Trust financial viability
9	1319	Risk that there will be no bed available in the Trust for someone requiring admission to hospital for PICU or mental health adult inpatient treatment and therefore they will need to be admitted to an out of area bed. The distance from home will mean that their quality of care will be compromised.
9	1335	Risk that the use of out of area beds results in a financial overspend and the Trust not achieving its control total.
8	1368	Risk that given demand and capacity issues across West Yorkshire and nationally, children and younger people aged 16 and 17 requiring admission to hospital will be unable to access a CAMHS bed. This could result in serious harm.
8	1424	Risk of serious harm occurring from known patient safety risks, with a specific focus on: inpatient ligature risks, learning from deaths & complaints, clinical risk assessment, suicide prevention, restraint reduction, Covid-19.
12	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.
12	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.
12	1523	Risk of serious harm occurring in core services as a result of the intense focus on the management of the Covid-19 outbreak.
8	1524	Risk that staff do not have access to necessary personal protective equipment (PPE) during the Covid-19 outbreak leading to issues with personal safety and weak staff morale.
12	1525	Risk the impact of Covid-19 results in the Trust having insufficient staff at work resulting in a risk to safety, quality of care and ability to provide services.
12	1526	Risk that staff health and wellbeing is adversely affected by the impact of the coronavirus on service users, their families and themselves.
9	1528	Risk that new models of care arising from Covid19 are not adequately tested, leading to a deterioration in the quality of care.
16	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.
12	1531	Service users with protected characteristics and specifically from a BAME background may be disproportionately affected by Covid-19.
9	1533	Risk that as a number of key workforce activities have stopped they could cause future problems around burnout and resilience, professional and personal development, staff and service safety.
12	1536	BAME staff health and wellbeing is disproportionately adversely affected by the impact of the Coronavirus.
9	1537	Risk that Covid-19 response arrangements restrict opportunities for current service users to engage in dialogue, resulting in late presentation.
12	1545	Increased risk of legal action as a result of decisions taken or events that have taken place during the Covid-19 pandemic.

## Trust Board 27 October 2020

### Agenda item 9.1

<b>Title:</b>	<b>South Yorkshire update including the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS)</b>
<b>Paper prepared by:</b>	Director of human resources, organisational development and estates and Director of strategy
<b>Purpose:</b>	The purpose of this paper is to update the Trust Board on the developments within the SYB ICS and Barnsley integrated care developments.
<b>Mission /values / objectives:</b>	The Trust's mission to <b>enable people to reach their potential and live well in their communities</b> 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.
<b>Any background papers / previously considered by:</b>	The Trust Board have received regular updates on the progress and developments in the SYB ICS, including Barnsley Integrated Care Developments.
<b>Executive summary:</b>	<p>This paper provides an update on key developments across the South Yorkshire and Bassetlaw Integrated Care System and Barnsley Integrated Care developments.</p> <p><b>SYB ICS</b> - The monthly Health Executive Group (HEG) was re-established in June and last met on the 13<sup>th</sup> October 2020. 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 in September 2020 and work has continued during October to triangulate, activity workforce and finances. There were a number of key developments discussed at the last meeting including: Equality, Diversity and Inclusion Framework; New Diabetes Pilot; and the Flu Vaccination Programme.</p> <p><b>The ICS Mental Health Executive steering group</b> has resumed and a number of programmes of work have also been resumed including those that have been supported through transformation funding.</p> <p>The work on progressing the development of a mental health provider alliance was on hold due to Covid-19 and has now been resumed and the next steps include commencing the development of the approach in November 2020.</p>

	<p><b>Barnsley Integrated Care</b> - 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.</p> <p><b>Risk Appetite</b> This update supports the risk appetite identified in the Trust's organisational risk register.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to NOTE the update from the SYB ICS and Barnsley integrated care developments.</b>
<b>Private session:</b>	Not applicable



## **South Yorkshire update including the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) update**

### **1. Purpose**

The purpose of this paper is to update the Trust Board on the developments within the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) and Barnsley integrated care developments.

### **2. Coronavirus update**

The update on the position across SYB was that the trends were reflective of the national increase in the number of people testing positive with Covid-19, these are now beginning to translate into larger numbers of admissions to hospital and the region is identified as being under tier 2 restrictions.

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. A regional Wave 2 plan that takes account of various scenarios of increasing numbers of Covid-19 patients who would need hospital care and treatment was submitted at the end of September. The plans are based on a continuation of non-Covid-19 services and patients continuing to attend outpatient clinics and planned surgery.

### **3. 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. Winter planning and flu management are also priority for each of the places across the ICS.

### **4. Equality, Diversity and Inclusion (EDI) framework**

Work to support equality, diversity and inclusion across SYB is moving forward and key actions agreed include:

- Plans underway for the establishment of an SYB BAME Network.
- The development of leadership programmes for BAME staff.
- The wider roll-out in SYB of the 'Stepping-up' development programme for BAME nurses.
- Establishing a BAME Steering Group.

## **5. Flu vaccination programme**

There is an ICS focused approach to flu immunisation this year and the South Yorkshire and Bassetlaw Flu Board is progressing well. Place-based engagement and leadership is key to delivering almost double the vaccinations of last year's programme. Each SYB Place has developed a Flu Plan which have been submitted and discussed at local Accident and Emergency Boards.

Stress testing of the collective ICS plan was facilitated by the Ministry of Defence in September which built on the Covid-19 plan stress test experience. The process helped to identify any gaps and risks and put mitigation in place.

## **6. Diabetes Pilot Scheme**

In early September it was announced that South Yorkshire and Bassetlaw had received £50k towards funding implementation of a promising new diabetes scheme across the region. The NHS Low Calorie Diet Programme is an important new development involving ten localities across the UK. In SYB the aim is to recruit 500 suitable patients to take part within a two year window, which will contribute towards the 5,000 national target.

The NHS, and its partners Public Health England and Diabetes UK, are working together to tackle a rise in Type 2 diabetes cases, which is estimated to cost the NHS £10 billion a year. One in every 20 prescriptions by GPs relates to diabetes treatment and this scheme aims to address this using a preventative, drug-free approach.

Patients enlisted onto the Programme will have a strict 900 calories a day diet for up to 12 weeks, replacing normal meals with soups, shakes and supplements. It is thought the majority of take-up will be amongst overweight patients, where the risk of complications and serious illness (including death) from Covid-19 is greater.

Research earlier this year revealed people with Type 2 diabetes are two times more at risk of dying from Covid-19.

## **7. 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. Considerations and planning related to the financial package for the system are currently being worked through.

## **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 meets monthly and the CEOs from the mental health provider trusts continue to meet virtually bi-weekly to share information and explore mutual aid arrangements.

## **9. Individual Placement and Support (IPS)**

The SYB 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. 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. Outcomes for the partnership are slightly higher than target, with particularly strong clinical integration and outcomes for SWYPFT. A Fidelity Review took place in October and the partnership are awaiting feedback from this.

## **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. The All age Liaison services is now operational. 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. It is understood from NHSE that all Provider Collaboratives for SYB have taken the decision to delay go-live until October 2021. 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**

The 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 and it is anticipated that the next steps and development of the approach will commence in November 2020.

## **15. Green Social Prescribing**

The Long-Term Plan sets out a number of ambitions relating to the prevention agenda and social prescribing is an integral part of this agenda, it also links to the Primary Care Strategy and the use of social prescribing link works. From a mental health perspective, this particular initiative is drawing upon the evidence base of the positive impact on people's mental health and wellbeing when accessing green and blue spaces. SYB ICS will be one of a number of systems that will submit an Expression of Interest to secure funding to support the development of Green Social Prescribing across the system. Expressions of Interest will be submitted in October. Creative Minds as a linked charity of EyUp! That is supported by the Trust is already supporting a number of groups in Barnsley in providing activities that support this agenda and therefore will provide input and support to the SYB bid.

## **16. 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.

## **17. Trust Board is asked to NOTE the update from the SYB ICS and Barnsley integrated care developments**

## Trust Board 27 October 2020

### Agenda item 9.2

<b>Title:</b>	<b>West Yorkshire &amp; Harrogate Health and Care Partnership and Local Integrated Care Partnerships update</b>
<b>Paper prepared by:</b>	Director of strategy & Director of provider development
<b>Purpose:</b>	<p>The purpose of this paper is to provide the Trust Board:</p> <ol style="list-style-type: none"> <li>1. With an update on the development of the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) response to Covid-19, recovery and reset, planning and transformation</li> <li>2. Local Integrated Care Partnership developments in Calderdale, Wakefield and Kirklees</li> </ol>
<b>Mission/values:</b>	<p>The development of <b>joined up care and response to Covid-19</b> through <b>place-based arrangements</b> is central to the Trust's delivery of responsive services and support in places at this time. As such it is supportive of our mission, particularly to <b>help people to live well in their communities</b>.</p> <p><b>The way in which the Trust approaches strategic and operational developments must be in accordance with our values.</b> The approach is in line with our values - <b>being relevant today and ready for tomorrow</b>.</p>
<b>Any background papers/ previously considered by:</b>	Strategic discussions and updates on place-based plans and developments have taken place regularly at Trust Board including an update to September Trust Board.
<b>Executive summary:</b>	<p>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&amp;H HCP). The Trust has continued to work as a member of the partnership.</p> <p><b>WYH Covid-19 response</b></p> <p>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.</p> <p><b>WYH HCP planning and finances</b></p> <p>The Partnership has submitted an ICS level plan in September 2020. The Trust have contributed to the overall plan as well as place plans. Work has continued during October to triangulate plans and finances and identify risks. There is a separate agenda item that will provide Trust Board with more details on the financial arrangements and planning update in Private Board.</p>

	<p><b>WYH Independent Review Impact of Covid-19 on our communities and workforce</b></p> <p>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 was launched on the 22 October 2020.</p> <p><b>Mental Health, Learning Disabilities and Autism Collaborative and Programme</b></p> <p>An overview of key work streams and developments being progressed collaboratively are included in the paper including transformation funding to support the development of community and crisis services.</p> <p><b>Place-based developments</b></p> <p>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 place-based recovery and reset planning. Partnership arrangements to deliver joined up care and services have been resumed.</p> <p><b>Risk Appetite</b></p> <p>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.</p>
<b>Recommendation:</b>	<b>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.</b>
<b>Private session:</b>	Not applicable.



## West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships - update Trust Board 27 October 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 submitted the ICS plan in September. This is made up of the place plans, programme priorities and organisational plans. The financial package for the ICS has been identified and work to triangulate this with forecasted plans, identified risks and to ensure that plans submitted have been through the relevant governance has continued through October. **The Trust contributed to the planning in each of the places both for the place-based recovery and reset priorities, ICS People Plan as well as an organisational plan. An extraordinary meeting was held with the Trust Board in private on 20 October 2020 to discuss and review the financial planning arrangements and Trust plan in order to respond to the required timeframes. Further updates will be provided in the Trust Board private session.**

### 4. ICS Quarterly whole place reviews

The ICS led a series of quarterly review meetings across each place that makes up the Partnership to review and discuss place priorities, identified risks and what additional support may be needed from the ICS. **The Trust as a key partner in Calderdale, Kirklees and Wakefield contributed to these reviews.**

### 5. The WY&H Partnership staffing and resourcing model sustainability review

The Partnership staffing and resource model has evolved considerably over the four years of operation. The breadth and scope of programmes has expanded considerably and the ICS has taken on a range of other functions. Nationally, the fragility of ICS operating arrangements is recognised and options are being considered as part of national ICS development work – and

this may support more sustainable operating arrangements. The Partnerships System Leadership Executive Group supported proposals to maintain existing essential staffing and resources till June 2021 during which a full review of the operating model and resources will be completed.

## **6. 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 and there is a significant programme of work across 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 was launched on 22 October 2020. You can access the report, which is also produced in alternative formats, the insight used to inform the recommendations and other supporting information at <https://www.wyhppartnership.co.uk/publications>

**The Trust is a key partner in this programme of work. The Trust has made some progress on this agenda with a more diverse Board, established networks and improvements in some of the Workforce Race Equality (WRES) standards. 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. The refresh of the Trust Equality, Involvement, Communications and Membership strategy will incorporate the key themes and recommendations from the Partnership review including key objectives and plans to deliver equitable culturally sensitive services to our BAME communities and for those with protected characteristics.**

## **7. Place Based Digital Maturity**

Through a co-design approach between the WY&H ICS and PA Consulting, a digitally enabled ICS maturity model was developed that brings together NHS England expectations around ICSs and the NHSX digital capabilities. This maturity model was then used to understand where places are currently at and to produce a set of suggested actions to progress.

The assessment exercise was carried out by using structured questions, derived from the digital capabilities and the enabling criteria. Representatives from each organisation across WY&H were invited to share their input at interview. In each case this was followed by a Place based workshop to discuss early findings and to consider areas for future work. In addition, a further workshop was held with representatives with roles that span the whole of the ICS (WYAAT and ICS priority programmes) to consider the wider aspects of ensuring the provision of integrated services. The digitally enabled ICS maturity model is purposely designed to be a holistic model as opposed to focusing only on the technology. Consequently, whilst the maturity model outlines the expectations around the digital solutions that can be used to support the intended service change, many of the key recommendations are around “ways of working” as opposed to a “to-do” list of technology solutions.

The assessment and engagement work identified existing strengths including rapid deployment of digital solutions across places during Covid-19, commitment to developing a ‘left shift’ that is digitally enabled and strong partnerships. There were also a number of areas identified that

require additional focus including alignment of placed based strategies and plans to the ICS strategy, resources to support end-end service redesign and change that is human centred and inclusive. The next steps include the development of action plans to support each place to develop along the maturity index.

## **8. West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative update**

The Trust Board was appraised at the September 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. Issues to highlight to the Trust Board discussed from the October MHLDA Programme Board meeting include:

- The lead provider for both the CAMHS Tier 4 Lead Provider Collaborative and the service provider for the new West Yorkshire CAMHS in-patient unit have been confirmed as transferring from Leeds Community Healthcare NHS Trust (LCH) to Leeds and York Partnership NHS Foundation Trust (LYPFT). The Provider Collaborative change is with immediate effect. LCH will continue to run the current West Yorkshire unit, based at Little Woodhouse Hall in Leeds, until April 2021 when its dedicated clinical team will be welcomed in transfer arrangements to LYPFT as the new provider. The new 22 bed, regional CAMHS facility, is currently under development at the St Mary's Hospital site in Armley, Leeds, and is due to open from late 2021.
- Community transformation funding - In recent weeks, NHSE/I has published guidance and funding allocations for the *Development of 2021/22 proposals for adult and older adult community mental health (CMH) transformation funding*. All STPs/ICSs in England will receive their 'fair share' of central transformation funding to deliver new models of integrated primary and community mental health care for adults and older adults with severe mental health problems. This is not a competitive process between STPs/ICSs. Funding will be provided in 2021/22, 2022/23 and 2023/24 and will be subject to the submission of high-quality plans to regional NHS England/Improvement (NHSE/I) mental health (MH) teams and the national NHSE/I Adult MH Team (AMH Team). West Yorkshire ICS is responsible for a plan submission by 18 November 2020. There are a series of five regional workshops currently taking place to develop the basis of a plan.
- Crisis alternatives transformation funding - In recent weeks, NHSE/I has published guidance and funding allocations for *Crisis alternatives transformation funding*. All STPs/ICSs in England will receive their 'fair share' of central transformation funding to deliver new models of integrated primary and community mental health care for adults and older adults with severe mental health problems. This is not a competitive process between STPs/ICSs. Funding will be provided in 2021/22, 2022/23 and 2023/24 and will be subject to the submission of high-quality plans to regional NHS England/Improvement (NHSE/I) mental health (MH) teams and the national NHSE/I Adult MH Team (AMH Team). West Yorkshire ICS is responsible for a plan submission by 18 November 2020.
- Prevention and management of violence and aggression (PMVA)-A task and finish group is meeting across the collaborative which is looking at ways of standardising the way that inpatient settings undertake restraint and de-escalation techniques. It is intended that there will be a recommendation paper delivered to the Committees in Common meeting in January 2021.

## **9. 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, the evolving Alliance has developed a partnership agreement that sets out the principles, approach and ways of working and is currently going through partnership Boards for approval and support. The agreement in full will be discussed in private Board.

The Trust is also a key partner in the Calderdale Arts and health programme. To ensure that arts, creativity and culture is used across Calderdale to support people's health and wellbeing. The Arts and Health Programme Manager started in position in September 2020. He is delivering a programme of work, agreed by the steering group, to accelerate the developments of system wide 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 years funding. A Change Co-ordinator commenced in early October to embed physical activity into systems and processes of teams within Calderdale to ensure that the people they support can live a larger life and for longer through physical activity. The role will link with and support the physical activity offers already in place including through the Recovery College and Creative Minds.

Calderdale partners have developed a community development approach to supporting residents from a BAME community to reduce impact of COVID 19, as well as increase engagement in developing a targeted communications approach that delivers accessible information and support to local people.

### **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.

At the September ICP Board meeting, the key items that the meeting agenda focused on included: Actions on reducing health inequalities; Wakefield Families Together: a summary of this important transformation programme for Children and Young People and their families was presented and discussed; Draft NHS Phase 3 Plan submission; Draft People Plan. The Terms of Reference for the ICP Board are being reviewed and updated and the Trust has provided comments on the existing Terms of Reference.

### **Kirklees**

The Kirklees Integrated Health and Care Leadership Board has recently been established. At the October meeting of the Board, there was a focus on the following: Place based approach to quality; Role of community pharmacy in supporting system change to improve outcomes for patients; Integrated workforce development strategy; Phase 3 NHS Plan submission.

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.

## 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 - <https://www.wyhpartnership.co.uk/meetings/partnershipboard>
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>

**Trust Board 27 October 2020**

**Agenda item 9.3 – Receipt of public minutes of partnership boards**

**Barnsley Health and Wellbeing Board**

<b>Date</b>	8 October 2020
<b>Member</b>	Chief Executive / Director of Strategy
<b>Items discussed</b>	<ul style="list-style-type: none"> <li>• Understanding our new health and wellbeing landscape.</li> <li>• Covid-19: surveillance and local response update.</li> <li>• Creating our Mental Health Partnership.</li> <li>• The mental health impact on our employers and employees.</li> <li>• National Food Strategy: part one. Our local response to date and next steps.</li> </ul>
<b>Minutes</b>	Papers and draft minutes are available at: <a href="http://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143">http://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143</a>

**Calderdale Health and Wellbeing Board**

<b>Date</b>	15 October 2020
<b>Non-Voting Member</b>	Medical Director / Director of Nursing & Quality
<b>Items discussed</b>	<ul style="list-style-type: none"> <li>• Personalised Care Programme and Carers programme.</li> <li>• Covid-19 Impact Update.</li> <li>• Co-producing an action plan to reduce the impact of Covid-19 on BAME communities.</li> <li>• Health and Wellbeing strategy Update – Starting Well.</li> <li>• Involving People: An update.</li> <li>• Implementing Calderdale Cares – The Next Steps.</li> <li>• Calderdale and Huddersfield Service Reconfiguration Update.</li> <li>• Forward plan.</li> </ul>
<b>Minutes</b>	Papers and draft minutes are available at: <a href="https://www.calderdale.gov.uk/council/councillors/councilmeeting/agendas-detail.jsp?meeting=27436">https://www.calderdale.gov.uk/council/councillors/councilmeeting/agendas-detail.jsp?meeting=27436</a>

**Kirklees Health and Wellbeing Board**

<b>Date</b>	17 September 2020. Next meeting scheduled 26 November 2020
<b>Invited Observer</b>	Chief Executive / Director of Nursing & Quality
<b>Items discussed</b>	<ul style="list-style-type: none"> <li>• Kirklees Economic Recovery Plan and Inclusive Economy.</li> <li>• Covid-19 Update.</li> <li>• Stabilisation and Reset Phase 3 Planning.</li> <li>• Update on the Kirklees Health and Wellbeing Plan.</li> </ul>
<b>Minutes</b>	Papers and draft minutes are available at: <a href="https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&amp;Year=0">https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&amp;Year=0</a>

### Wakefield Health and Wellbeing Board

<b>Date</b>	24 September 2020
<b>Member</b>	Chief Executive / Director of Provider Development
<b>Items discussed</b>	<ul style="list-style-type: none"> <li>• Reducing Health Inequalities amongst Vulnerable Groups.</li> <li>• Healthy Standard of Living for all.</li> <li>• Crating and sustaining Healthier Communities.</li> <li>• Giving Every Child the Best Start in Life.</li> </ul>
<b>Minutes</b>	Papers and draft minutes are available at: <a href="http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board">http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board</a>

### South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board

<b>Date</b>	11 October 2020
<b>Member</b>	Chief Executive
<b>Items discussed</b>	<ul style="list-style-type: none"> <li>• ICS System Leader Update.</li> <li>• Priorities of Joint Working for Local Authorities.</li> <li>• Developing the South Yorkshire and Bassetlaw 5 Year Strategy 2019 – 2024.</li> <li>• ICS Finance Update.</li> <li>• ICS Highlight Report.</li> <li>• Sheffield City Region team on the Health Led Employment Trial.</li> <li>• Developing the ICS focus on the Voluntary and Community Sector.</li> </ul>
<b>Minutes</b>	Approved Minutes of previous meetings are available at: <a href="https://www.healthandcaretogethersyb.co.uk/about-us/minutes-and-meetings">https://www.healthandcaretogethersyb.co.uk/about-us/minutes-and-meetings</a>

### West Yorkshire & Harrogate Health & Care Partnership Board

<b>Date</b>	1 September 2020 Next meeting scheduled for 1 December 2020
<b>Member</b>	Chief Executive
<b>Items discussed</b>	<ul style="list-style-type: none"> <li>• Update from the West Yorkshire &amp; Harrogate Partnership CEO Lead.</li> <li>• Planning for System Stabilisation and Reset.</li> <li>• Supporting our Black, Asian and Minority Ethnic Staff and communities.</li> <li>• Third Sector Resilience: Before and during Covid-19.</li> </ul>
<b>Further information:</b>	Further information about the work of the Partnership Board is available at: <a href="https://www.wyhppartnership.co.uk/meetings/partnershipboard">https://www.wyhppartnership.co.uk/meetings/partnershipboard</a>



**Trust Board 27 October 2020  
Agenda item 10.1**

<b>Title:</b>	<b>Covid-19 – Emergency Preparedness Resilience and Response (EPRR) Arrangements - Update</b>
<b>Paper prepared by:</b>	Director of Human Resources, Organisational Development and Estates
<b>Purpose:</b>	This paper updates the Board in respect of the Covid-19 EPRR arrangements in response to the coronavirus outbreak.
<b>Mission / values:</b>	The EPRR work stream is in place to ensure that the Trust can operate safely in a period of uncertainty and looks at key areas which could be affected. The work is part of wider planning at national level.
<b>Any background papers / previously considered by:</b>	Executive Management Team (EMT) and Operational Management Group (OMG) are receiving updates from the command groups.
<b>Executive summary:</b>	<p><b>Trust Command Arrangements</b></p> <p>The Trust continues to operate a command structure, in accordance with its incident management plan, in response to the pandemic. These arrangements are continual reviewed based on service needs and pressures. Currently Gold Command meets every Monday and Silver Command meets twice a week on Monday and Thursday.</p> <p>An extra Silver Command meeting took place to review Business Continuity Plans in light of growing staff absence due to Covid-19.</p> <p><b>Operational Pressure Escalation Level (OPEL)</b></p> <p>The Trust continues to operate at OPEL 2 particularly given pressures on the Mental Health inpatient beds.</p> <p><b>Business Continuity Planning</b></p> <p>Operational Management Team with support of the EPRR team are undertaking a stress test of Business Continuity Plans on 21<sup>st</sup> October 2020.</p>

	<p><b>Key notes for the Trust Board are:</b></p> <ul style="list-style-type: none"> <li>▪ The command structures remain in place and are operating effectively.</li> <li>▪ Stress testing of Business Continuity Plans are taking place with particular attention to managing the impact of Staff absence due to Covid 19 on safe service provision.</li> <li>▪ Restoration processes are in place.</li> <li>▪ Impact of estate restrictions is yet to be finalised in terms of clinic room capacity and the use of technology.</li> <li>▪ Site control plans for Kendray and Fieldhead are being finalised</li> <li>▪ Risk assessments are now being reviewed</li> <li>▪ Welfare facilities for staff are being improved</li> </ul> <p><b>Risk Appetite</b></p> <p>This plan is in line with the Trust's risk appetite for both clinical services and emergency planning.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to NOTE the contents of the report.</b>
<b>Private session:</b>	Not applicable

## **COVID 19 – October 2020 update**

### **Introduction**

This paper is intended to update the Trust Board on the current situation in relation to the COVID 19 pandemic.

It will give an update on the Trust, regional and national positions.

### **The Trust**

The Trust is operating in the restoration phase of emergency planning but continues to meet in the Gold, Silver and Bronze emergency configuration in order to facilitate quick focussed decision making as changes surrounding Covid 19 guidance continue to be received in the organisation.

Gold meets on a weekly basis and Silver meets twice weekly bronze teams meet at carrying intervals based on need. However, in light of increasing staff Covid 19 related absence an extra Silver meeting took place to review business continuity plans. These plans are being further stress tested through the Operational Management Group on 21<sup>st</sup> October 2020.

The restoration phase is bringing challenges to Trust operations. Most notable of these is the need to resume activity close to pre covid levels. There are still restrictions on estate usage which means capacity is reduced and the alternative offers of video and telephone are still being rolled out. Key workstreams in this area are:

- Reviewing risk assessments undertaken in July.
- Review Clinic room capacity against projected demand.
- Factor in the impact of technology into the demand management.

In addition to the increase in clinical activity there is a need to have some staff returning to offices. Although the guidance remains as far as reasonably possible staff should work from home. This is being managed at BDU level with support from appropriate teams from the quality academy to ensure this is done in a safe way. The impact of the areas we serve moving to tier 3 restrictions is being factored into this activity in order to ensure any changes.

A site control plan has been developed for the Kendray Hospital Site and a Fieldhead site control plan is being finalised. These plans will assist in ensuring the effective utilisation of the estates as we increase face to face service provision.

All of these are ongoing pieces of work which will be managed through the restoration and operational management groups.

The Trust has and continues to experience symptomatic people in its services and amongst staff groups, with outbreaks being reported in several services. The nursing

directorates are managing the process of analysing root causes on these and is coordinating the impact across the Trust. Learning from these are managed through the Silver group in order that it is acted upon expediently.

Key notes for the Trust Board are:

- The command structures are still in place and operating effectively.
- Stress testing of Business Continuity Plans are taking place with particular attention to managing the impact of Staff absence due to Covid 19 on safe service provision.
- Restoration processes are in place.
- Impact of estate restrictions is yet to be finalised in terms of clinic room capacity and the use of technology.
- Site control plans for Kendray and Fieldhead are being finalised.
- Risk assessments are now being reviewed.
- Welfare facilities for staff are being improved.

### **Place/Regional response**

The Trust continues to engage at a wider regional and national level with information from these sources being managed through the gold and silver command routes. As general issues around Covid are escalating generally the regional meetings are increasing in frequency.

### **National response**

Nationally the response is managed up and down through the regional forums which the Trust is participating in. In addition, some information flow is through social media and again the Trust is engaged.

At the time of writing it has been announced that part of the Trust's footprint will definitely move to Tier 3 restrictions with remaining parts potentially following soon. The impact of this is yet to be fully understood in terms of our services and national messaging regarding working practices

### **Summary**

The Trust continues to manage the challenges as a result of the pandemic effectively, however, there is growing concern about the impact of staff absence on services. The high pace of activity around managing the outbreak continues to put a lot of pressure on staff and services. The Trust remains at OPEL level 2, but this continues to be reviewed weekly in light of service pressures and this is reported at a regional level. The outbreaks are challenging for staff and service users alike, but the Trust has robust mitigation plans. Operational Management Group have undertaken a stress test exercise which covers Covid, winter pressures, flu and Brexit. Learning from this is currently being assessed with a report into the emergency TAG at the earliest opportunity.

### **Recommendation**

- The Trust Board is recommended to note the content of this report

Nick Phillips, Head of Estates and Facilities

## Trust Board 27 October 2020

### Agenda item 10.2

<b>Title:</b>	<b>Integrated Performance Report</b>
<b>Paper prepared by:</b>	Director of Finance & Resources and Director of Quality & Nursing
<b>Purpose:</b>	To provide the Trust Board with the Integrated Performance Report (IPR) for September 2020.
<b>Mission/values/objectives</b>	All Trust objectives
<b>Any background papers/ previously considered by:</b>	<ul style="list-style-type: none"> <li>• IPR is reviewed at Trust Board each month</li> <li>• IPR is reviewed regularly at the Finance Investment &amp; Performance Committee (FIP)</li> <li>• IPR is reviewed at Executive Management Team (EMT) meeting on a monthly basis</li> </ul>
<b>Executive summary:</b>	<p>The IPR for September has been prepared in line with the framework discussed at the March Trust Board meeting so as to focus on:</p> <ul style="list-style-type: none"> <li>• Covid-19 response</li> <li>• Other areas of performance we need to keep in focus and under control</li> <li>• Locality reports that focus on business continuity</li> <li>• Priority programmes report that focus on those programmes supporting the work on Covid-19</li> </ul> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• Majority of quality reporting metrics continue to be maintained during pandemic</li> <li>• Safer staffing levels on inpatient wards maintained as staff absence increases</li> <li>• Downward trend in number of moderate-severe incidents reported</li> <li>• Downward trend in restraint incidents continues</li> <li>• Number of under 18s admitted to adult wards same but number of days stay increasing and under review</li> <li>• Complaints response times performance under review</li> </ul> <p><b>NHSI Indicators</b></p> <ul style="list-style-type: none"> <li>• Three young people under the age of eighteen were admitted to an adult ward in August for a total of twenty six days which is more days than the previous five months combined</li> <li>• Inappropriate out of area bed usage reduced in too 177 in September from 336 in July, although they remain higher than the target agreed with NHS England &amp; Improvement. Given the nature of the placements these were again high cost</li> </ul>

- Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery remained above target at 54.2%
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains below target at 47.4% as a direct consequence of Covid-19, but has improved steadily each of the last three months
- Typically, performance against nationally reported targets remains positive

### **Locality**

- Insufficient numbers of rehab support workers within the neighbourhood rehabilitation service, due to continued increased demand and some issues around the responsive of being able to mobilise domiciliary care packages within the discharge to assess (D2A) timeframes
- Urban House (Wakefield) has reopened following a deep clean. Services have resumed with a reduced number of clients coming into Urban House daily. The health integration team continue to support clients in the current alternative hotel accommodation in Wakefield.
- Discharge to assess team now consistently providing 10 slots for hospital discharges per day (weekends excepted) and working within community teams if the slots are not filled
- High demand for inpatient beds continues. Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing shielded and cohorted patients.
- Demand and levels of activity in intensive home-based treatment (IHBT) and the mental health liaison teams leading to pressures for inpatient beds
- The essential importance of supervision in terms of safe practice and individual well-being has been emphasised, with similar actions identified
- Business case for the forensics lead provider collaborative continues to progress. Appointment of clinical lead and project support will be helpful
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- All age liaison model now operational in Barnsley and Wakefield
- Reduced IAPT access throughout the course of the pandemic

### **Priority Programmes**

- Work continues to engage with learners in the recovery colleges virtually and some face to face courses have re-commenced
- Criteria led discharge is now being managed as a business as usual activity
- All age liaison service is fully implemented in Barnsley with Wakefield scheduled to go live during October

- Electronic prescribing and medicines administration (EPMA) scheduled to go live mid-November, although there are some risks associated with this timeframe
- Organisational development work continues in forensic services

### **Finance**

- Interim financial arrangements in place for April through to September. This therefore represents the final month of these arrangements with updated arrangements due to commence from October, including the requirement to meet financial targets
- £533k of costs identified as being reasonably incurred as part of the Covid-19 response, which is higher than the previous month due to additional non-pay requirements, particularly scrubs and IT equipment
- In month there was a deficit recorded pre final top-up of £1,228k, 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, increasing pay costs (including the medical pay award in line with national guidance) and out of area bed placements including locked rehab in Barnsley
- Within pay, staff bank costs were close to £1m, the highest value of the year-to-date
- 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 September, which was in line with the previous month. There are currently 4 agency medics in both CAMHS and learning disability services
- Out of area bed costs amounted to £164k in month, which is a reduction compared to August, and as noted above there is also a substantial overspend on locked rehab bed usage in Barnsley
- The cash balance remains healthy at £57.5m. The advance of one month's income is expected to unwind by the end of the financial year
- Capital expenditure remains low at £0.7m. The forecast for the full year has been reduced by £1m to £5.6m
- 82% of all third-party invoices were paid within 7 days of receipt of goods or services, with 97% paid within 30 days. A temporary dip in performance could arise in October as the new finance ledger system goes live

### **Workforce**

- As at October 20th there were 108 staff off work as a result of Covid-19 which compares to 26 in August and 82 in September
- Non Covid-19 sickness remained at 3.8% in September
- Staff turnover remained steady at 8.9%, which is below the trend of recent years
- Compliance with training targets is positive with a review taking place of food safety training requirements and means of delivery



	<ul style="list-style-type: none"> <li>• Little change overall in staff receiving supervision although improvements have been noted in some BDUs</li> </ul> <p><b>Covid-19 response</b></p> <p>In addition to the points identified in the sections above:</p> <ul style="list-style-type: none"> <li>• Sufficient PPE remains in place</li> <li>• The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in</li> <li>• Symptomatic patient testing is being undertaken</li> <li>• Hotspot outbreak management testing is being provided internally</li> <li>• Significant support to care homes is provided by the general community team in Barnsley</li> <li>• The Trust participated in ICS stress testing workshops in both South Yorkshire and West Yorkshire</li> <li>• Reporting is developing to help identify areas of focus in the response to the eight urgent actions to address inequalities</li> <li>• The Trust Opal level remains at 2</li> <li>• Refresh of the Equality, Inclusion and Involvement strategy is underway, and work progresses on the eight action actions on inequalities</li> <li>• Increased demand modelling taking place to support work on reset and restoration</li> <li>• National guidance continues to be monitored, reviewed and adopted</li> </ul>
	<b>Trust Board is asked to NOTE the Integrated Performance Report and COMMENT accordingly.</b>
<b>Private session:</b>	Not applicable

# Integrated Performance Report Strategic Overview



**September 2020**

With **all of us** in mind.



## Table of Contents

	Page No
Introduction	4
Summary	5 - 9
Covid-19	10 - 18
Quality	19 - 29
National Metrics	30 - 31
Locality	32 - 36
Priorities	37 - 38
Finance	39
Workforce	40 - 42
Publication Summary	43
Appendix 1 - Finance Report	44 - 61
Appendix 2 - Workforce Wall	62 - 65
Glossary	66

## Introduction

Please find the Trust's Integrated Performance Report (IPR) for September 2020. Continuing with the approach established in March the report considers the response to Covid-19 as well as the majority of other regular reporting sections. In particular 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 section for the Covid-19 response has been added. The structure of this section 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 sometimes with reduced content. Consideration is also being given with regard to how performance against service reset and restoration can be provided. 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. This report includes some additional information to demonstrate how reporting of service access and reducing inequalities is developing. This will evolve in the coming months.

With reference to key information relating to Covid-19 where possible the most up-to-date information is provided as opposed to the September 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.

The IPR has evolved and grown significantly in recent years. A review is taking place to ensure the report remains meaningful and meets its intended purpose.

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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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 20th October as opposed to the end of September. 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	As at 20th October 2021	Notes
<b>Additional Metrics to Highlight Response to and Impact of Covid-19</b>										
No of staff off sick - Covid-19 not working 1			154	204	112	48	26	82	108	
Shielding			54	59	52	37	0	0	0	
Symptomatic			69	118	46	5	14	31	57	
House hold symptoms			26	24	13	4	7	29	31	
OH Advised Isolation			5	1	0	0	1	1	2	
Test & Trace Isolation			0	0	0	0	0	0	0	
Other Covid-19 related			0	2	1	2	4	21	18	
No of staff working from home - Covid-19 related 2			125	136	107	90	7	53	79	
Shielding			76	78	72	71	0	0	0	
Symptomatic			13	28	13	5	1	14	29	
House hold symptoms			29	23	13	1	0	26	21	
OH Advised Isolation			7	6	7	3	0	1	5	
Test & Trace Isolation			0	0	0	7	0	0	0	
Other Covid-19 related			0	1	1	3	6	12	24	
Number of staff tested 3			89	783	1798	2038	2162	2294	2498	Cumulative
No of staff tested positive for Covid-19 3			23	103	128	130	133	149	217	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%	1771/1954 =90.6%	
No of staff returned to work (not working only) 13			445/599 = 74%	609/807 =75.6%	800/908 =88.1%	872/928 =94.0%	952/979 =97.2%	992/1079 =91.9%	1122/1239 =90.6%	
No of staff still absent from work who were Covid-19 positive 13			Data Unavailable	27	11	2	1	5	29	
No of Service users tested (ward)			41	65	103	104	109	125	148	Symptomatic
No of service users tested positive (ward)			9	10	29	29	29	29	38	Cumulative
No of service users recovered			8	9	28	28	28	28	30	One patient died not in SWYFT care and 8 patients recently tested positive.
Additional number of staff enabled to work from home			900	900	937	1003	1024	1043	1069	Cumulative
Calls to occupational health healthline			178	576	921	1230	1450	1536	1780	Cumulative
<b>Making SWYFT a great place to work</b>	<b>Target</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Forecast</b>
Sickness absence	4.5%	5.0%	3.8%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	
Staff Turnover	10%	11.3%	11.9%	8.5%	7.9%	9.8%	8.4%	9.1%	8.9%	
Actual level of vacancies	tbc	12.2%		8.7%	6.9%	6.0%	6.8%	7.4%	8.4%	
<b>Improve people's health and reduce inequalities</b>	<b>Target</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Forecast</b>
% 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%	106/107 =99.1%	1
Out of area beds 1	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	362	350	167	108	140	336	224	177	2
IAPT - proportion of people completing treatment who move to recovery 4	50%	52.4%	55.7%	51.4%	49.1%	42.8%	50.1%	54.3%	54.2%	1
Delayed Transfers of Care	3.50%	1.8%	1.9%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1
<b>Improve the quality and experience of care</b>	<b>Target</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Forecast</b>
Patient safety incidents involving moderate or severe harm or death (Degree of harm subject to change as more information becomes available) 3	trend monitor	24	20	34	36	42	33	28	28	
IG confidentiality breaches	<=8 Green, 9-10 Amber, 11+ Red	12	6	15	20	14	25	17	19	
Total number of Children and Younger People under 18 in adult inpatient wards	TBC	0	2	1	2	1	0	3	3	
CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 2	trend monitor	38.6%	40.8%	41.6%	46.6%	48.6%	48.7%	48.2%	57.5%	
<b>Improve the use of resources</b>	<b>Target</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Forecast</b>
Surplus/(Deficit)	In line with Plan	(£49k)	(£968k)	-	-	-	-	-	-	(£2148k)
Agency spend	In line with Plan	£581k	£613k	£469k	£507k	£518k	£588k	£606k	£588k	£7.1m
Single Oversight Framework metric	2	2	2	2	2	2	2	2	2	2
CQC Quality Regulations (compliance breach)	Green	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 20th October 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 20th October. Staff not working due to Covid-19 related issues.
- 8 - Trusts Covid-19 sickness absence recording system as at 20th October. 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 20th October.
- 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 20th October.
- 12 - Number of staff that have returned to work who were tested positive for Covid-19 as at 20th October.
- 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 levels on inpatient wards maintained as staff absence increases
- Downward trend in number of moderate-severe incidents reported
- Downward trend in restraint incidents continues
- Number of under 18s admitted to adult wards same but number of days stay increasing and under review
- Complaints response times performance under review

**NHSI Indicators**

- Three young people under the age of eighteen were admitted to an adult ward in August for a total of twenty six days which is more days than the previous five months combined.
- Inappropriate out of area bed usage reduced in too 177 in September from 336 in July, although they remain higher than the target agreed with NHS England & Improvement. Given the nature of the placements these were again high cost
- Within IAPT the provisional figure for the proportion of people completing treatment who move to recovery remained above target at 54.2%
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains below target at 47.4% as a direct consequence of Covid-19, but has improved steadily each of the last three months
- Typically performance against nationally reported targets remains positive

**Locality**

- Insufficient numbers of rehab support workers within the neighbourhood rehabilitation service, due to continued increased demand and some issues around the responsive of being able to mobilise domiciliary care packages within the discharge to assess (D2A) timeframes
- Urban House (Wakefield) has reopened following a deep clean. Services have resumed with a reduced number of clients coming into Urban House daily. The health integration team continue to support clients in the current alternative hotel accommodation in Wakefield.
- Discharge to assess team now consistently providing 10 slots for hospital discharges per day (weekends excepted) and working within community teams if the slots are not filled.
- High demand for inpatient beds continues. Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing shielded and cohorted patients.
- Demand and levels of activity in intensive home based treatment (IHBT) and the mental health liaison teams leading to pressures for inpatient beds.
- The essential importance of supervision in terms of safe practice and individual well-being has been emphasised, with similar actions identified.
- Business case for the forensics lead provider collaborative continues to progress. Appointment of clinical lead and project support will be helpful.
- Covid-19 safe learning disability (LD) diagnostic assessments have been piloted and are being rolled out across all services.
- All age liaison model now operational in Barnsley and Wakefield
- Reduced IAPT access throughout the course of the pandemic



**Priority Programmes**

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- Criteria led discharge is now being managed as a business as usual activity
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- Electronic prescribing and medicines administration (EPMA) scheduled to go live mid-November, although there are some risks associated with this timeframe
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**Finance**

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- Out of area bed costs amounted to £164k in month, which is a reduction compared to August, and as noted above there is also a substantial overspend on locked rehab bed usage in Barnsley.
- The cash balance remains healthy at £57.5m. The advance of one month's income is expected to unwind by the end of the financial year.
- Capital expenditure remains low at £0.7m. The forecast for the full year has been reduced by £1m to £5.6m
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- Staff turnover remained steady at 8.9%, which is below the trend of recent years
- Compliance with training targets is positive with a review taking place of food safety training requirements and means of delivery
- Little change overall in staff receiving supervision although improvements have been noted in some BDUs

**Covid-19**

In addition to the points identified in the sections above:

- Sufficient PPE remains in place
- The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in
- Symptomatic patient testing is being undertaken
- Hotspot outbreak management testing is being provided internally
- Significant support to care homes is provided by the general community team in Barnsley
- The Trust participated in ICS stress testing workshops in both South Yorkshire and West Yorkshire
- Reporting is developing to help identify areas of focus in the response to the eight urgent actions to address inequalities
- The Trust Opal level remains at 2
- Refresh of the Equality, Inclusion and Involvement strategy is underway and work progresses on the eight action actions on inequalities
- Increased demand modelling taking place to support work on reset and restoration
- National guidance continues to be monitored, reviewed and adopted

Summary

Covid-19

Quality

National Metrics

Locality

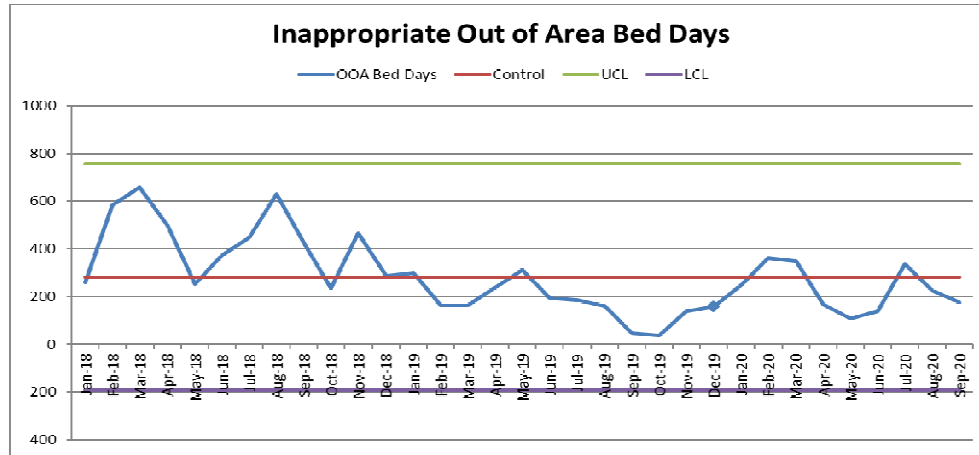
Priority Programmes

Finance/Contracts

Workforce

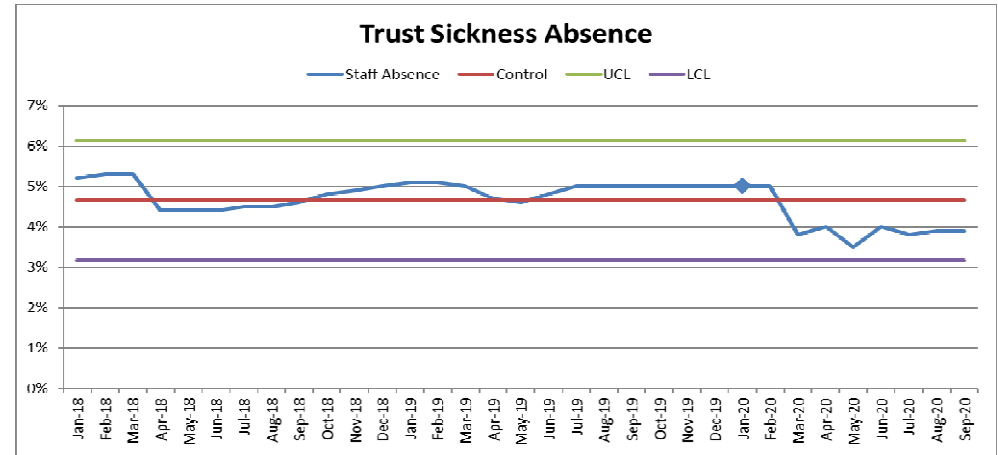
Statistical process control (SPC) is an analytical technique for plotting data over time. It helps understanding of variation and in so doing guides on the most appropriate action to take, as well as allowing tracking the impact of the changes made. The following four areas have been identified as key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

## Inappropriate Out of Area Bed Days



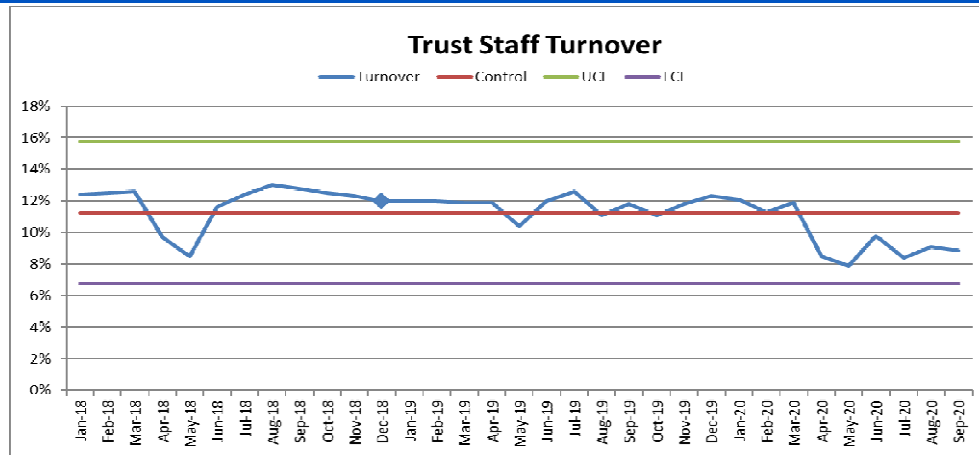
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in December 2019 has been highlighted for this reason.

## Staff Sickness Absence



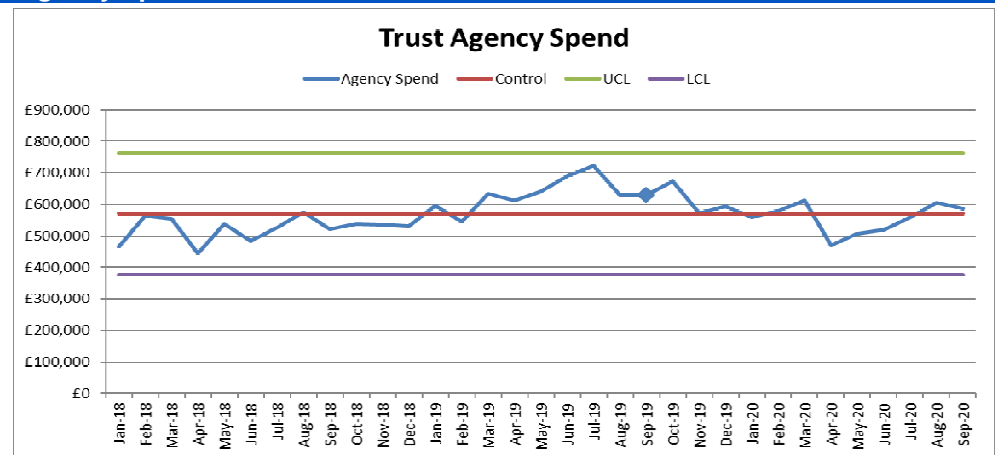
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in January 2020 has been highlighted for this reason.

## Staff Turnover



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

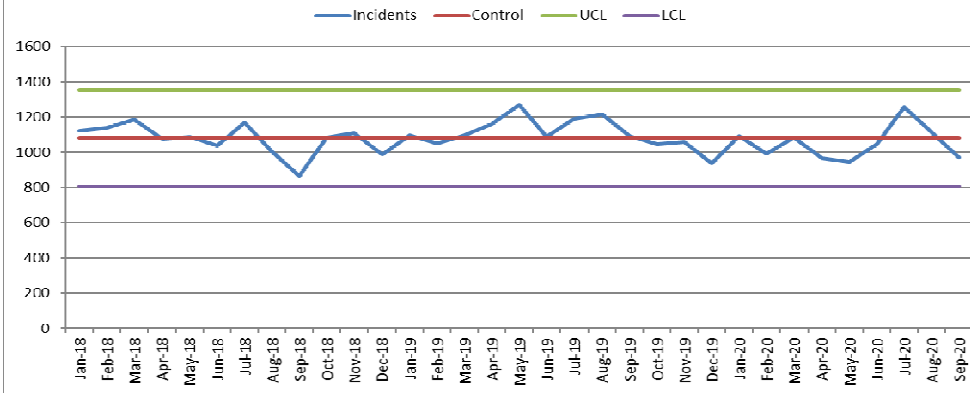
## Agency Spend



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 September 2019 has been highlighted for this reason.

## Incidents

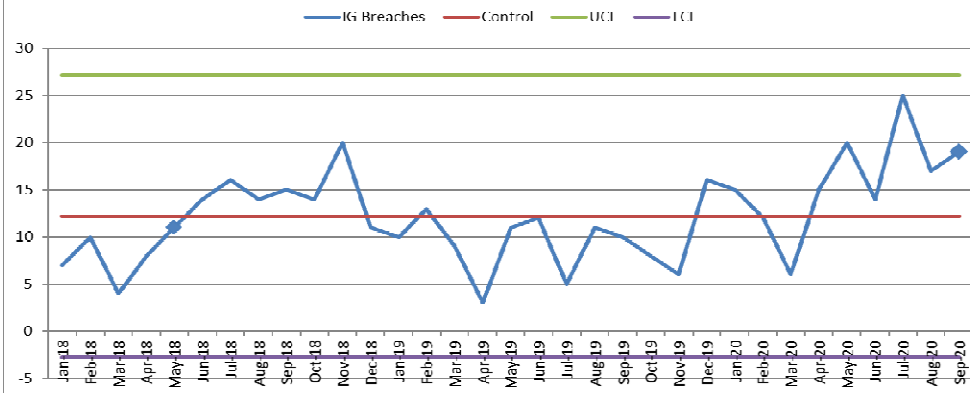
Total Number of Reported Incidents



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

## IG Breaches

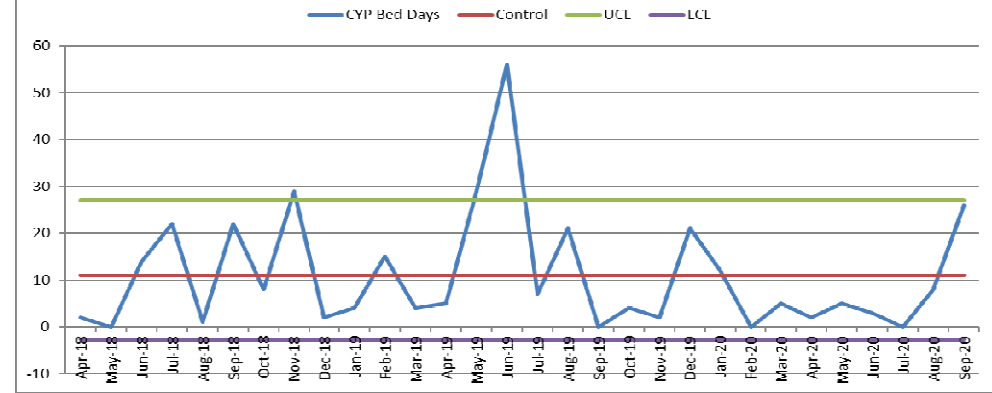
Total Number of IG Breaches



The data point in May 2018 has been highlighted to indicate the introduction on GDPR. 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 September 2020 has been highlighted for this reason.

## Total bed days of CYP on adult wards

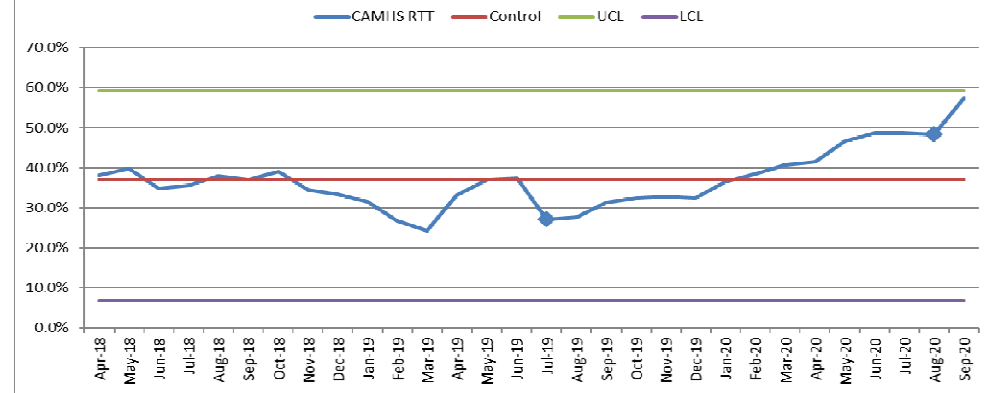
Total Bed Days of CYP on Adult Wards



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.

## CAMHS Referral to treatment waiting times

CAMHS Referral to Treatment Waiting Times



The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards.

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 August 2020 has been highlighted for this reason.

## Covid-19 response

This section of the report identifies the Trusts response 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 - 23 further patients were tested as at 20th October 2020 with 9 testing positive  
One outbreak on Poplars which is being managed with support from the IPC team.

#### Covid-19 clinical risk scan

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

#### PPE position

- National deliveries of PPE have increased over the course of the last month
- Previously quarantined FFF3 masks have now been declared as safe to use
- Internal audit currently conducting a review of the processes and controls we have established to manage PPE

PPE Levels	Approx days stock as at 14-Jul	Approx days stock as at 17-Aug	Approx days stock as at 15-Sep	Approx days stock as at 13-Oct
Surgical masks	30	22	12	14
Respirator masks	80	23	39	90
Aprons	11	8	20	25
Gowns	95	132	119	115
Gloves	28	26	24	32
Visors	100	115	156	121

### 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 facilities) 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 pre 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 results.

##### Future plans for testing staff

- We continue to test our own staff where appropriate in line with Pillar 1, but staff are also accessing Pillar 2 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

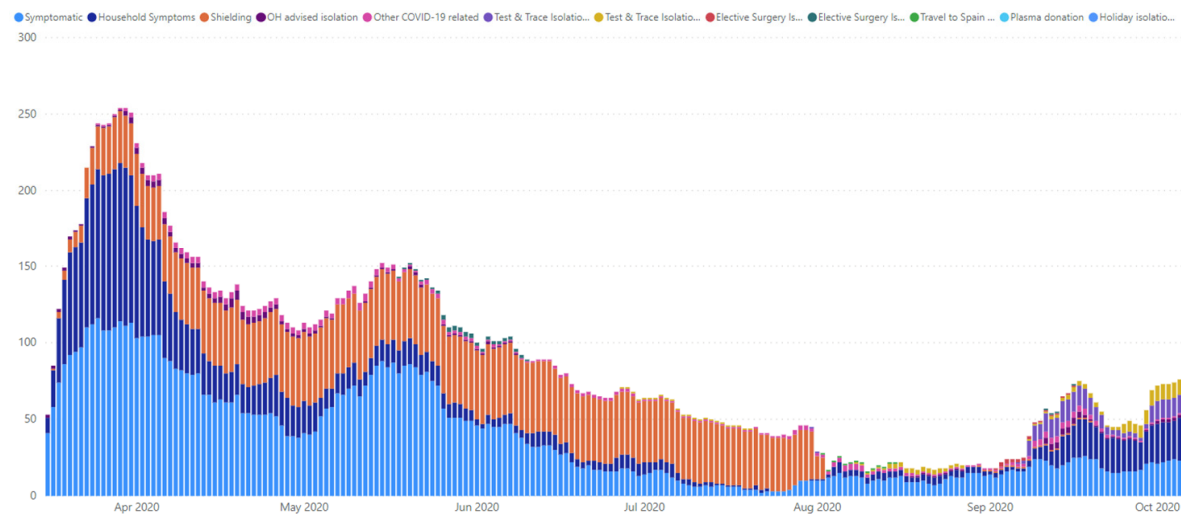
## Covid-19 response

### Staffing Issues

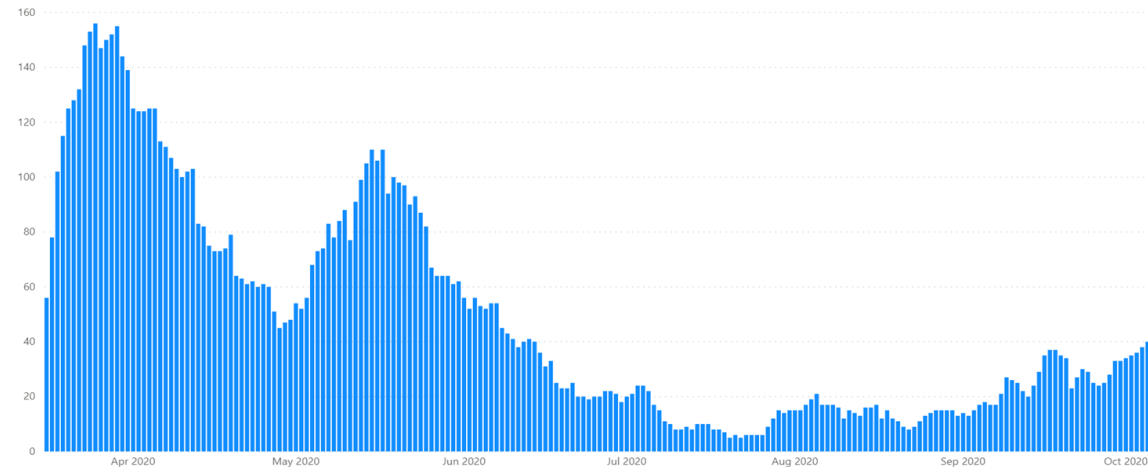
Our current response to the increase in infections, local restrictive measures and increased pressures on service areas

- Review message and guidance about protecting the most vulnerable staff
- Updating vulnerable and BAME staff risk assessments
- Review BCPs including staff escalation plans
- Review staff bank capacity in light of recent increase in recruitment
- Consider return and retire initiative
- Review talent pool arrangements in readiness for possible increase in demand
- Inform all support services to standby to stand-down non-essential services

### Reason for absence trend



### Reason for absence trend

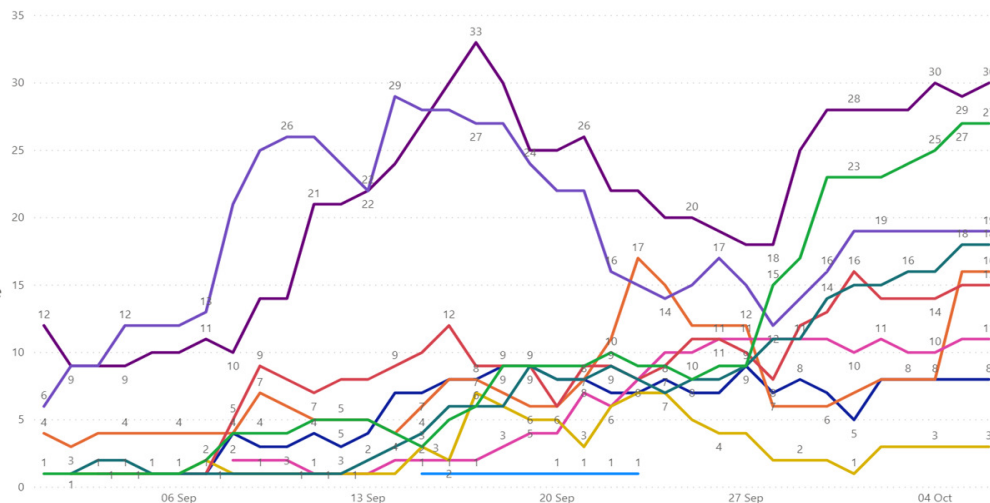


## Covid-19 response

### Staff Absence by BDU

#### BDU

- Adult ADHD/ASD
- Barnsley
- Barnsley General Ops
- Calderdale and Kirklees
- CAMHS
- Forensic
- LD
- Support Services
- Trust Bank/Pastoral Care
- Wakefield



## 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.
- Stress Test/Managing Concurrent Events exercise undertaken internally, identifying actions to update BCPs and also to prepare for impacts from Covid-19 during winter months.
- SWYPFT are co-hosting a similar exercise for mental health partners in the West Yorkshire and Harrogate ICS.

## Covid-19 response

### Standing up services

A number of areas have been highlighted in the NHS response 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)

- Referral information for Trust services is now being used by the reset and restoration group. The previous month's IPR provided some information regarding the value of service referrals over time. This information is being used to support how we plan for service recovery and enable access to service to be prioritised. 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 suppressed demand and to review the impact this may have on services.
- This section of the report will be developed over the next few months.

#### 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 including IAPT, EIP and perinatal services.

#### IAPT targets

- A number of metrics are already reported in the national metrics section of the report.

#### Children and Young People access measures

- Work is taking place to validate the local data related to this - it is anticipated data will be available 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:

- Protecting the most vulnerable from Covid-19 with enhanced analysis and community engagement
- Restoring NHS services inclusively
- Developing digitally enabled care pathways in ways which increase inclusion
- Accelerating preventative programmes which pro-actively engage those at greatest risk of poor health outcomes
- Particularly supporting those who suffer mental ill-health
- Strengthening leadership and accountability
- Ensuring datasets are complete and timely
- 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, 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. As well as the work to include inequalities data and analysis, the group is also developing reports and analysis to meet all the phase 3 letter criteria. Page 16 to 18 provide examples of how information and reporting is being developed to help inform our response to the eight urgent actions to address inequalities. For the purpose of this report information is provided for Barnsley community services, Calderdale mental health and inpatient services. The next stage of development is to identify the proportion of each places population attributable to these classifications so as to help understand how representative service delivery currently is and where there could be under-representation.

#### 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. Managers have been asked to keep these under constant review. 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 and results of this are now being analysed and formulated into action plans. 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 underway within the Trust. No figures currently available but will be provided once they are.

#### 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 a 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
  - Covid-19 Trust wide EIA and action plan
  - Covid-19 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 Covid-19 materials
  - Use of easy read materials developed and promoted
  - Website and intranet tools
  - Targeted messages to communities

#### Digital response

- Service desk activity increased by 33% in September, largely due to the implementation of office 365.
- Over 1,000 additional VPN licences provided to enable staff to continue to work remotely
- High continued usage of Microsoft Teams across the Trust
- VPN connections remain consistent at just over 2000 per day
- The number of video consultations averaged 177 per week in September, which was an increase on previous months

Digital - Summary Metrics	Apr	May	Jun	Jul	Aug	Sep
Total numbers of tickets logged with service desk:	5,914	4,186	4,424	4,849	4,539	6,044
Total phone calls to service desk:	2,733	1,644	1,744	2,176	2,503	3,121
Number of SystmOne tickets (day to day system requests/amendments):	321	320	298	381	375	408
Number of smartcard related tickets:	367	308	296	407	251	366
Additional VPN licences since March	888	937	1,003	1,024	1,043	1,069
Average number of daily VPN connections	2,674	2,430	2,731	2,347	1,958	2,144
Microsoft Teams - meetings participated	10,535	7,201	15,450	14,604	14,701	14,845
Airmid video consultations (average/week)	54	187	15	5	1	1
AccuRX video consultations (average/week)	0	146	111	148	164	177

## 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 suppressed demand and how that may impact on resources and service delivery in the coming month.

Deprivation deciles are based on the Index of Multiple Deprivation 2019 (IMD 2019) which is the official measure of relative deprivation. Deciles 1-2 high represent the most deprived 20% of neighbourhoods in England. We only have data available for the SWYPFT geographic region so referrals from outside this area has been categorised as unknown.

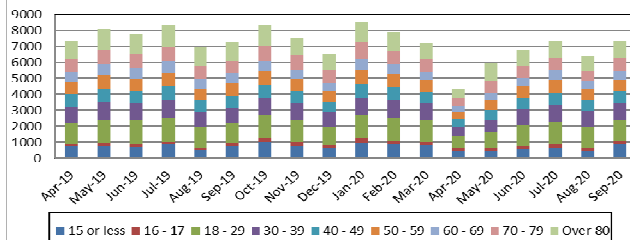
• To make information more meaningful in some cases e.g. disability, improved recording of information is required.

• Growth in total referrals numbers noted in September.

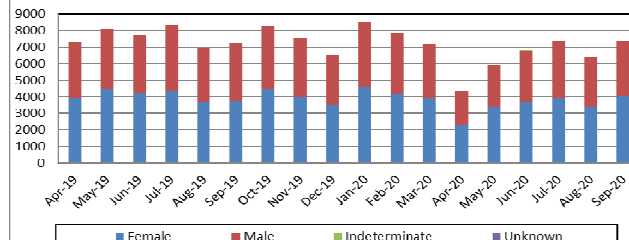
• Further analysis of information required in the coming weeks to identify where service areas may not be representative of the communities in which we provide services.

### Trust Referrals

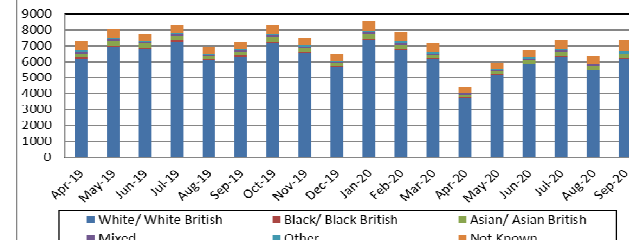
Referrals by Age



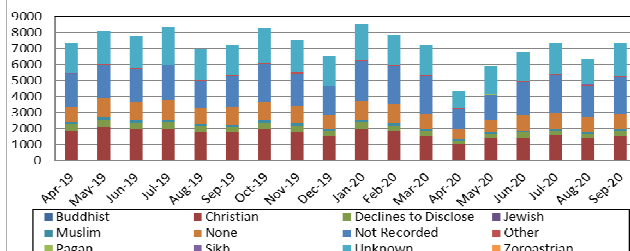
Referrals by Gender



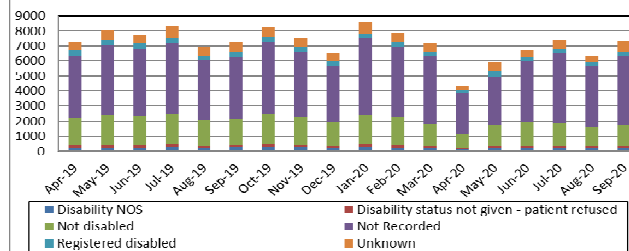
Referrals by Ethnicity



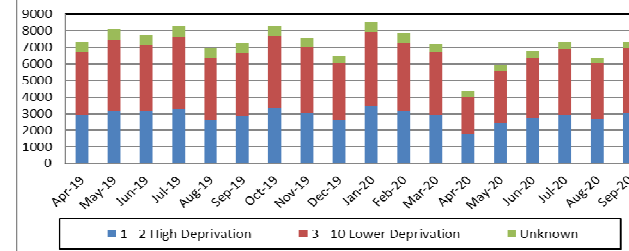
Referrals by Religion



Referrals by Disability



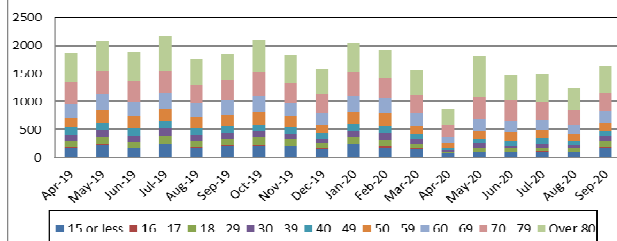
Referrals by Deprivation



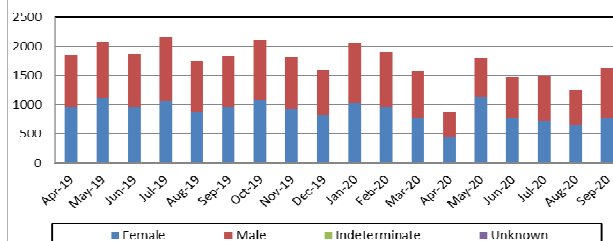
## Trust activity and demand (phase 3 response)

### Barnsley General Ops Referrals

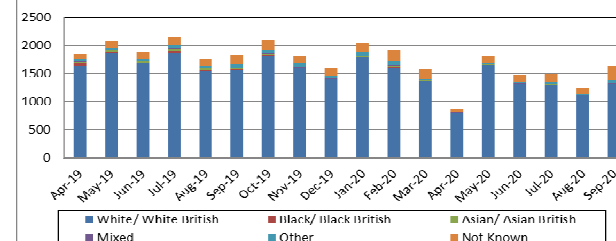
Referrals by Age



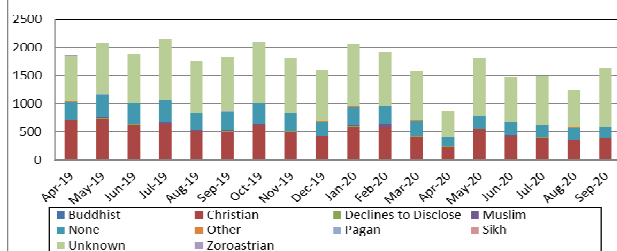
Referrals by Gender



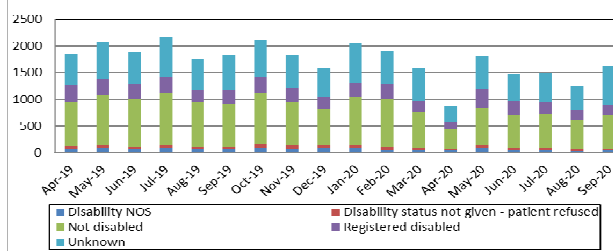
Referrals by Ethnicity



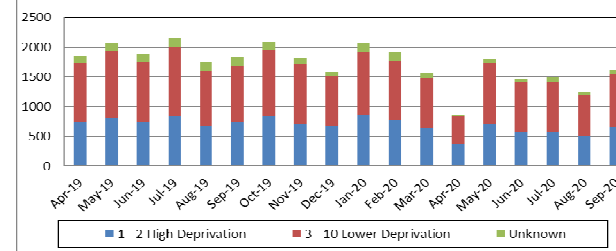
Referrals by Religion



Referrals by Disability



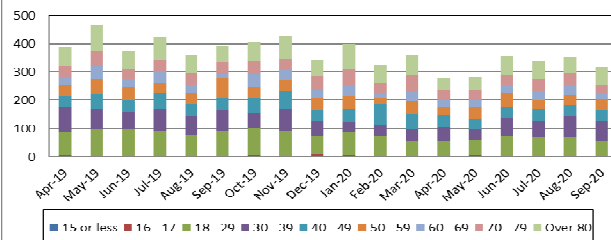
Referrals by Deprivation



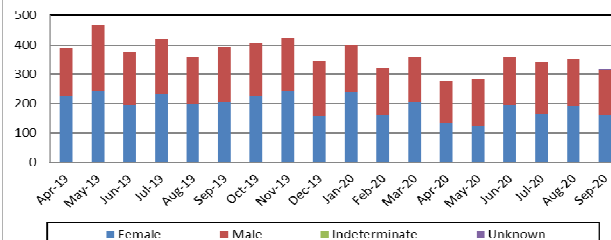
## Trust activity and demand (phase 3 response)

### Calderdale Mental Health Referrals

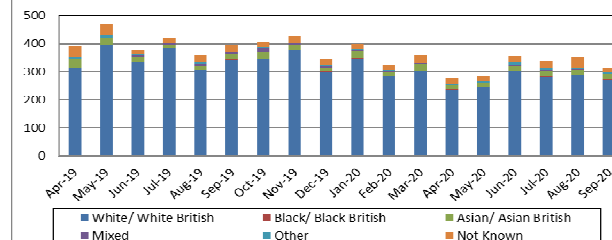
Referrals by Age



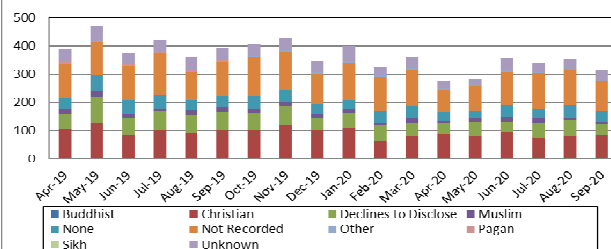
Referrals by Gender



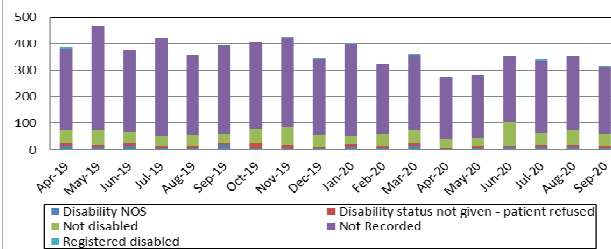
Referrals by Ethnicity



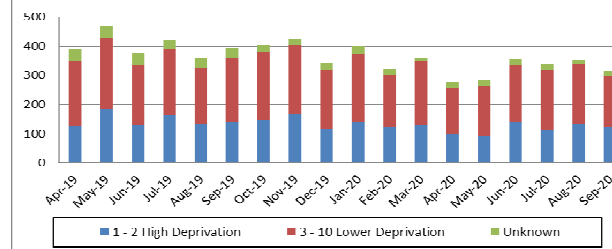
Referrals by Religion



Referrals by Disability



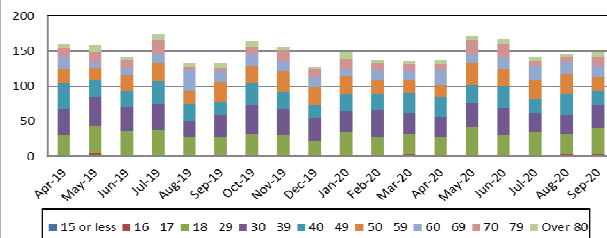
Referrals by Deprivation



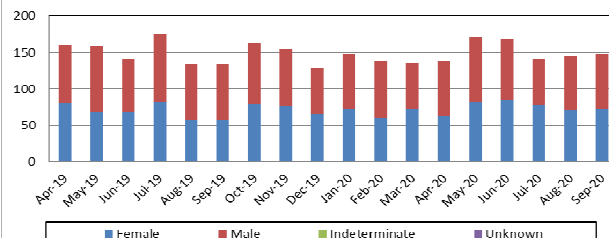
## Trust activity and demand (phase 3 response)

### Mental Health Inpatient Admissions

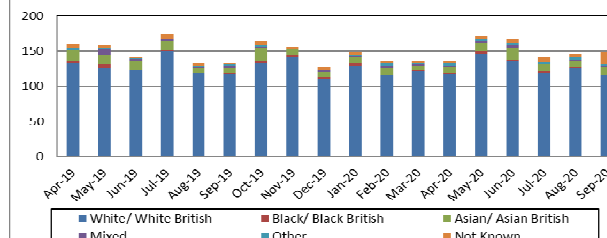
Admissions by Age



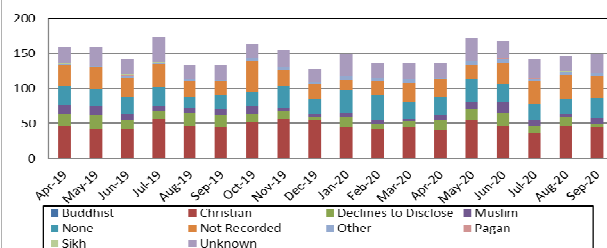
Admissions by Gender



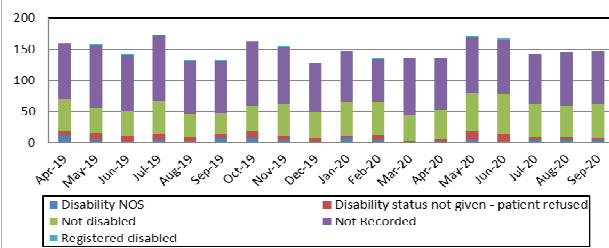
Admissions by Ethnicity



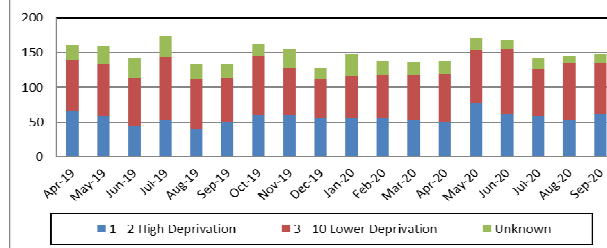
Admissions by Religion



Admissions by Disability



Admissions by Deprivation



Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/Contracts	Workforce
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## Quality Headlines

Section	KPI	Objective	CQC Domain	Owner	Target	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year End Forecast
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks <sup>5</sup>	Improving Health	Responsive	CH	TBC	40.8%	41.6%	46.6%	48.6%	48.7%	48.2%	57.5%	N/A
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	15.0%	10.0%	0%	17%	12%	30%	19%	1
	Number of compliments received	Improving Health	Caring	TB	N/A	11	13	13	41	34	18	19	N/A
	Number of Duty of Candour applicable incidents <sup>4</sup>	Improving Health	Caring	TB	trend monitor	295 incidents during 19/20	39	33	39	33	29		
	Duty of Candour - Number of Stage One exceptions <sup>4</sup>	Improving Health	Caring	TB	trend monitor	11	2	2	10	6	5	Due Nov 20	N/A
	Duty of Candour - Number of Stage One breaches <sup>4</sup>	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 <sup>3</sup>	Improving Care	Effective	MB	<=9	6	15	20	14	25	17	19	2
	Delayed Transfers of Care <sup>10</sup>	Improving Care	Effective	CH	3.5%	1.9%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1
	Number of records with up to date risk assessment - Inpatient <sup>11</sup>	Improving Care	Effective	CH	95%	82.7%	90.4%	91.5%	89.4%	84.3%	93.4%	Due Nov 20	N/A
Quality	Number of records with up to date risk assessment - Community <sup>11</sup>	Improving Care	Effective	CH	95%	83.9%	71.2%	83.3%	79.1%	70.0%	74.6%	Due Nov 20	N/A
	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	1086	968	945	1047	1256	1114	970	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	17	32	27	30	22	19	20	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	1	1	3	3	6	4	3	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) <sup>9</sup>	Improving Care	Safety Domain	TB	trend monitor	2	1	6	9	5	5	5	
	MH Safety thermometer - Medicine Omissions <sup>15</sup>	Improving Care	Safety Domain	TB	17.7%	11.6%	No longer available						2
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	109.9%	115.1%	119.4%	123.3%	120.5%	118.0%	114.4%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	88.9%	95.7%	94.3%	93.9%	90.9%	88.6%	85.6%	
	Number of pressure ulcers (attributable) <sup>1</sup>	Improving Care	Safety Domain	TB	trend monitor	31	44	44	35	28	32	37	
	Number of pressure ulcers (avoidable) <sup>2</sup>	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	1
Infection Prevention	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 <sup>8</sup>	Improving Care	Safety Domain	CH	80%	94.5%	93.0%	91.5%	90.0%	80.0%	94.5%	94.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	44	38	45	46	35	48	43	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	147	121	111	137	188	138	125	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	90.0%	95.3%	91.5%	90.2%	87.8%	84.4%	94.1%	1
	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 been 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 September reduced to 125 from 138. 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) – A slight decrease in reported incidents in September compared to August decreasing from 48 to 43. All falls are reviewed to identify measures required to prevent recurrence 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.

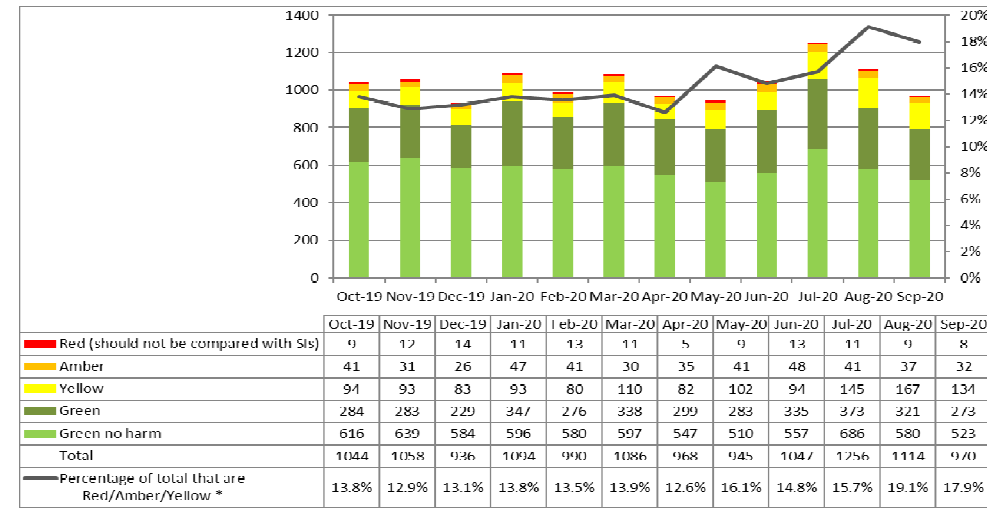
During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received significant assurance. A number of actions have been identified and an action plan is in development. The actions are summarised below and focus on clarifying:

- 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 October 2019 - September 2020

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



### 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 (13/10/20).

Deaths: Of the 5 deaths recorded, there are 4 Deaths that are awaiting confirmation of cause of death for decision regarding level of review (these are 1 each at Intensive Home Based Treatment Team (IHBT) – Barnsley, Kirklees Community Learning Disability Team, Mental health access team (IAPT) – Barnsley and Single Point of Access (Kirklees).

The other 1 death is categorised as, Death - confirmed from physical/natural causes which was recorded at Core Team South - Kirklees

Severe harm: There were 3 severe incidents recorded. These were 1 Self harm (actual harm) with suicidal intent recorded at older peoples Barnsley, 1 Sexual abuse of child (allegation or concern) incident record at CAMHS (Barnsley) and 1 pressure ulcer category 4 recorded at Neighbourhood Team - Central (Barnsley).

Moderate harm: There were in total 20 moderate harm incidents recorded for the month of Sept 2020. These were 10 pressure ulcers, all recorded across the neighbourhood teams. There was also 1 Pressure Ulcer - Category 3 (medical device related) and 1 tissue viability incident both recorded for neighbourhood teams.

There was 1 Safeguarding Adults incident recorded for Enhanced Team East - Lundwood, Barnsley, 1 slip trip and fall incident recorded for Walton PICU, 1 Unintended/Accidental injury recorded at Domiciliary Physiotherapy, Barnsley and 1 Unwell/Illness incident recorded at Chippindale.

There were 4 self-harm incidents. These were recorded 1 each across CMHT (Memory Services) West Calderdale (OPS), Enhanced Team East - Lundwood

Barnsley, Melton PICU Barnsley and Enhanced Team North 2 - Kirklees.

\* 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	19/20 Q3	19/20 Q4	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Administration/supply of medication from a clinical area	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Damage (deliberate - e.g Vandalism)	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	1	0	0	0	0	0	0	2	0
Death - confirmed from physical/natural causes	1	0	1	1	0	0	1	1	0	0	0	0	1	0	0	0
Information disclosed in error	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Security - Other	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Self harm (actual harm) with suicidal intent	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Slip, trip or fall - patient	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0
Substance Misuse	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
Suicide (incl apparent) - community team care - current episode	3	2	4	8	2	1	1	4	2	2	0	2	1	0	2	0
Suicide (incl apparent) - community team care - discharged	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0
Suicide (incl apparent) - inpatient care - current episode	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	0
Unintended/Accidental injury	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Physical violence (contact made) against staff by patient	0	0	1	2	0	1	0	1	1	0	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	1	0
Pressure Ulcer - Category 3	2	1	1	0	0	0	1	0	0	0	0	0	2	1	0	0
<b>Total</b>	<b>9</b>	<b>12</b>	<b>8</b>	<b>15</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>7</b>	<b>2</b>

- Incident reporting levels have been checked and remain within the expected range.
- Degree of harm and severity are both subject to change as incidents are reviewed and outcomes are established.
- Reporting of deaths as red incidents in line with the Learning from Healthcare Deaths has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.
- All serious incidents are investigated using Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
- See <http://www.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx>
- Risk panel 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. Clinical mortality review group on 17 November 2020.

Regional work: Northern Alliance meeting held virtually on 11 September 2020.

Reporting: Q2 2020/21 data for learning from deaths being prepared for inclusion in Q2 incident report. <http://nww.swyt.nhs.uk/incident-reporting/Pages/Incident-management-annual-report.aspx>

Structured judgement reviews: allocation on track

## Safer Staffing Inpatients

In September 2020, as well as continuing to return to the delivery of services that were temporarily curtailed due to the pandemic, we are preparing for the next "wave" which is already impacting on our services. We also had the last of the students on paid placements leave in the last week of September which affected our HCA fill rate as well as awaiting the new band 5 starters. These starters show within the HCA rate until they receive their PIN which adversely affects the RN fill rate. BDU and team business continuity plans have remained resilient in the face of significant challenges and will be revisited and updated as required. 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. We are currently completing the latest recruitment drive for bank.

Two wards have fallen below the 90% overall fill rate threshold for the first time in several months in September. These were Appleton (87.3%) and Priestley (89%) within the Forensic BDU. This was as a result of vacancies and reallocations as well as sickness. Of the 31 inpatient areas, 23 (73.6%), a decrease of one ward on the previous month, achieved greater than 100%. Indeed, of those 23 wards, 11 (a decrease of three wards) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

Registered on Days - Trust Total 77.7% (a decrease of 2.8%). The number of wards that have failed to achieve 80% registered nurses increased by three to 17 (54.4%). Ten 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. However, many of the newly qualified new starters will be included in the HCA numbers until their PINs come through. This should be readjusted next month. 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. We have also had staff migrating from inpatient areas into community posts so although it affects the fill rate, the majority are remaining within the trust.

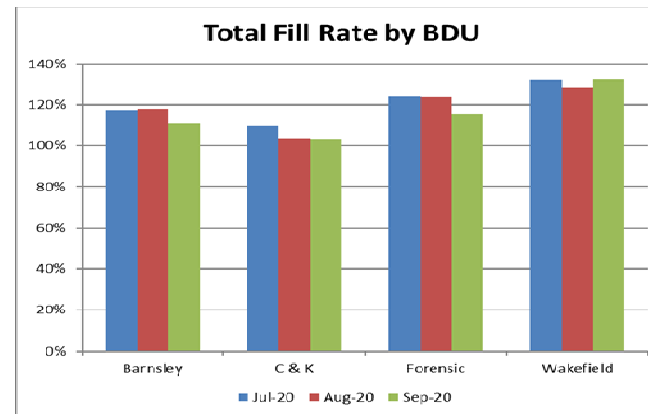
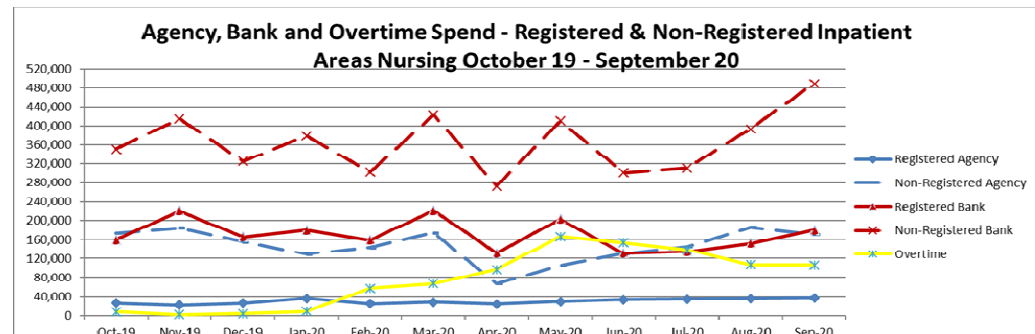
Registered on Nights - Trust Total 93.6% (a decrease of 3.1%). Four wards (12.8%), an increase of one on the previous month, fell below the 80% fill rate in the month of September. Three were within the forensic BDU and the other C&K. This was due to a number of reasons reflective of the reasons in the section above. The number of wards who are achieving 100% and above fill rate on nights decreased by three to 15 (48%). One ward utilised in excess of 120% and this was within the C&K BDU.

Overall fill rate for registered staff reduced by 3% to 85.6%.

Overall fill rate for all staff within inpatient areas reduced by 3.6% to 114.4%.

Ward Name	Jul-20 Average Fill Rate - All Staff (%)	Aug-20 Average Fill Rate - All Staff (%)	Sep-20 Average Fill Rate - All Staff (%)
Beams Shaw	111.4%	100.8%	100.6%
Clark	104.2%	122.7%	113.1%
Melton Suite PICU	123.8%	119.2%	122.5%
Neuro Rehab Unit	143.4%	148.3%	124.4%
Stroke Rehab Unit	120.2%	115.2%	103.9%
Willow Ward	105.9%	107.8%	101.8%
Ashdale	105.0%	101.1%	99.0%
Beechdale	153.7%	144.2%	131.7%
Elmdale	102.7%	97.5%	97.7%
Enfield Down	99.6%	97.7%	98.2%
Lyndhurst	105.0%	99.0%	98.8%
Ward 18	109.5%	102.5%	105.8%
Ward 19 - Female	100.0%	94.7%	101.1%
Ward 19 - Male	112.9%	101.1%	101.3%
Appleton	98.5%	93.2%	87.3%
Bronte	135.3%	129.0%	122.4%
Chinnandale	98.8%	100.5%	93.2%
Hepworth	143.2%	162.6%	103.4%
Gaskell	174.7%	175.1%	156.7%
Newhaven	107.9%	91.9%	90.2%
Priestley	96.0%	92.2%	89.0%
Ryburn	104.0%	107.8%	100.8%
Sandai	143.8%	129.1%	128.4%
Thornhill	114.9%	123.3%	107.9%
Waterton	123.2%	121.8%	112.8%
Crofton	108.7%	105.5%	116.9%
Horizon	116.5%	128.1%	152.2%
Nostell	127.2%	124.1%	122.3%
Poplars	144.0%	131.0%	153.7%
Stanley	152.3%	136.5%	135.7%
Walton PICU	127.0%	136.5%	134.8%
All Wards	120.3%	118.0%	114.4%

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 Poplars, Ward 19, Clark Ward 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	362	3,875.25	35.64% (+4.25%)
Unregistered	363	4,004.92	11.05% (+0.93%)
Grand Total	725	7,880.17	16.72% (+1.67%)

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.

In September the number of shifts that were requested of the flexible staffing were similar to the month before, RNs 970 requests increased to 998 and HCA 3129 requests to 3186, and this led to an overall increase in bank and agency spend of £109,008. This was broken down into: Agency decreased by approx. £17k and bank increased by approx. £123k whilst overtime showed little change and decreased by £348.

## Information Governance

September saw a slight increase in the number of confidentiality breaches from 17 to 19. The number of breaches due to information being disclosed in error rose from 12 to 16. During September, breaches of this type were largely related to use of email, such as, omitting to blind copy service users' and volunteers' personal email addresses, sending to addresses that are similar to the intended recipients', possibly due to a reliance on auto-filling commonly and recently used addresses and incorrect attachments being sent.

Creative comms have been published via The Brief and Twitter that focus on real life examples to raise awareness of the consequences on individual. Work has begun on Quality Improvement (QI) on this issue across the Trust. Where data demonstrates a theme teams will be invited to the improving clinical information group (ICIG) to discuss what improvements have been made to prevent future occurrences and options for running webinars to improve service quality are being explored.

## Commissioning for Quality and Innovation (CQUIN)

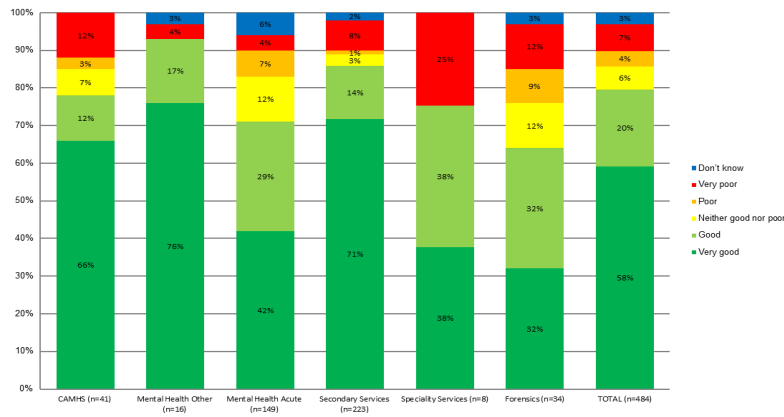
Schemes for 20/21 have been suspended during the Covid-19 pandemic period.

## Patient Experience

### Friends and family test shows

- 100% of respondents would recommend community services.
- 78% would recommend mental health services.

#### Mental Health Services

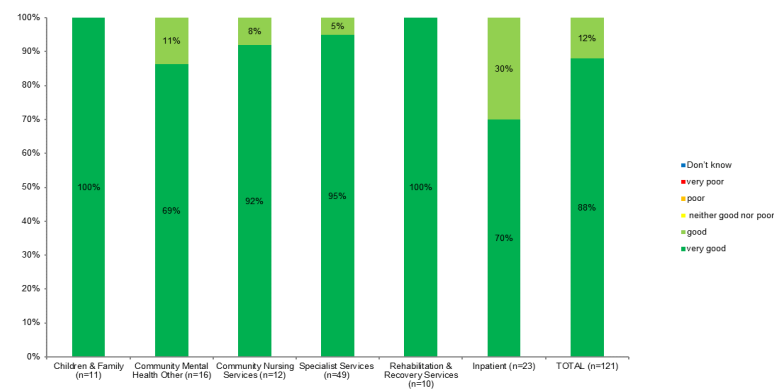


- 84% (599) of respondents felt that their experience of services had been very good or good across Trust services.
- 100% (n=155) of respondents felt that their experience of community services had been very good or good across community services.
- 80% (n=484) of respondents felt that their experience of mental health services had been very good or good across mental health services.
- 52/484 respondents rated services as poor/ very poor. The majority of negative comments were related to restrictions introduced as a result of the Covid-19 pandemic, including lack of leave, lack of staffing, staff not wearing PPE and not having face to face appointments.
- Text messages provided 55% of the responses in September.

We will be piloting a new Patient Experience system until February 2021 in inpatient wards and community services in Barnsley. 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.

#### Community Services



## Care Quality Commission (CQC)

### CQC improvement plan

We are continuing to receive our monthly improvement plan updates. The recent updates have shown an increase in the number of completed actions. Teams and services deserve a lot of credit for their achievements, especially given the other demands that have resulted from the pandemic. All the 'must do' and 97% of the 'should do' actions are complete or remain on track. One action has been rated red as it has not been completed within the given timescales. We are starting to plan and look at how we can monitor assurance against the actions to make sure we sustain and continue to make the necessary improvements.

		September 2020	
		MUST (n=12)	SHOULD (n=37)
Blue		4 (33%)	27 (73%)
Green		8 (67%)	9 (24%)
Green	Amber	0	0
Amber	Red	0	0
Red		0	1 (3%)
Total		12	37

### Safeguarding Children and Adults

Safeguarding remains a critical service, all statutory duties have been maintained, data flow (internally and externally) 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 MS 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, a task and finish group re: Section 20 Medicines Related Patient Safety Incidents (Medication Errors) Policy and collaborative working with the Reducing Restrictive Physical Intervention Group reviewing 'clinical holding'. The team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC and Ofsted inspections. Additionally two members of staff continue to provide support to the wider Trust agenda's providing support to the covid19 staff testing and the flu vaccination programme.

External information gathering requests have been responded to and the team have continued to attend Safeguarding Practice Review panels, Safeguarding Adult Review panels and a Domestic Abuse panel.

The team have supported clinical activity through attendance at multi-disciplinary meetings, professional meetings and Best Interest meetings. All members of the team have attended virtual webinar to ensure that their practice, the training material and advice provided is up to date and relevant.

### Infection Prevention Control (IPC)

- Ongoing work in response to Covid-19 Pandemic
- Annual report 2020/21, due November 2020
- Surveillance: September there has been 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 32 new formal complaints in September 2020. Of these 3 have had timescales start, 1 has been closed as no consent/contact and 28 are awaiting consent/questions

19% of new formal complaints (n=6) had staff attitude as a primary subject

19 compliments were received

10 formal complaints were closed in September 2020. Of the 10, 30% of complaints (n=3) were closed within 40 working days .

Count of written complaints/count of whole time equivalent. 4.73WTE (Including a band 6 and 7)

In September 2020 only 30% of complaints achieved the Trust's 40 day target. There were 3 complaints that were within 41-48 days and 2 of these were complex complaints (CS20785 (26 page response) and CS20606 (65 point complaint letter with the other delayed due to obtaining staff witness statements due to annual leave. Allocation of a lead investigator by services as also been problematic due to clinical increases services are experiencing.

## Reducing Restrictive Physical Intervention (RRPI)

There were 125 reported incidents of Reducing Restrictive Physical Interventions used in September 2020 this is a decrease of 11 incidents since August 2020.

Of the different restraint positions used in the 125 incidents, standing position was used most often 62 (35%) followed by supine restraints at 43 (24%). The high level of supine restraints is attributed to mainly two service users within the learning disability service who were often seated and then placed in a supine position to manage risks

Prone restraint was reported 16 (9%) times in September 2020.

Incidents where prone descent immediately turned into a supine position were recorded at 6 (3%) this is a separate entity to prone restraint.

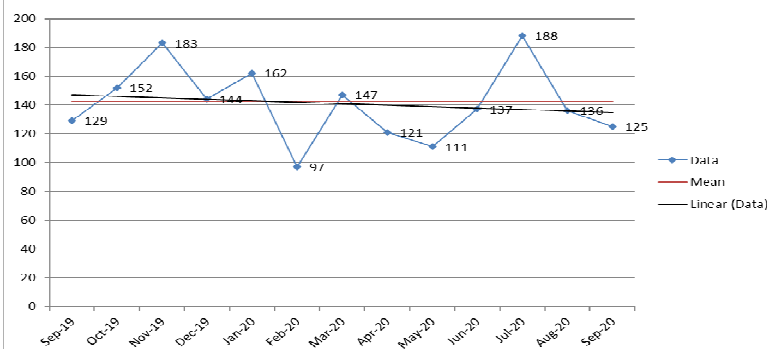
Forensic BDU had the highest number of Prone Restraints with 5, and Barnsley BDU had 4, Wakefield 3, Calderdale 2, Kirklees reported 1 and Specialist services reported no Prone Restraint.

The figures were sourced from Datix where reporters indicated 'yes' to "was restraint used in this incident".

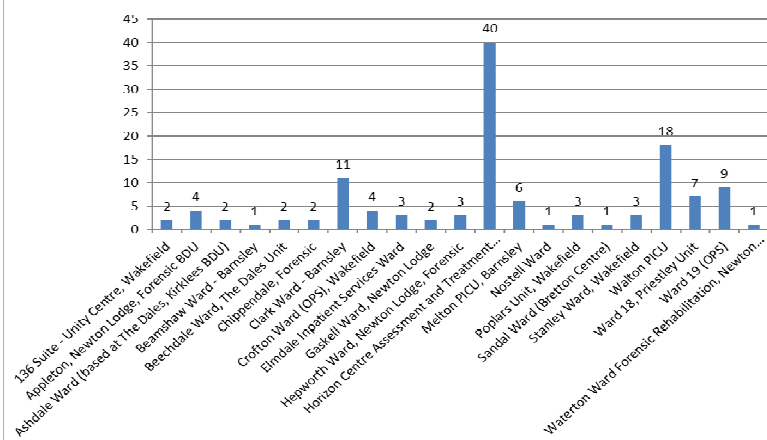
The Trust target of 90% of prone restraints lasting under 3 minutes and the importance of striving to maintain this is strongly emphasised. In September the percentage of prone restraints lasting under 3 minutes was 94% and the target was achieved with a 2.5% increase from August.

The RRPI team suspended training from 23rd March due the COVID19 outbreak. Refresher periods have increased temporarily to prevent staff falling out of date, the uptake of refresher training is scheduled to be reintroduced in March 2021. 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.

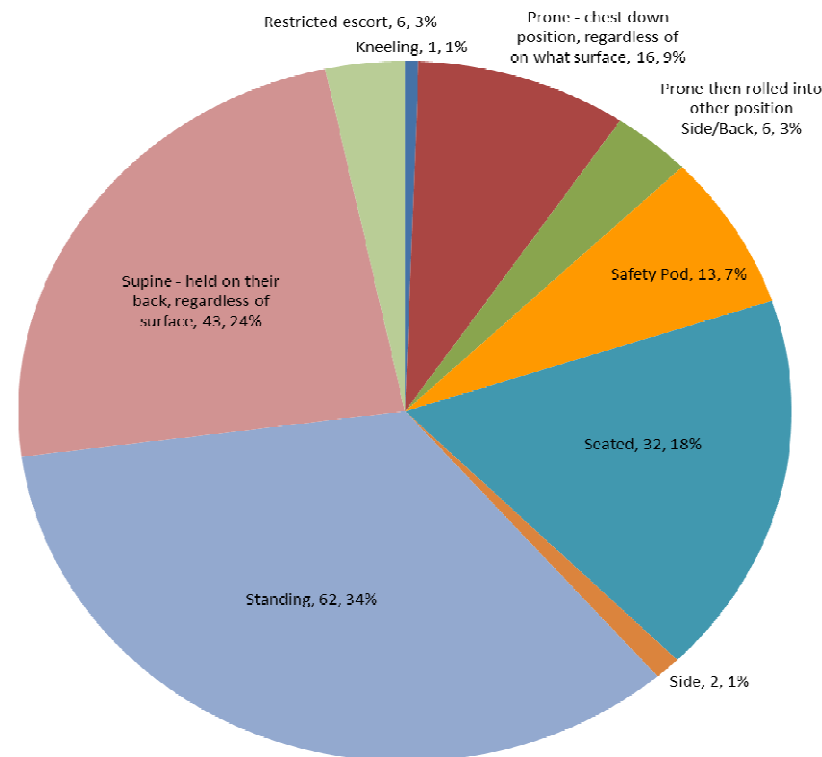
Total restraints



Incidents by Team September 2020



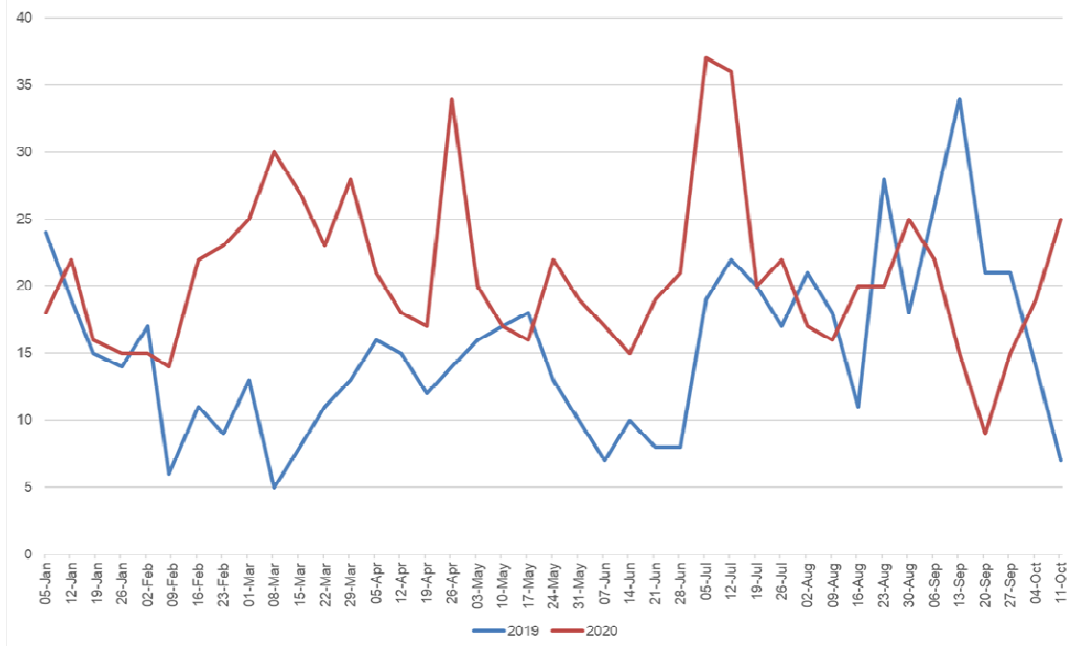
Percentage of restraint positions used



## Self Harm

Actual self-harm incidents reported on Datix occurring between 05/01/2020 and 17/10/2020 at 19/10/2020, compared with incidents occurring in the same period in 2019

### All actual self harm incidents reported Trustwide which occurred during 2020 (by incident date 05/01/2020 - 17/10/2020) compared with the same weeks in 2019 (at 19/10/2020)



### 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	22
13-Sep	34	15
20-Sep	21	9
27-Sep	21	15
04-Sep	14	19
11-Oct	7	25
<b>Total</b>	<b>626</b>	<b>852</b>

### Please note:

To ensure this data is accurate as possible, it includes all actual self harm incidents even where the incident has not yet been approved by managers (24 in total pending review). Figures may change as incidents are reviewed and approved.

### Peak in July

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.

This involved 34 patients. 27 patients had 3 or less self harm incidents in the period. There were 6 patients who had more than 3 incidents. Of these, one patient had 30 incidents (28 on Clark, 2 on Beamshaw), Another patient had 30 incidents (Elmdale). The next highest total of self harm in the period was for a patient with 12 incidents (10 on Clark and 2 on Ward 18).

Of the 135 incidents between 1/7/2020-1/8/2020, it involved 20 different teams. 12 were assigned to inpatient wards, and 8 were incidents occurring in the community. Of the inpatient wards, Clark had the highest number (52), followed by Elmdale (47). The third highest wards were jointly Stanley ward and Horizon Centre both with 5 incidents.

### Ongoing analysis

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.

Analysis of incidents shows that a small number of individual service users account for this higher number of incidents.

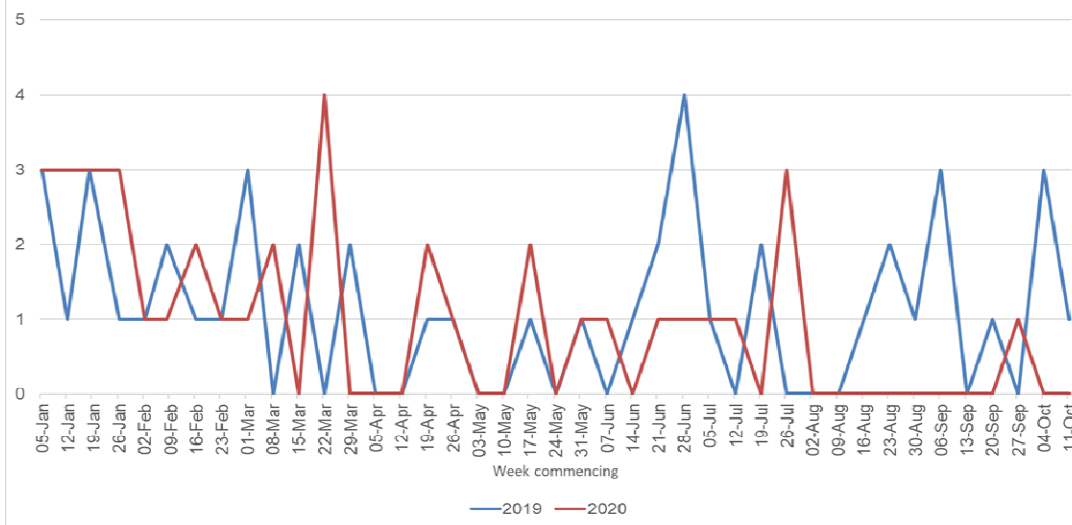
The next highest subcategory is by cutting (149 incidents). This varies across months ranging from 14 - 24 incidents. Following this, the third highest subcategory is jointly 'headbanging' and 'self harm other' both with 43 incidents. The Headbanging incidents are across a range of units, but Ward 18 had the highest number (18). Of the 'Self harm - Other' incidents, Elmdale had the highest number (20) with 17 related to a patient biting/chewing their skin. 3 patients self harmed by punching objects or hitting themselves. These new subcategories are being added to Datix and records updated.

Further breakdown has taken place to review self harm by swallowing objects.

## Apparent Suicide

Apparent suicides reported on Datix occurring between 05/01/2020 and 17/10/2020 at 19/10/2020, compared with incidents occurring in the same period in 2019

**All apparent suicides reported Trustwide which occurred during 2020 (by incident date 01/01/2020 - 17/10/2020) compared with same weeks in 2019**



### Apparent suicide comparison

Week commencing	2019	2020
05-Jan	3	3
12-Jan	1	3
19-Jan	3	3
26-Jan	1	3
02-Feb	1	1
09-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	0	0
19-Apr	1	2
26-Apr	1	1
03-May	0	0
10-May	0	0
17-May	1	2
24-May	0	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	1
19-Jul	2	0
26-Jul	0	3
02-Aug	0	0
09-Aug	0	0
16-Aug	1	0
23-Aug	2	0
30-Aug	1	0
06-Sep	3	0
13-Sep	0	0
20-Sep	1	0
27-Sep	0	1
04-Oct	3	0
11-Oct	1	0
<b>Total</b>	<b>47*</b>	<b>39**</b>

### Please note:

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

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

Examples of 2020 cases are someone who had a contact with Liaison and Diversion Team, and died several months later, and death of someone who had had presented at a community team base, but was not under SWYPFT care, death of person who police liaison practitioner was asked to speak to as part of role, person did not engage, not under Mental Health Services.



## Covid-19 related incident reporting

178 incidents reported between 1/3/20-19/10/20 where 'Covid' or 'Corona' was used in the description or action taken fields. These incidents have been themed as below. One incident may have more than one theme.

163 Incidents	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	3	0	2	12	4	35
Non compliance with social distancing - inpatient area	1	7	4	8	3	3	3	1	29
Patient being nursed in isolation	5	4	3	4	2	4	3	1	25
Staff in contact with patient displaying Covid-19 symptoms	2	8	5	3	2	2	3	0	25
Death of patient from suspected Covid 19 - underlying health conditions	2	16	3	1	0	0	0	0	22
Death of patient from suspected Covid 19 related death - pending further info	0	7	5	3	1	0	0	0	16
Staff presenting with Covid 19 symptoms	1	1	1	0	2	0	7	1	12
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	1	2	3	0	0	12
Impact of Covid 19 on patients mental health	2	2	1	0	2	0	1	0	8
Coronavirus or Covid 19 used in threat against staff	3	2	1	0	0	0	1	0	7
Issues relating to PPE equipment	1	1	1	0	0	2	0	1	5
Staff in contact with other person displaying Covid-19 symptoms	1	0	2	0	0	0	2	0	5
Patient in contact with symptomatic person	0	0	2	0	0	0	2	0	4
Staff in contact with colleague displaying Covid-19 symptoms	0	0	0	0	1	0	3	0	4
Coronavirus or Covid 19 used in threat against patient	1	1	0	0	0	0	0	0	2
Death of patient from suspected Covid 19 - no underlying health conditions	0	0	1	0	0	0	0	0	1
Staff member on swabbing team exposed to Covid 19	0	1	0	0	0	0	0	0	1
<b>Total</b>	<b>25</b>	<b>57</b>	<b>40</b>	<b>23</b>	<b>15</b>	<b>16</b>	<b>37</b>	<b>8</b>	<b>213</b>

## 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 form. 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.

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.

A discussion was held at the MHA Code of Practice group in respect of the varied responses that we receive from wards regarding the recording of actions taken. It was suggested by the lead Matron for the acute pathway that a QIA piece of work should be undertaken.

Within the forensic service the previous action of having staff who could not work on the wards to undertake the review of the documents has proved to be unworkable due to COVID 19 impact. At this time the review of the documents is being undertaken by the Practice Governance Coaches.

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.

Service	Apr-20			May-20			Jun-20			Jul-20			Aug-20			Sep-20		
	Section 17 form			Section 17 form			Section 17 form			Section 17 form			Section 17 form			Section 17 form		
	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	43	34	79.1%	58	49	84.5%	77	58	75.3%	33	30	90.9%	74	68	91.9%	82	68	82.9%
Working age adult - Trustwide	234	186	79.5%	247	210	85.0%	292	192	65.8%	203	169	83.3%	269	195	72.5%	295	246	83.4%
Specialist Forensic services	0	n/a	n/a	6	5	n/a	18	16	88.9%	11	11	100%	135	107	79.3%	248	193	77.8%
Rehabilitation services - trustwide	17	16	94.1%	24	24	100%	15	15	100%	20	20	100%	13	13	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.

Summary	Covid-19	Quality	<b>National Metrics</b>	Locality	Priority Programmes	Finance/Contracts	Workforce
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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 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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Data quality rating <sup>a</sup>	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	98.2%	97.8%	90.0%	99.4%	97.8%	97.0%	95.6%	90.0%	94.9%	96.8%	99.4%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	100.0%	29.0%	47.4%	100.0%	52.0%	32.1%	29.0%	30.0%	34.0%	47.4%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	99.7%	97.9%	100%	96.1%	97.7%	99.0%	99.2%	100%	96.8%	96.4%	95.2%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	319/327 97.6%	269/279 =96.4%	297/299 = 99.3%	300/302 =99.3%	105/107 =98.1%	90/92 =97.8%	102/102 = 100%	105/105 = 100%	110/110 = 100%	84/85 =98.8%	106/107 =99.1%		
Data Quality Maturity Index <sup>4</sup>	Improving Health	Responsive	CH	95%	98.3%	98.5%	98.5%	98.5%	98.6%	98.5%	98.5%	98.6%	98.7%	98.7%	98.0%		
Out of area bed days <sup>5</sup>	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	335	958	415	737	350	167	108	140	336	224	177		
IAPT - proportion of people completing treatment who move to recovery <sup>1</sup>	Improving Health	Responsive	CH	50%	53.6%	54.3%	46.6%	52.7%	55.7%	51.4%	49.1%	42.8%	50.1%	54.3%	54.2%		
IAPT - Treatment within 6 Weeks of referral <sup>1</sup>	Improving Health	Responsive	CH	75%	79.3%	85.3%	88.3%	92.8%	86.5%	86.3%	88.1%	89.7%	91.1%	92.8%	94.4%		
IAPT - Treatment within 18 weeks of referral <sup>1</sup>	Improving Health	Responsive	CH	95%	97.6%	98.9%	98.9%	99.1%	99.1%	99.3%	98.5%	98.9%	98.5%	99.2%	99.6%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	82.6%	85.6%	84.6%	87.0%	85.7%	70.7%	95.8%	92.3%	87.8%	79.5%	94.3%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	90.5%	91.3%	91.3%	91.3%	91.3%	91.3%	91.2%	91.2%	91.1%	91.1%	91.1%		
% clients in employment <sup>8</sup>	Improving Health	Responsive	CH	10%	11.8%	12.1%	12.5%	12.6%	12.3%	12.3%	12.3%	12.7%	12.6%	12.6%	12.6%		
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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Data quality rating <sup>a</sup>	Trend	
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	27	17	10	34	5	2	5	3	0	8	26		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	3	3	4	6	2	1	2	1	0	3	3		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	206	180	258	205	180	258			205				
Proportion of people detained under the MHA who are BAME <sup>2</sup>	Improving Care	Safe	CH	Trend Monitor	11.2%	10.0%	14.7%	13.7%	10.0%	14.7%			13.7%				
NHS Standard Contract																	
Objective	CQC Domain	Owner	Target	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Data quality rating <sup>a</sup>	Trend	
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance <sup>1</sup>	Improving Health	Responsive	CH	90%	98.8%	99.3%	99.1%	99.8%	99.7%	99.5%	98.7%	99.0%	99.3%	100%	100%		
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%	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%	100%	100%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.7%	98.8%	98.7%	97.7%	98.9%	98.8%	98.7%	98.6%	97.8%	97.9%	97.5%		

\* 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 99.4% in September, remaining above the target threshold.
- The percentage of service users seen for a diagnostic appointment within 6 weeks remains well below target at 47.4% . This is a consequence of the impact of Covid-19. This is an improvement against the previous month and a recovery plan is in place.
- Inappropriate out of area bed placements amounted to 177 days in in September. This is a decrease from 224 in August. 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 September 2020, there were 3 service users aged under 18 years placed in an adult inpatient ward for a total of 26 days. 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 September shows 12.6% of records have an unknown or missing employment and/or accommodation status, this is a decrease compared to August which showed 13.3% 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

- Insufficient numbers of rehab support workers within the neighbourhood rehabilitation service, due to continued increased demand and some issues around the responsive of being able to mobilise domiciliary care packages within the discharge to assess (D2A) timeframes
- Therapies - Potential for recently announced tier 2 restrictions to affect recovery program such as group work.
- Urban House (Wakefield) has reopened following a deep clean. Services have resumed with a reduced number of clients coming into Urban House daily. The health integration team continue to support clients in the current alternative hotel accommodation in Wakefield.
- Health and wellbeing services Covid-19 – we have continued to deliver a robust service offer across all services whilst developing and implementing recovery plans
- Currently awaiting confirmation of the commissioning requirements for Yorkshire smoke free (YSF) Calderdale for 2021 onwards; we anticipate clarification will be provided at the October contract meeting.

##### Strengths

- Teamwork – delivered an additional 12 weeks of antibody testing for our partner organisations
- Supporting approx. 7,300 individual patients with face to face home visiting
- Delivering approx. 10,000 patient contacts per week, with a mixture of face to face, telephone and video consultations
- Combined effort in supporting care homes through Covid-19 via symptomatic testing, wellbeing calls, face to face clinical input, asymptomatic and staff swabbing – all 4 aspects of care home support have been nominated for Barnsley Spirit awards
- D2A team now consistently providing 10 slots for hospital discharges per day (weekends excepted) and working within community teams if the slots are not filled.
- Community physio & occupational therapy (OT) working as one team - continues to develop enabling cross cover and increased flow through the rehabilitation health system
- Therapies - commenced collaborative working alongside our social care colleagues to look at care, reablement and rehabilitation packages in order to assist the patient.
- Health and wellbeing services (HWB) continue to utilise and develop technology to undertake telephone/video call contacts to maintain service provision.
- Patient feedback across all services is consistently positive.
- Commissioners for all wellbeing services remain extremely pleased with the quality, breadth and volume of service being provided.
- Our vaccination and immunisation team have continued to deliver "catch up" sessions for school aged children in a variety of venues /days/times and had good uptake and positive feedback.

##### Challenges

- Staff absence due to Covid-19: mainly via household symptoms or test and trace
- Therapies - increasing flow of patients from hospital and between community services as winter approaches and Covid-19 hospital cases increase. Challenge to ensure we can support that flow in already stretched services, alongside the COVID restrictions.
- Increasing numbers of retirees across all therapy services.
- Continue to support health integration team to deliver safe services in Urban House and the hotel.

##### Areas of Focus

- Integrated neighbourhood teams – re-commencing mobilisation group and moving forward with all the relevant workstreams.
- Enhanced health in care homes (EHCH) work stream – delivering this via multi-disciplinary teams (MDTs) and weekly ward rounds, post discharge reviews, new resident assessments and personalised care planning
- Therapies - recruitment of appropriate staff to vacant posts.
- Patient flow across the entire health system – community to hospital and hospital to community
- Continued work on long term D2A model with our acute trust and social care colleagues.
- Following a meeting with commissioners we are commencing a new workstream to review existing neurological rehabilitation pathways with a view to improving integration of multiple service elements including inpatient beds and outpatient provision.
- Development of recovery plan for Live Well Wakefield.
- Work with the commissioner for YSF Calderdale to achieve a positive outcome for the service.

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

##### Mental Health:

##### Strengths

- All-age liaison model operational in Barnsley and Wakefield - scheduled for implementation in Calderdale/Kirklees 26 October 2020.
- 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 access through Covid-19 pandemic. Currently 25% below access target as specified pre Covid-19. Face to face had re-commenced in line with Trust guidance but compromised by recent Covid-19 outbreak at Cudworth base.
- Memory service diagnostic clinics re-instated with increased capacity to address backlog. Expected to address backlog by end December 2020.
- Recording of care programme approach (CPA) reviews and supervision being addressed through management supervision and in coordination with P&I colleagues
- Early intervention in psychosis (EIP) performance against cardio metabolic assessment compromised by Covid-19 restrictions. Backlog to be addressed by the end of December 2020.

##### Child and adolescent mental health services (CAMHS):

##### Strengths

- Introduction of all-age liaison model
- Discussions held with Barnsley CCG following cancellation of procurement process. Agreed joint governance approach to achieving service specification. First steering group meeting held in September.
- Waiting numbers from referral to treatment in Barnsley/Wakefield have continued to reduce.

##### Areas of focus

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased – with escalating demand outstripping commissioned capacity. Business case submitted to secure additional recurrent investment in Calderdale.
- Scope of CAMHS Improvement Board extended to include Calderdale and Kirklees
- Referral numbers across all services increasing following school return – but not exceeding previous levels.

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 some service users 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 moving towards 7 day working, with formal consultation about to commence.
- Cohorting standard operating procedures for 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.
- The new 'inpatient admissions and discharges summary' providing 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 has been demonstrated and is proving popular with ward managers and the service. 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 dashboard is also supporting the work on criteria led discharge.
- 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 these are 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 and has shown significant improvement across the board.

**Strengths**

- Sustained 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.

**Challenges**

- Adult acute occupancy remains at full capacity and acuity levels remain high. Together with Covid-19 requirements this has led 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
- Patient 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, 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.
- Demand and levels of activity in IHBT and the mental health liaison teams leading to pressures for inpatient beds.
- 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 ensuring 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 safely 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 (increasing 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 is progressing.

##### 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
- 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.

##### 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 are challenging.
- 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 general managers (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.
- 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. Appointment of clinical lead and project support will be helpful.
- Occupancy levels for Newton Lodge and the Bretton Centre remain above target but Newhaven (low secure, LD) 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 with recruitment continuing to progress well.
- Awaiting final report from Sancus into the domestic homicide. Action plan in place and is progressing well.
- Work on the new leadership structure is taking place with interim management arrangements in place pending a management restructure.
- OPEL Level remains at 2

###### Learning Disabilities

- Covid-19 safe learning disability (LD) diagnostic assessments were piloted and are being rolled out across all services.
- Restoration & recovery work remains a priority. A surge in community cases has resulted in levels of anxiety in carers/providers. Refusals of face to face contacts has risen.
- Community nursing teams in all 4 localities continue to be pro-active and flexible in support of care providers.
- Recruitment across all disciplines is progressing well.
- Work on the assessment and treatment unit reconfiguration across West Yorkshire continues.
- OPEL Level 2.

###### ADHD/ASD

- Operational activity is on track for commissioned activity.
- Operational activity is on track for waiting list initiatives.
- Service user survey for remote assessments had positive outcomes- second largest in the Trust.
- Business plans have been submitted and being drafted for service expansion across the footprint and ICS.
- Dyslexia service activity increasing.

##### Strengths

###### Forensics

- Approached by NHS England to take a provider lead re business continuity planning (secure care) for the north.
- Services maintained throughout pandemic both in in-patient wards and community services.
- Mandatory training figures remain at a consistently high level.
- Flu campaign across the forensic BDU is progressing very well.

###### Learning Disabilities

- Staff absence levels remain manageable.
- Staff continue to work in an innovative and creative way to support service users and carers in challenging circumstances.
- Face to face contacts are increasing steadily and this will be reflected in Q2 figures.
- Calderdale are exploring ways in which SWYPFT can support delivery of annual health checks. Business case requested.

###### ADHD/ASD

- All KPIs deliverable despite pandemic.
- Ability for flexible delivery of the service to meet both service user and commissioner expectations.
- Mandatory training levels excellent.
- Transformation of admin on track and will support service delivery and development.

##### Challenges

###### Forensics

- Absence levels remain higher than the Trust average.
- High levels of staff vacancies with particular hotspots in registered nursing and psychology.
- Retention of registered nurses.
- Clinical acuity remains high across the BDU.

###### Learning Disabilities

- Some issues identified re data quality in Kirklees. The impact of this is still being investigated.
- Increase in referrals from Leeds now there are only 2 ATUs in West Yorkshire. SWYPFT are the only unit with seclusion facilities so the potential for levels of acuity to rise is high.
- Supervision levels are lower than expected levels this is being explored and actions to rectify are being developed.

###### ADHD/ASD

- Recruitment activity to intervention pathway for ADHD (waiting list project) behind the target, possibly due to the nature of fixed-term contracts.

##### Areas of Focus

###### Forensic

- Preparation for role as lead provider of the West Yorkshire Provider Collaborative.
- Forensic development plan, work continues and is progressing.
- Recruitment and retention of staff supported by HR.
- Staff wellbeing.

###### Learning Disabilities

- Restoration and recovery remains a priority.
- Working with West Yorkshire
- Ensuring flu campaign gains momentum.
- Improving supervision levels.
- Development of an action plan in response to the Robertson Cooper staff survey results.

###### ADHD/ASD

- Exploring the potential to provide an ADHD LD pathway.
- Exploring the potential to provide an ASD pathway from 17 years in Kirklees and Calderdale.
- Development of business cases to support expansion of the service.
- Recruitment of clinical staff.
- FIRM risk assessment tool to be rolled out from October 26th.

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, with proactive comms around coronavirus e.g. back to school support from CAMHS
- Sharing of staff and service user good news stories, internally, externally and through social media channels.
- Community mental health survey launch support
- Wellbeing at work survey results publicised and staff insight sessions promoted
- Staff wellbeing initiatives promoted e.g. MSK sessions
- Flu campaign launched. Ongoing promotion of the 'Have a vaccine, give a vaccine' campaign.
- 'Choose well for mental health' campaign in development. To be launched in the next month.
- Wakefield CAMHS; referral changes live, and continued support for transformation work (ReACH team and eating disorders)
- Awareness days and weeks supported on social media and in internal communication channels e.g. world pharmacists day
- Information governance campaign.
- 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 (e.g. case studies, charity challenge), Creative Minds (e.g. website, socials) and Spirit in Mind (website, and event support).
- Support provided to SystmOne programme – FIRM roll-out and sharing of service user records
- New intranet development project supported – spec produced for procurement.
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns e.g. Great Minds – suicide prevention
- Annual Members' Meeting support

### Engagement, Equality and volunteering update

- Work continues to support Phase 3 planning
- Business proposal to mainstream the offer for 'Virtual Visitor' shared at silver and gold command to identify funding. Talks will take place with IM&T regarding digital support required
- Reviewing the Covid-19 equality impact assessment (EIA) and research tool this quarter with emerging intelligence
- Progressing the work to involve Wakefield in a conversation on mental health; developed and shared with the Alliance.
- Work to support the involvement of stakeholders in the ethics committee
- Work to support involvement in the digital strategy
- Work to support involvement in a 'Smoke Free' site
- Identified a process to support SEQUIN submission for secure services
- A 'Passport for Carers' online event has now led to the development of the passport, a number of actions to support a future action plan are in place to take the work forward including a partnership group.
- Trust wide strategy – still in draft and shared with Equality & Inclusion Committee and Trust Board for additional comments and updates. The strategy will be signed off in December. The associated action plans for equality, engagement and carers will follow once the objectives are agreed
- Trust wide strategy 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
- The team have now appointed an engagement, equality and inclusion project officer.
- Successful bid to charities commission and staff recruited and in post – our involvement has secured 2 posts focussed 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 October 2020 priority programme progress update for the integrated performance report. It is a summary of the activity conducted in the period for September 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 and some face to face courses have commenced. Creative Minds continue to oversee the delivery of a variety of interventions with performance reported into the Charitable Funds Committee. To ensure that arts, creativity and culture is used across Calderdale to support people's health and well-being the arts and health programme manager started in position from September 2020 with the programme of work agreed by steering group and underway. A change co-ordinator also started during early October to embed physical activity into systems and processes of teams within Calderdale to ensure that the people they support are able to live a larger life and for longer through physical activity. The role will link with and support the physical activity offers already in place including through the Recovery College and Creative Minds.		
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	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 partnerships. ICS plans have been submitted on the 21 September, made up of the place plans and programme priorities. The Trust contributed to the planning in each of the places both for the place-based recovery and reset priorities and as well as an organisational plan that includes workforce and activity details. Work has commenced at ICSs and place based level on planning the approach and process to follow in producing plans for community mental health transformation. The ambition is to fundamentally transform the care offer for adults and older adults with a range of severe mental health problems and co-existing needs. This will be achieved through new integrated models of care that enable timely access to high quality, evidence-based, joined-up care. Plans will be developed in each place through existing or specifically developed partnership or alliance arrangements involving all key partners, and/or at system wide level where there is a need to do it once. Submission date to NHSE is set as 18th November 2020. West Yorkshire mental health, learning disability and autism services continue '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 has been 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 of 'go live' on 1 October 2020. In all our places we continue to work with partners to respond to Covid-19 and deliver recovery and reset plans. Barnsley: Discussions are taking place around maintaining discharge to assess pathways. Work has commenced on modelling changes to mental health demand with partners. Calderdale: the Calderdale Community Collaborative Partnership work continues with a formal framework shared for partners to sign. Kirklees: The Kirklees Integrated Workforce Development Steering Group has recommenced activity to support the implementation of workforce strategy for Kirklees to complement organisations in responding to the NHS people plan. A reset and stabilisation phase 3 update was provided from SWYPFT to Kirklees Integrated Health and Care Leadership Board. Wakefield: As part of the current work programme, Touchstone will be leading on the delivery of the Wakefield Safe Space in partnership with colleagues from Gaspod and Spectrum People and will be commencing a 'soft launch' over the coming weeks. SWYPFT continue to host the Wakefield MH Alliance and recently held a partnership workshop to commence the planning for 2021/22 alliance work programme.		
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	Psychiatric Intensive Care Unit (PICU) - new standard operating procedure final amendments made, work to be taken forward with patient flow on process around gender specific out of area placements. Criteria led discharge (CLD) - is now being managed as business as usual, proposal and plan now in place to migrate CLD to systm1 from November. SSG undertaking post implementation review, feedback next period. Patient flow – Final revisions to procedure now made. Trust-wide patient flow service now being taken forward as business as usual and new reports dashboards being used by the service. Performance Management – new dashboard is now live and demonstrated a wide range of stakeholders. Feedback being gathered and plans to develop community dashboard in place. Single Point of Access (SPA) – The triage scale now live in Calderdale and Kirklees with positive feedback. Work continues with GPs to test and go live with e-referral and develop primary care pathways. Ongoing work with Healthwatch, including co-production from service users and carers to support staff training is being planned. Intensive Home Based Treatment (IHBT) - Kirklees – Now delivering a model in line with fidelity to IHBT standards - next update into steering group in November. TIPO – Kirklees pathway due to be operational from November. Current activity includes consideration of how the community transformation funding might support the model and improve links with primary care networks. Community- most activity is now being taken forward as business as usual, whilst further changes are being considered as part of the community transformation proposals - initial meeting to review impact of work to date has taken place. Gatekeeping Review – A review of gatekeeping across the Trust is to take place in autumn, which could identify further changes required to help make the system be more sustainable.  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 PIU SOP through internal governance - Oct 2020 SPA Triage Scale live - Jul 2020; initial review Oct/Nov 2020, full review early 2021 CLD future system decision - Oct 2020, move to S1 from Nov. IHBT joint AMHP assessment further review - early 2021	Progress Against Plan	

Summary	Covid-19	Quality	National Metrics	Locality	Priority Programmes	Finance/ Contracts	Workforce
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 /Maeva Boyle (Barnsley)	CAMHS Improvement Group with monthly report to OMG	All age liaison service in Barnsley has been fully implemented since 1st October 2020. Wakefield is on track to implement its all age liaison service with go live date scheduled as 19th October 2020. Review of Barnsley and Wakefield mental health liaison team (MHLT) staff competencies using the competency framework is well underway. Barnsley crisis and home based treatment team (C&HBT) standard operating procedure has been approved by Operations Management Group at its meeting on 7th October 2020. Consideration underway as to whether this standard operating procedure can be used by all CAMHS C&HBT services with minor variations to reflect contractual arrangements. Recruitment within Wakefield continues however some key posts have not been fulfilled even though posts have been offered following interviews. There is some potential impact for CAMHS as a result of other recruitment challenges in the wider district such as ASD pathways. Staff wellbeing results have both Barnsley and Wakefield CAMHS appearing to be showing higher positive results. Fuller analysis work has yet to be taken forward. Waiting list (WL) numbers are have started to grow slightly in Wakefield and Barnsley due to increased referrals following children and young people returning to schools in September. For example, within Barnsley CAMHS, there has been 35% increase in referrals for Sept 2020 (1152) compared with Sept 2019 (113). The CAMHS Improvement Board has considered the appropriateness of continuing to have CAMHS waiting lists as an ongoing aspect of Trust priority programmes. This Board has extended its membership to include the general manager from Calderdale and Kirklees due to the waiting list pressures for neurodevelopmental assessments. First meeting of the Barnsley children and young peoples mental health service (CYPMHS) joint steering group (which is overseeing the development and implementation of new CAMHS service model in Barnsley) met on 8th October and the focus of meeting was on the ADHD pathway with initial discussion on the proposed single point of contact function.	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&HBT 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	The forensic improvement actions continue to be delivered in line with the plan. A list of recent achievements against the plan was reported into EMT on 08/10/2020. Organisational development work continues and the third and fourth leadership workshops have been scheduled. The comprehensive bespoke communication approach has been developed and initial feedback to the regular, systematic communication mechanisms is positive.		
<b>IMPROVE RESOURCES</b>							
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 1 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 and usage in September remained consistent with the previous month. AirMid part of TPP's SystemOne offer continues to support practitioners to maintain contact with patients with an average of 1 contact per week during August. AccuRX utilised by non SystemOne users supported an average of 177 consultations per week. MS Teams 291 and WhatsApp an average of 55 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 September 2020, there were 586 group calls, 6,622 one to one meetings, 14,845 meetings and 68,749 messages. Working from home – continues to be supported with additional laptops, wifi enabled desktops, additional VPN tokens and daily VPN connections still in place. SystemOne – During September and early October most services have moved from the Sainsbury tool on SystemOne to the FIRM tool, this move supports our Trust values. In addition, from September, the time saving function SystemOne tasking is now operational. EPMA (Electronic Prescribing and Medicines Administration) - the RAG status against go live in November remains at amber / red and work needs to continue at pace to meet this timeframe. Go live has been moved to mid November to allow for the difficulties of robust testing caused by social distancing restrictions. User acceptance testing is scheduled for completion by mid-October. Training to be scheduled for initial wards in October. An update on progress was included in October edition of The Brief.		
<b>MAKE THIS A GREAT PLACE TO WORK</b>				EMT	Focus on this in relation to Covid 19: Support the wellbeing of #allotus 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		

Project name	Start date	End date	1. Start	2. Planning	3. Progress	4. Almost complete
Consequence	1	2	3	4	5	6
2. Consequence	1	2	3	4	5	6
3. Consequence	1	2	3	4	5	6
4. Consequence	1	2	3	4	5	6
5. Consequence	1	2	3	4	5	6
6. Consequence	1	2	3	4	5	6
7. Consequence	1	2	3	4	5	6
8. Consequence	1	2	3	4	5	6
9. Consequence	1	2	3	4	5	6
10. Consequence	1	2	3	4	5	6

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
BDCT Bradford District Care Trust	NHSE/ National Health Service England/ NHS Improvement
CKYP Children and Young People	NMOC New model of care
CCG Clinical Commissioning Group	OMG Organisational Management Group
CSG 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	QSI Quality, Service Improvement and Re-design
HASU Hyper Acute Stroke Unit	RACI Roles and responsibilities indicator
HCP Healthcare Partnership	SBAR Situation - Background - Assessment - Recommendation on 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	SWPFT 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

## Overall Financial Performance 2020/21

### Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast August 20	Narrative
1	Surplus / Deficit			September 2020 is the final month when covid-19 cost reimbursement and a central top up will be provided retrospectively. During H2 covid-19 and top up funding is prospectively allocated from the ICS and the Trust will need to deliver an agreed position within this resource allocation. For the year to date these claims equate to £6.4m in total with £0.5m for covid-19 and £1.2m additional top up claimed in September.
	Covid-19 reimbursement	£3m		
	Top Up	£3.4m		
	Reported position	£0m	(£2.1m)	
2	Agency Cap	£3.2m	£7m	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 September was £0.6m.
3	Cash	£57.5m	£34.9m	Cash in the bank continues to be above planned 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	£0.7m	£5.6m	A revised capital forecast for 2020/21 has been produced taking account of current capital priorities and the impact of covid-19 on accessibility and costs. This has reduced the overall forecast by £1m.
6	Better Payment			This performance is based upon a combined NHS / Non NHS value and demonstrates that 82% of invoices have been paid within 7 days.
	30 days	97%		
	7 days	82%		

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	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	5.0%	5.0%	5.0%	5.0%	5.0%	4.9%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	5.10%	5.0%	5.30%	5.0%	4.6%	4.2%	3.9%	3.9%	4.0%	3.8%	3.8%	3.8%
Aggression Management	Improving Care	Well Led	AD	>=80%	82.8%	81.3%	80.5%	80.9%	81.6%	85.5%	85.5%	85.5%	85.5%	85.5%	86.0%	86.0%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80% by 31/3/17	83.6%	83.6%	81.9%	81.2%	80.9%	89.4%	89.4%	89.4%	89.4%	89.4%	90.3%	89.4%
Clinical Risk	Improving Care	Well Led	AD	>=80% by 31/3/17	88.6%	88.5%	88.6%	89.2%	89.0%	93.7%	93.7%	93.7%	93.7%	93.7%	93.8%	93.6%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	92.0%	92.3%	92.1%	92.6%	92.4%	95.2%	95.2%	95.2%	95.2%	95.2%	95.7%	95.7%
Fire Safety	Improving Care	Well Led	AD	>=80%	86.8%	87.4%	87.9%	88.3%	88.3%	93.7%	93.7%	93.7%	93.7%	93.7%	93.9%	93.4%
Food Safety	Improving Care	Well Led	AD	>=80%	81.9%	82.5%	83.0%	82.3%	81.6%	76.9%	76.9%	76.9%	76.9%	76.9%	78.3%	76.7%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	92.0%	91.3%	91.0%	90.4%	89.1%	95.8%	95.8%	95.8%	95.8%	95.8%	96.2%	96.0%
Information Governance	Improving Care	Well Led	AD	>=95%	94.0%	92.8%	94.1%	90.4%	98.0%	98.2%	98.2%	98.2%	98.2%	98.2%	98.8%	98.8%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	92.1%	91.9%	92.0%	92.1%	92.2%	95.0%	95.0%	95.0%	95.0%	95.0%	95.5%	95.6%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80% by 31/3/17	93.9%	93.5%	92.5%	92.3%	90.5%	93.3%	93.3%	93.3%	93.3%	93.3%	94.6%	94.3%
Mental Health Act	Improving Care	Well Led	AD	>=80% by 31/3/17	90.2%	90.8%	89.8%	90.1%	87.2%	89.5%	89.5%	89.5%	89.5%	89.5%	91.2%	90.8%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	76.1%			73.3%			73.4%			74.9%		
Prevent	Improving Care	Well Led	AD	>=80%	86.0%	87.1%	88.8%	90.8%	91.1%	93.2%	93.2%	93.2%	93.2%	93.2%	94.6%	94.6%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	94.4%	94.1%	94.1%	94.0%	94.3%	96.2%	96.2%	96.2%	96.2%	96.2%	92.8%	92.8%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	91.8%	89.8%	89.0%	89.8%	90.7%	92.4%	92.4%	92.4%	92.4%	92.4%	93.6%	93.6%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	96.3%	96.0%	96.5%	97.3%	97.1%	96.9%	96.9%	96.9%	96.9%	96.9%	96.8%	96.8%
Bank Cost	Improving Resources	Well Led	AD	-	£700k	£887k	£705k	£769k	£685k	£1,241k	£727k	£866k	£721k	£687k	£778k	£907k
Agency Cost	Improving Resources	Effective	AD	-	£674k	£572k	£559k	£537k	£581k	£613k	£469k	£507k	£518k	£558k	£606k	£588k
Overtime Costs	Improving Resources	Effective	AD	-	£18k	£6k	£11k	£15k	£69k	£191k	£196k	£382k	£342k	£257k	£276k	£213k
Additional Hours Costs	Improving Resources	Effective	AD	-	£36k	£36k	£39k	£37k	£42k	£58k	£58k	£61k	£66k	£71k	£59k	£53k
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£545k	£510k	£547k	£510k	£429k	£435k	£374k	£388k	£399k	£408k	£411k	£387k
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-	493.7	473.4	466.1	467.2	511.2	528.0	222.1	222.1	192.3	208.9	205.9	234.0
Business Miles	Improving Resources	Effective	AD	-	264k	317k	272k	273k	302k	312k	193k	149k	138k	164k	166k	147k
<b>Health &amp; Safety</b>																
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	15						7					

1 - this does not include data for medical staffing.

- As at October 20th, 108 staff off work Covid-19 related, not working which compares to 82 one month earlier. This is the highest number of staff absent due to Covid-19 since mid-June.
- 2498 staff tested as at October 20th.
- 217 staff have tested positive for Covid-19 of which 188 have returned to work
- Staff turnover decreased to 8.9% from 9.1 % in August.
- Non-Covid sickness absence was 3.8% in September 20 and cumulatively is 3.9%. This compares favourably to previous years.
- Compliance with training requirements is positive.
- Focus being applied to food safety training of which staff require this training and how it is provided.
- Little change overall in staff receiving supervision although improvements have been noted in some BDUs.

Summary

Covid-19

Quality

National Metrics

Locality

Priority Programmes

Finance/Contracts

Workforce

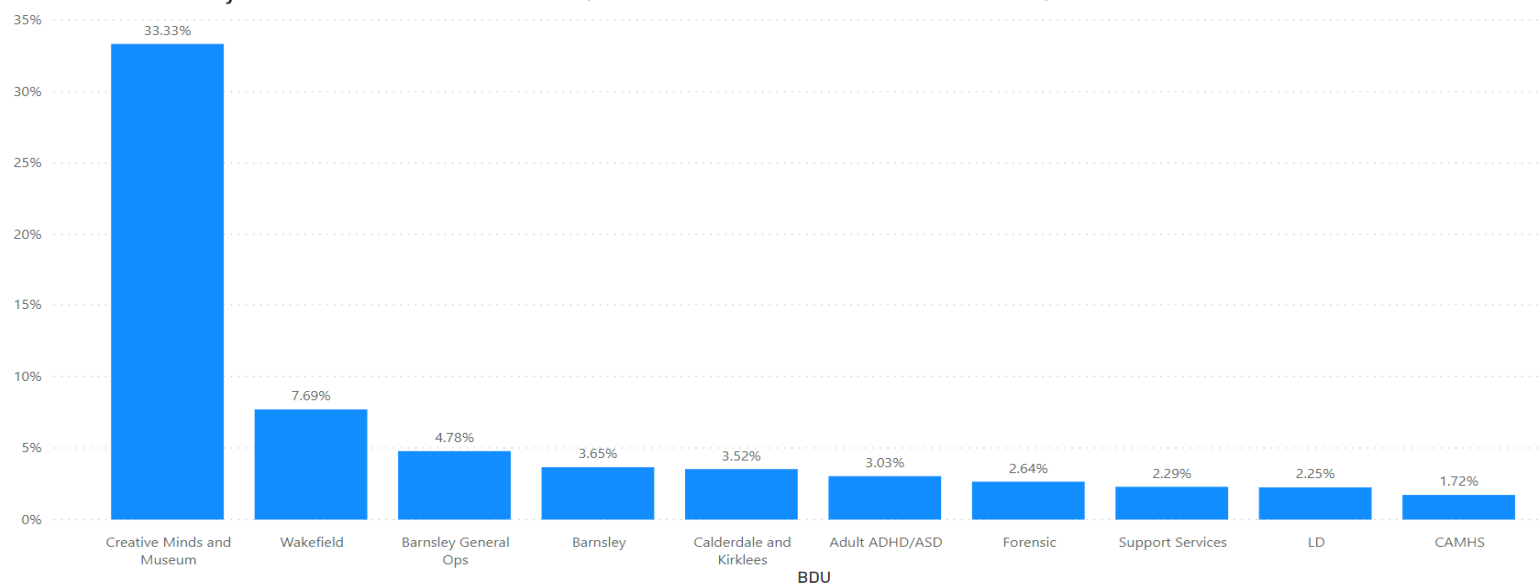
## Sickness reporting

As at 20th October, the Trust has 187 staff absent or working from home due to Covid-19. This makes up 3.67% of the workforce. Of those absent, 45.9% are symptomatic and 27.8% have household symptoms. The business delivery unit (BDU) with the biggest impact is Wakefield with 7.7% of staff impacted (42/546). 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) (October 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 7.6, Sep 6.5, Oct 5.3

The following graph show the percentage of staff absences attributed to Covid-19 as a proportion of the BDU headcount.

### Sick/Absent % by BDU/Service/Cost Centre (excludes Trust Bank/Pastoral Care)





Summary

Covid-19

Quality

National Metrics

Locality

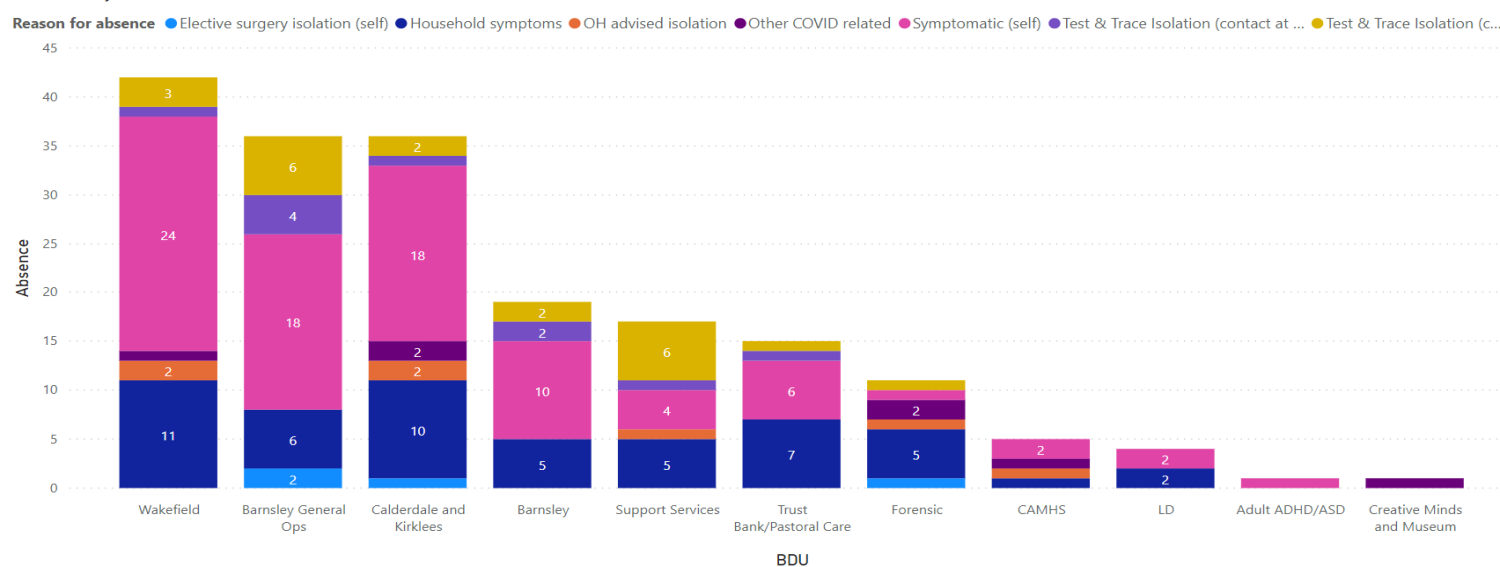
Priority Programmes

Finance/Contracts

Workforce

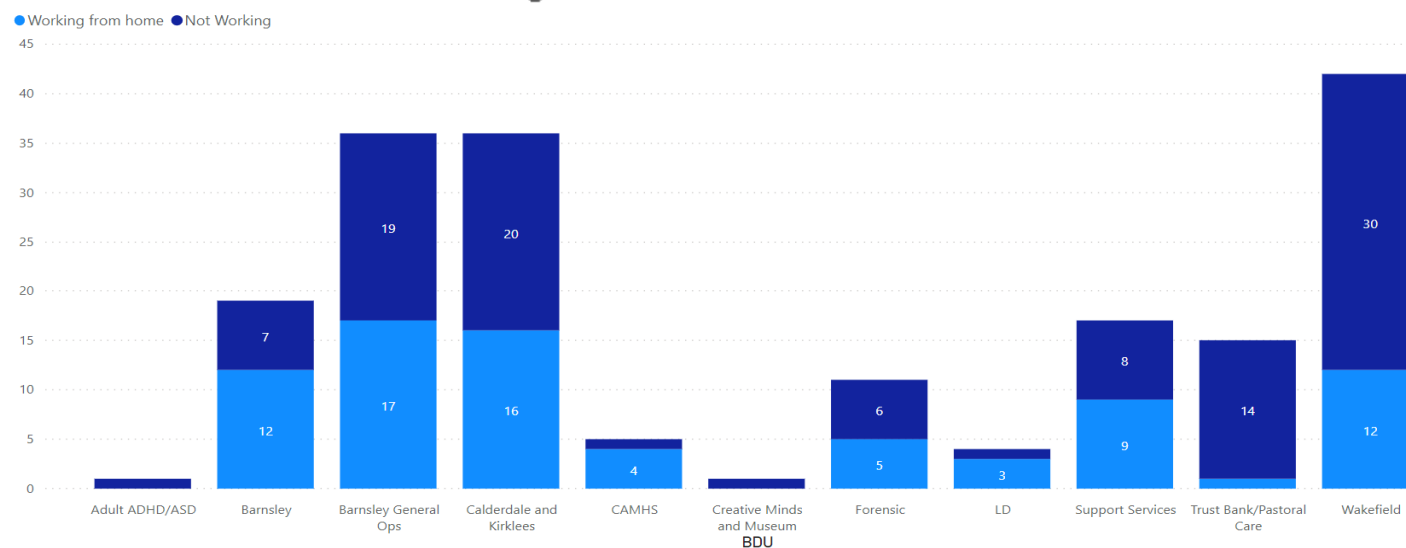
The following graph shows the reasons for Covid-19 absence by BDU.

Absence by BDU and Reason for absence



The following chart shows Covid-19 staff absences over the period 16th March - 20th October:

Numbers of absent staff who are working from home due to Covid-19



## Publication Summary

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

[Childhood vaccination coverage statistics: England, 2019-20](#)

[NHS workforce statistics: June 2020](#)

[NHS sickness absence rates: May 2020, provisional statistics](#)

[Diagnostic imaging dataset: May 2020](#)

[Mental health services monthly statistics performance: July, provisional August 2020](#)

[Community services statistics for children, young people and adults: June 2020](#)



**South West  
Yorkshire Partnership**  
NHS Foundation Trust



# Finance Report

**Month 6  
(2020 / 21)**



[www.southwestyorkshire.nhs.uk](http://www.southwestyorkshire.nhs.uk)



With **all of us** in mind.

# Contents

<b>1.0</b>	<b>Strategic Overview</b>	<b>1.0</b>	<b>Key Performance Indicators</b>	<b>3</b>
		<b>2.0</b>	<b>Summary Statement of Income &amp; Expenditure Position</b>	<b>4</b>
<b>2.0</b>	<b>Statement of Comprehensive Income</b>	<b>2.1</b>	<b>Income focus</b>	<b>7</b>
		<b>2.2</b>	<b>Pay and agency focus</b>	<b>8</b>
		<b>2.3</b>	<b>Non pay and out of area placement focus</b>	<b>10</b>
		<b>3.0</b>	<b>Balance Sheet</b>	<b>12</b>
<b>3.0</b>	<b>Statement of Financial Position</b>	<b>3.1</b>	<b>Capital Programme</b>	<b>13</b>
		<b>3.2</b>	<b>Cash and Working Capital</b>	<b>14</b>
		<b>3.3</b>	<b>Reconciliation of Cash Flow to Plan</b>	<b>15</b>
		<b>4.0</b>	<b>Better Payment Practice Code</b>	<b>16</b>
<b>4.0</b>	<b>Additional Information</b>	<b>4.1</b>	<b>Transparency Disclosure</b>	<b>17</b>
		<b>4.2</b>	<b>Glossary of Terms &amp; Definitions</b>	<b>18</b>

1.0	Executive Summary / Key Performance Indicators			
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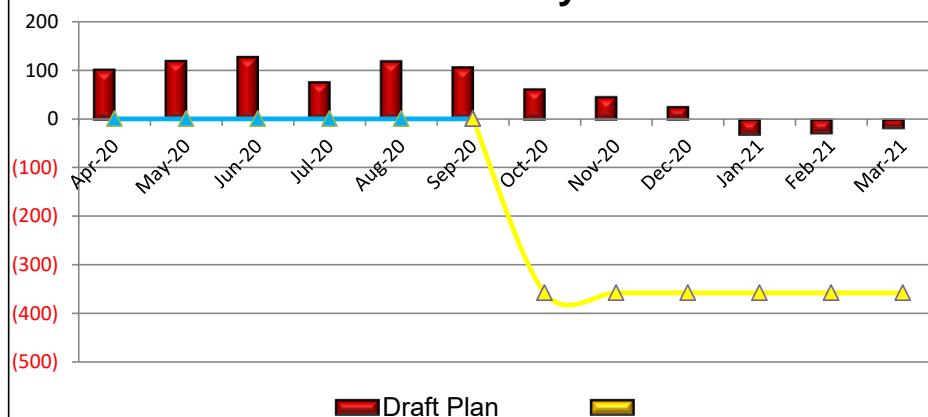
Performance Indicator		Year to Date	Forecast 2020 / 21	Narrative
1	Surplus / (Deficit)			September 2020 is the final month when covid-19 cost reimbursement and a central top up will be provided retrospectively. During H2 covid-19 and top up funding is prospectively allocated from the ICS and the Trust will need to deliver an agreed position within this resource allocation. For the year to date these claims equate to £6.4m in total with £0.5m for covid-19 and £1.2m additional top up claimed in September.
	Covid-19 reimbursement	£3m		
	Top Up	£3.4m		
	Reported position	£0m	(£2.1m)	
		Year to Date	Forecast 2020 / 21	Narrative
2	Agency Spend	£3.2m	£7m	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 September was £0.6m.
3	Cash	£57.5m	£34.9m	Cash in the bank continues to be above planned 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.
4	Capital	£0.7m	£5.6m	A revised capital forecast for 2020/21 has been produced taking account of current capital priorities and the impact of covid-19 on accessibility and costs. This has reduced the overall forecast by £1m.
5	Better Payment			This performance is based upon a combined NHS / Non NHS value and demonstrates that 82% of invoices have been paid within 7 days.
	30 days	97%		
	7 days	82%		

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

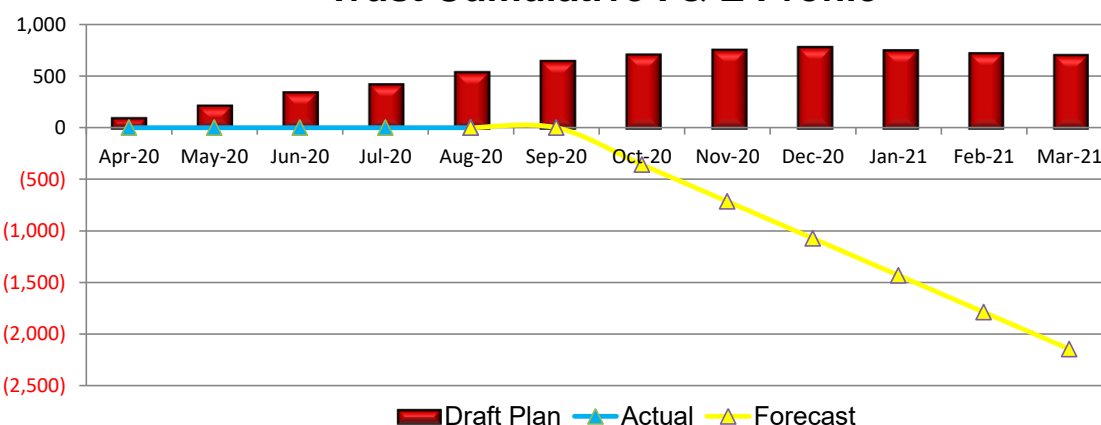
Budget Staff	Actual worked	Variance		Month Budget	Month Actual	Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Draft Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				18,818	19,214	395	Clinical Revenue	112,973	111,086	(1,887)	225,884	232,910	7,026
				<b>18,818</b>	<b>19,214</b>	<b>395</b>	<b>Total Clinical Revenue</b>	<b>112,973</b>	<b>111,086</b>	<b>(1,887)</b>	<b>225,884</b>	<b>232,910</b>	<b>7,026</b>
				1,299	1,519	219	Other Operating Revenue	7,667	10,134	2,467	15,283	17,070	1,787
				<b>20,118</b>	<b>20,732</b>	<b>615</b>	<b>Total Revenue</b>	<b>120,640</b>	<b>121,220</b>	<b>580</b>	<b>241,167</b>	<b>249,980</b>	<b>8,813</b>
4,327	4,283	(45)	1.0%	(16,033)	(16,205)	(172)	Pay Costs	(94,744)	(94,489)	255	(189,429)	(192,767)	(3,338)
				(3,581)	(3,857)	(276)	Non Pay Costs	(21,577)	(21,531)	46	(43,596)	(45,783)	(2,188)
				364	92	(272)	Provisions	895	(607)	(1,502)	1,692	(4,443)	(6,135)
				0	0	0	Gain / (loss) on disposal	0	(23)	(23)	0	(23)	(23)
<b>4,327</b>	<b>4,283</b>	<b>(45)</b>	<b>1.0%</b>	<b>(19,251)</b>	<b>(19,971)</b>	<b>(720)</b>	<b>Total Operating Expenses</b>	<b>(115,426)</b>	<b>(116,649)</b>	<b>(1,223)</b>	<b>(231,333)</b>	<b>(243,016)</b>	<b>(11,683)</b>
<b>4,327</b>	<b>4,283</b>	<b>(45)</b>	<b>1.0%</b>	<b>867</b>	<b>761</b>	<b>(105)</b>	<b>EBITDA</b>	<b>5,214</b>	<b>4,571</b>	<b>(643)</b>	<b>9,834</b>	<b>6,964</b>	<b>(2,870)</b>
				(516)	(516)	(0)	Depreciation	(3,094)	(3,099)	(4)	(6,188)	(6,168)	21
				(253)	(245)	8	PDC Paid	(1,521)	(1,472)	48	(3,041)	(2,945)	96
				8	0	(8)	Interest Received	50	0	(50)	100	0	(100)
<b>4,327</b>	<b>4,283</b>	<b>(45)</b>	<b>1.0%</b>	<b>106</b>	<b>0</b>	<b>(106)</b>	<b>Surplus / (Deficit)</b>	<b>649</b>	<b>(0)</b>	<b>(649)</b>	<b>705</b>	<b>(2,148)</b>	<b>(2,853)</b>
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
<b>4,327</b>	<b>4,283</b>	<b>(45)</b>	<b>1.0%</b>	<b>106</b>	<b>0</b>	<b>(106)</b>	<b>Surplus / (Deficit)</b>	<b>649</b>	<b>(0)</b>	<b>(649)</b>	<b>705</b>	<b>(2,148)</b>	<b>(2,853)</b>

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. A revised plan covering October 2020 to March 2021 will be submitted in October.

Trust Monthly I &amp; E Profile



Trust Cumulative I &amp; E Profile



## Income & Expenditure Position 2019 / 20

**A breakeven position has been reported for September. This assumes £1,228k of additional income via the 'top up' process which is an increase from previous months. A revised process is in place from October 2020.**

The national changes to the financial architecture will be revised from October. Whilst elements will remain, such as nationally calculated block contract income, the current retrospective covid and top up funding will cease. In September these values were £533k for covid-19 and £1,228k which were required in order to deliver an overall breakeven position. A separate breakdown of covid-19 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 was then extended until September 2020. The block arrangements were calculated nationally based on income received from key local commissioners during month 9 of 2019/20 plus a tariff uplift. There is also a national top up process based on average costs in months 8, 9 and 10 last year. No further invoices or recharges are to be made and to date there is no income directly provided for new investment.

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. These values have been updated from October 2020. This recognises material shortfall in funding for specific service lines. Additional income, as part of the financial planning process, is also being agreed with commissioners to ensure that the Trust is recompensed for costs incurred relating to the mental health investment standard.

This shortfall in current income is shown in the I & E position on page 4 which highlights £1.9m 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 September was £16.2m. This is £0.3m more than August with the main increase due to medical staff pay award (covering April to September 2020) being paid in month (as set out nationally). This will be paid monthly henceforth. There has been a reduction in substantive staff in month as student nurse placements, linked to the NHS covid-19 response, have ceased. The impact of current staff absences continue to be monitored to ensure that safer staffing models are maintained despite an increase in staff absence due to covid-19.

### **Non Pay**

Non Pay spend continues to experience both cost pressures and savings within the overall position. Healthcare subcontracts continue 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 generated in categories such as travel, general office costs and training are helping to reduce the overall top up requirement. These are arising from agile ways of working and use of digital technology.



## 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 incremental 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 is undertaken monthly and the true costs of the response will likely be higher than those identified for recovery. 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 value of the September claim was higher than August. There has been a reduction in the cost for student placements but an increase in non pay costs primarily linked to continued investment in agile working and telecommunications, purchase of additional scrubs and laundry of these and additional estates and facilities actions to ensure that the Trust environment is safe as possible (door automation, screens in public spaces etc).

		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	112	780
Staffing – community	Community additional shifts	13	81	71	60	7	17	249
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	0	26	51	0	0	0	77
Staffing - students	Costs of student nurses and medics over and above previous	0	2	132	196	117	33	480
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	37	53
<b>Total – Pay</b>		<b>139</b>	<b>259</b>	<b>387</b>	<b>427</b>	<b>228</b>	<b>199</b>	<b>1,639</b>
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	128	88	4	57	53	111	441
Laundry	In house laundry service including scrubs	96	8	13	32	37	145	331
Infection Control	Central store of additional infection control supplies (wipes, cleaning products)	27	49	18	95	5	55	249
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	19	22	22	0	6	0	69
Discharge Equipment	Purchase of additional equipment to support hospital discharges	0	34	0	37	0	0	71
Communications	Consent to share letter	0	0	17	21	2	0	40
Misc / other	Other general non pay not captured in the headings above	8	16	17	18	76	23	158
<b>Total – Non Pay</b>		<b>278</b>	<b>217</b>	<b>91</b>	<b>260</b>	<b>179</b>	<b>334</b>	<b>1,359</b>
<b>Total cost recovery</b>		<b>417</b>	<b>476</b>	<b>478</b>	<b>687</b>	<b>407</b>	<b>533</b>	<b>2,998</b>

## 2.1

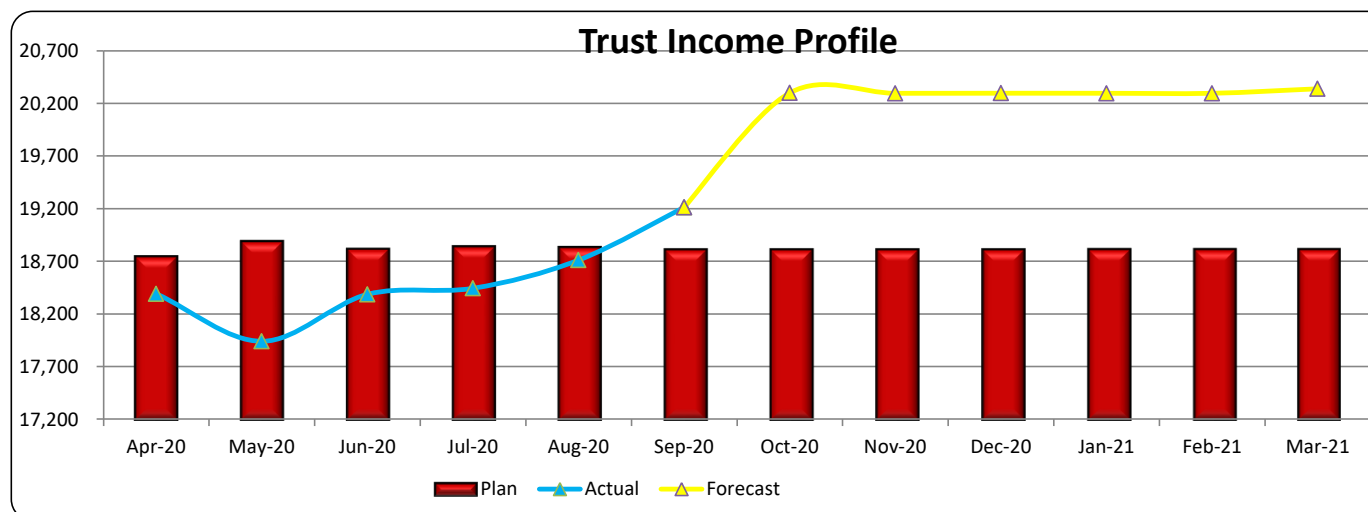
## Income Information

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 uplift. 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 NHS 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
<b>CCG</b>	14,530	13,931	14,286	14,237	14,310	14,261	16,849	16,854	16,854	16,854	16,854	16,854	186,674	171,720
<b>Specialist Commissioner</b>	2,322	2,322	2,322	2,322	2,322	2,322	2,388	2,388	2,388	2,388	2,388	2,388	28,260	27,895
<b>Local Authority Partnerships</b>	335	473	409	439	419	417	417	417	417	417	417	417	4,994	7,755
<b>Top Up</b>	619	637	597	628	639	625	631	631	631	631	631	631	7,533	7,673
<b>Other</b>	550	550	702	658	1,254	1,537	0	0	0	0	0	0	5,252	0
<b>Total</b>	35	27	70	159	(234)	51	15	7	7	6	7	49	197	418
<b>19/20</b>	18,391	17,940	18,386	18,443	18,711	19,214	20,300	20,296	20,297	20,296	20,296	20,339	232,910	215,461
<b>20/21</b>	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	



Although the majority of income is received through the national block contract arrangements there has been an increase in the overall value of income received for the past 4 months. This is due to increased top up / breakeven funding as shown in the table above.

Income from CCGs is forecast to increase in H2 due to:

- \* Revised blocks for a number of commissioners reflective of the unfunded pressures i.e. Barnsley CCG and CAMHS
- \* Additional agreed mental health investment standard income from commissioners. This provides the funding through CCGs to deliver their previously agreed plans.
- \* Allocation of ICS funding, including covid, through the lead CCG (as opposed to top up)

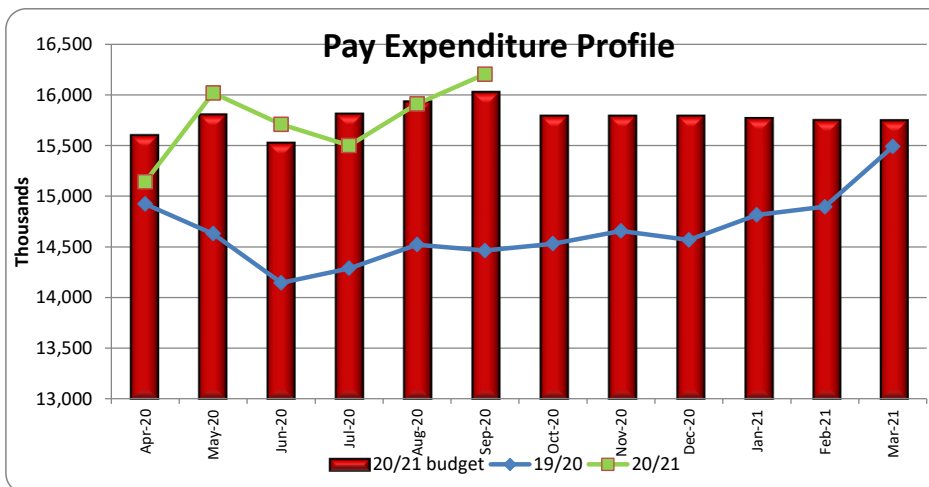
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for 79% of our budgeted total expenditure.

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
<b>Substantive</b>	13,947	14,646	14,470	14,256	14,462	14,647							86,427
<b>Bank &amp; Locum</b>	727	866	721	687	844	971							4,816
<b>Agency</b>	469	507	518	558	606	588							3,246
<b>Total</b>	<b>15,142</b>	<b>16,019</b>	<b>15,709</b>	<b>15,501</b>	<b>15,912</b>	<b>16,205</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94,489</b>
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%	6.0%							5.1%
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
<b>Substantive</b>	3,900	4,004	4,026	4,026	4,006	3,965							4,026
<b>Bank &amp; Locum</b>	203	253	193	197	244	225							193
<b>Agency</b>	68	75	83	90	108	93							83
<b>Total</b>	<b>4,171</b>	<b>4,332</b>	<b>4,302</b>	<b>4,312</b>	<b>4,357</b>	<b>4,283</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,302</b>
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.

Substantive WTE has reduced by 41 in month as some of the covid staffing responses have now ended. For example student nurse placements have either ended or staff have moved into their substantive roles with the Trust. There was however an increase in pay expenditure of c. £0.2m. This value includes £0.3m relating to the payment in month of the medical pay award covering the period of April 2020 to September 2020. This has been reimbursed as part of the national top up process and costs built into the forecast.

Although agency costs have reduced slightly there has been a further increase in bank usage. This is primarily within inpatient services to ensure that we can continue to provide safe staffing levels in response to the needs of service users.

**Agency spend is £588k in September.**

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.

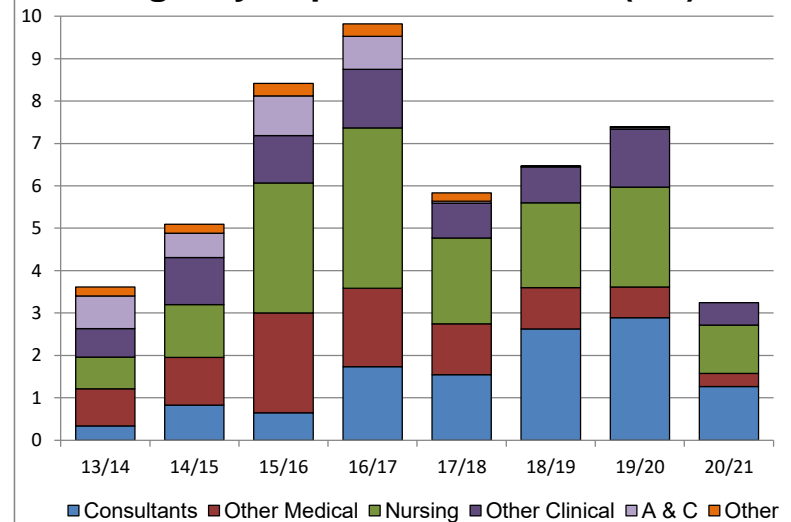
Due to covid 19 there is currently no agency cap for 2020/21, however controls remain the same. The Trust continue to submit the same detailed agency information to NHSI on a weekly basis. This information monitors both the volume of agency shifts utilised and performance against suggested maximum agency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

September 2020 spend is £588k which is a reduction from August and follows a period of monthly increases. This is slightly less than the 2019/20 agency run rate. (2019/20 average was £617k per month).

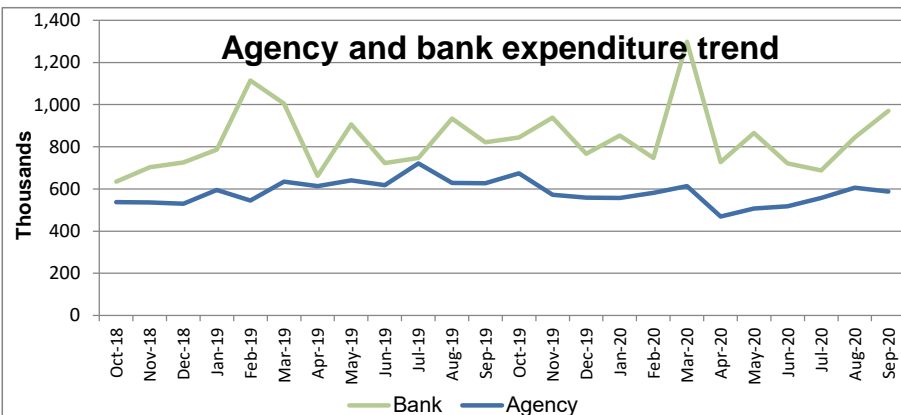
Of this value £294k related to medical agency spend with a further £230k on nursing staff (registered and unregistered). In terms of medical staff we currently have 18 agency in post; 4 relate to CAMHS and 4 relate to Learning Disability services. This has increased from 16 in July with further increases expected.

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

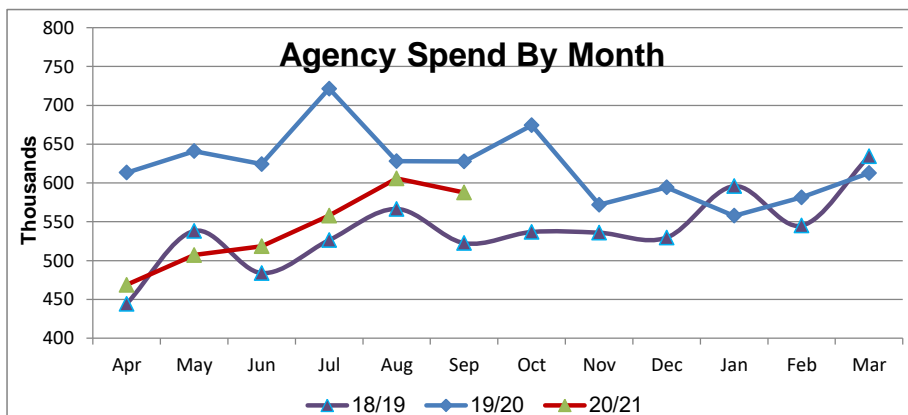
**Agency Expenditure Trends (£m)**



**Agency and bank expenditure trend**



**Agency Spend By Month**

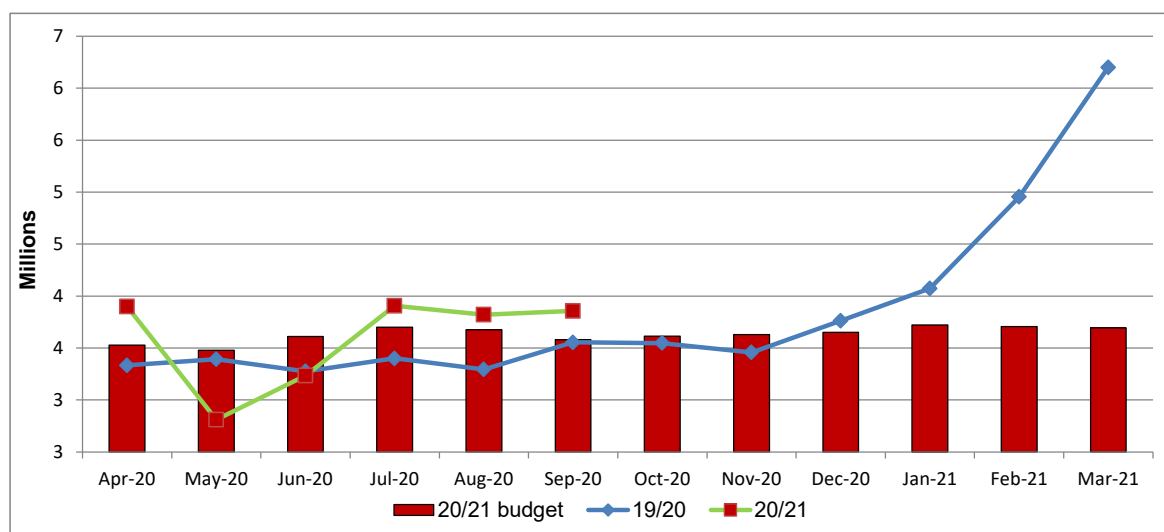


Whilst pay expenditure represents approximately 80% of all Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services and therefore excludes provisions and capital charges (depreciation 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
<b>2020/21</b>	3,900	2,811	3,236	3,906	3,821	3,857							<b>21,531</b>
<b>2019/20</b>	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954	6,200	<b>46,244</b>

	Indicative Budget	Actual	Variance
	Year to date	Year to date	
Non Pay Category	£k	£k	£k
Clinical Supplies	1,210	1,475	(264)
Drugs	1,780	1,628	152
Healthcare subcontracting	2,702	3,541	(838)
Hotel Services	868	945	(77)
Office Supplies	2,726	2,999	(273)
Other Costs	2,278	2,198	81
Property Costs	3,239	3,365	(126)
Service Level Agreements	3,264	3,075	189
Training & Education	541	159	382
Travel & Subsistence	1,796	1,022	774
Utilities	524	587	(63)
Vehicle Costs	647	537	110
<b>Total</b>	<b>21,577</b>	<b>21,531</b>	<b>46</b>
<b>Total Excl OOA and Drugs</b>	<b>17,095</b>	<b>16,363</b>	<b>732</b>



### 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 largely mitigated in part by national supply of key product lines. These have been at nil cost to the Trust although there have been occasions where the Trust has needed to purchase additional supplies directly. 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 £1.4m for the year to date as highlighted earlier in this report. This is included within each of the individual non pay categories above.

Overall non pay is 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. However spend for July to September has been higher.

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) and also the purchase of healthcare from other providers. The main cost pressure here relates to locked rehab placements in Barnsley.

In this context the term out of area expenditure refers to spend incurred in order to provide clinical care to adult acute and PICU 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

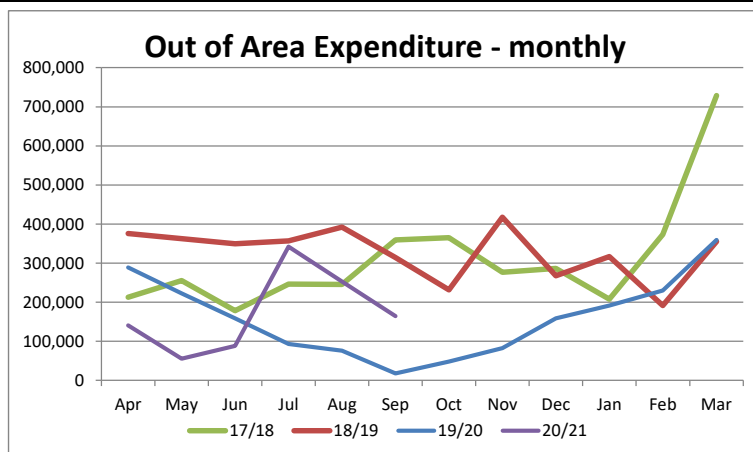
On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Wherever possible service users are placed within the Trust geographical footprint.

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	164							1,042

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	54	120	305	147	74							810

Bed Day Information 2020 / 2021 (by category)													
PICU	92	45	34	113	102	53							439
Acute	18	9	86	192	45	21							371
Total	110	54	120	305	147	74	0	0	0	0	0	0	810



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.

Activity, and costs, have reduced from the in year peak in July with reductions in both PICU and acute bed requirements in September. As at 30th September there were 3 placements (3 PICU, 0 acute) although previous experience has demonstrated that out of area placement activity has fluctuated. Usage and actions plans continue to be enhanced to ensure that usage is minimised.

There are a further 60 bed days which are paid for by commissioners i.e. for gender specific reasons. These arrangement will be paused for October 2020 to March 2021 as part of the financial arrangements and will be reported accordingly for the remainder of the year.

	2019 / 2020 Actual (YTD)		Note
	£k	£k	
Non-Current (Fixed) Assets	107,617	105,111	1
<b>Current Assets</b>			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,576	2,890	2
Non NHS Trade Receivables (Debtors)	953	395	3
Prepayments, Bad Debt, VAT	2,219	3,391	
Accrued Income	1,904	3,842	4
Cash and Cash Equivalents	36,417	57,545	5
<b>Total Current Assets</b>	<b>48,307</b>	<b>68,301</b>	
<b>Current Liabilities</b>			
Trade Payables (Creditors)	(4,102)	(1,701)	6
Capital Payables (Creditors)	(272)	(414)	
Tax, NI, Pension Payables, PDC	(6,311)	(7,650)	
Accruals	(10,869)	(12,754)	7
Deferred Income	(1,462)	(18,151)	
<b>Total Current Liabilities</b>	<b>(23,016)</b>	<b>(40,670)</b>	
<b>Net Current Assets/Liabilities</b>	<b>25,291</b>	<b>27,631</b>	
<b>Total Assets less Current Liabilities</b>	<b>132,909</b>	<b>132,742</b>	
Provisions for Liabilities	(8,724)	(8,557)	
<b>Total Net Assets/(Liabilities)</b>	<b>124,185</b>	<b>124,185</b>	
<b>Taxpayers' Equity</b>			
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
<b>Total Taxpayers' Equity</b>	<b>124,185</b>	<b>124,185</b>	

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. Debts continue to be chased and, at the end of September, there were minimal invoices outstanding. Part of this is linked to preparatory work for the new finance ledger system.
4. Accrued income mainly consists of settlement of the covid-19 cost reimbursement and top up payments (£3.1m - covering August and September).
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
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	3,479	836	284	(552)	3,419	(60)	
Equipment Replacement	100	50	43	(7)	178	78	
IM&T	2,455	1,364	380	(984)	2,047	(408)	
<b>Major Capital Schemes</b>							
Hub Development	600	0	0	0	0	(600)	
VAT Refunds			0			0	
<b>TOTALS</b>	<b>6,634</b>	<b>2,250</b>	<b>707</b>	<b>(1,542)</b>	<b>5,644</b>	<b>(990)</b>	

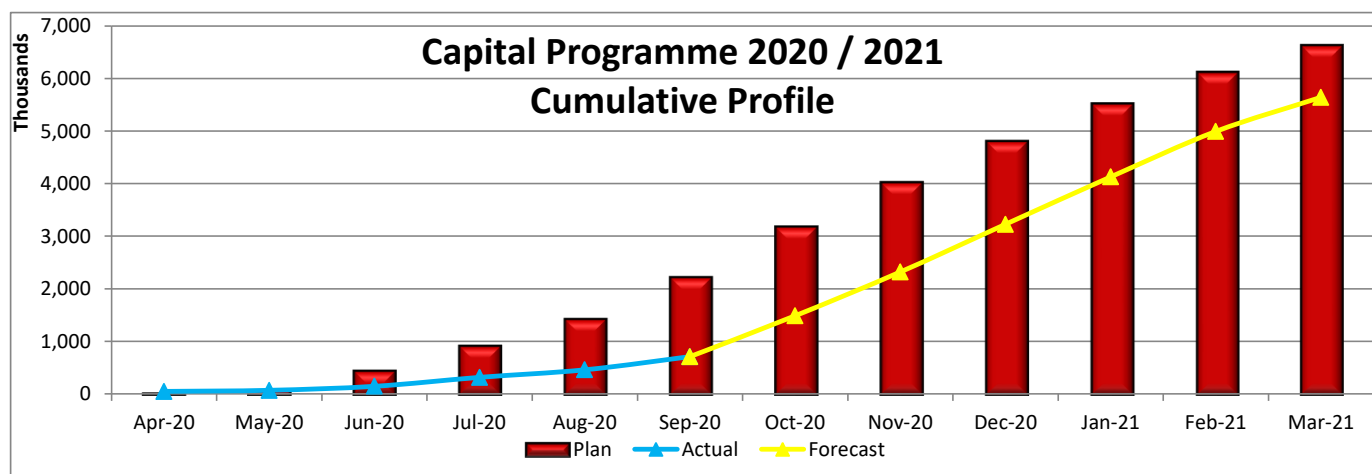
The capital plan for 2020 / 21 is £6.6m. A detailed updated forecast has been completed in September 2020.

#### 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.

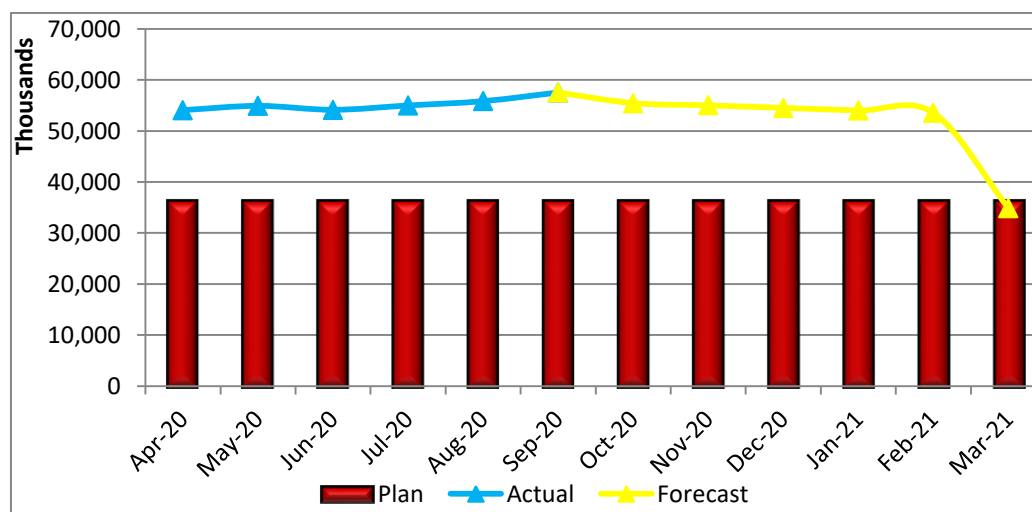
A further detailed review has been undertaken in September 2020. This provides an updated forecast of realistic spend up to 31st March 2021 bearing in mind the current implications of covid-19, accessibility, impact on pricing etc.

As a result there is a reduction of c. £1m with the majority of the change the hub development and IT schemes.

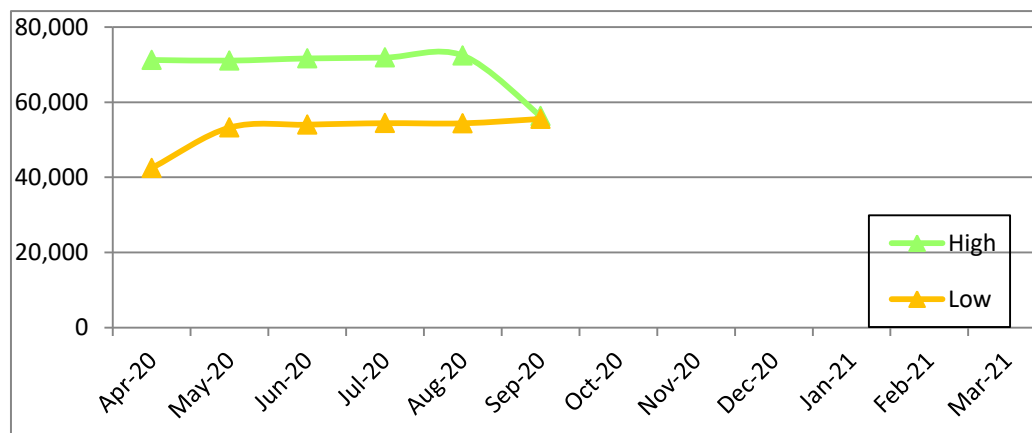


## 3.2

## Cash Flow & Cash Flow Forecast 2020 / 2021



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	36,417	57,545	21,128



**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: £56.3m

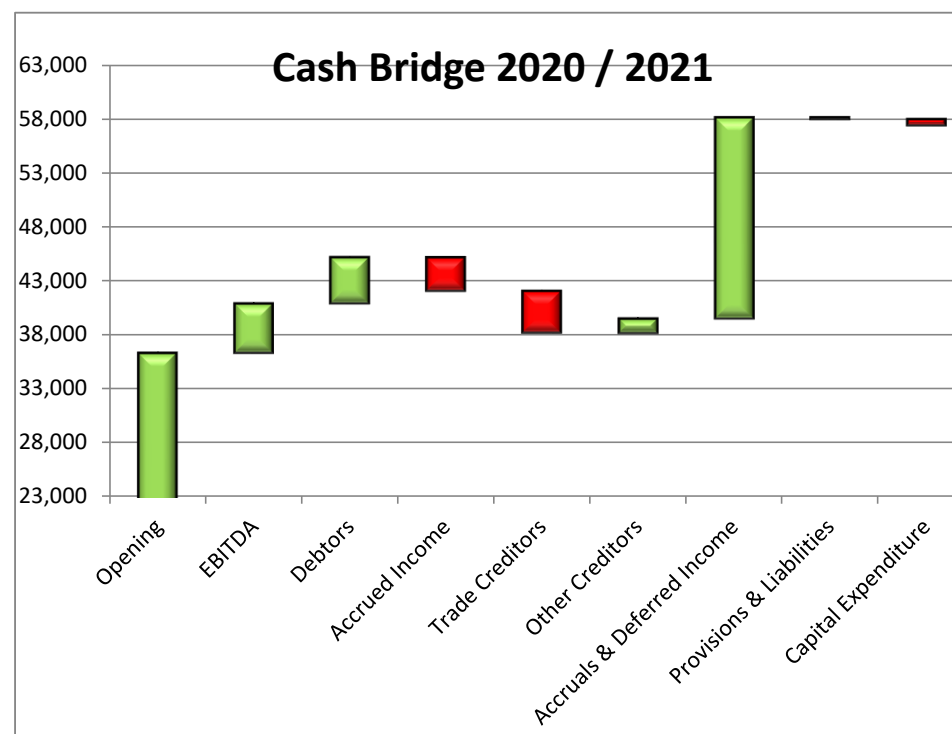
The lowest balance is: £55.6m

This reflects cash balances built up from historical surpluses.

## 3.3

## Reconciliation of Cashflow to Cashflow Plan

	Actual £k	Note
<b>Opening Balances</b>	<b>36,417</b>	
Surplus / Deficit (Exc. non-cash items & revaluation)	4,595	
<i>Movement in working capital:</i>		
Inventories & Work in Progress	0	
Receivables (Debtors)	4,245	
Accrued Income / Prepayments	(3,111)	
Trade Payables (Creditors)	(3,874)	
Other Payables (Creditors)	1,339	
Accruals & Deferred income	18,575	
Provisions & Liabilities	(167)	
<i>Movement in LT Receivables:</i>		
Capital expenditure & capital creditors	(565)	
Cash receipts from asset sales	91	
PDC Dividends paid		
PDC Dividends received		
Interest (paid)/ received		
<b>Closing Balances</b>	<b>57,545</b>	



The table above summarises the reasons for the movement in the Trust cash position during 2020 / 2021. This is also presented graphically 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. The PDC payment expected in September has been deferred, this again improves the Trust's current cash position.

This highlights the largest positive cash impact is within accruals and deferred income. Of this £17.1m relates to the receipt of October 2020 block invoices during September 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.

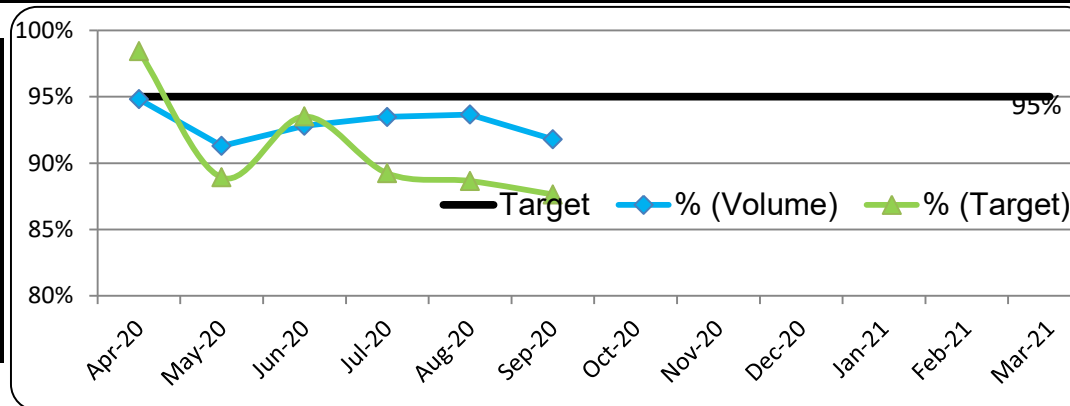
The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Performance continues to be positive.

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).

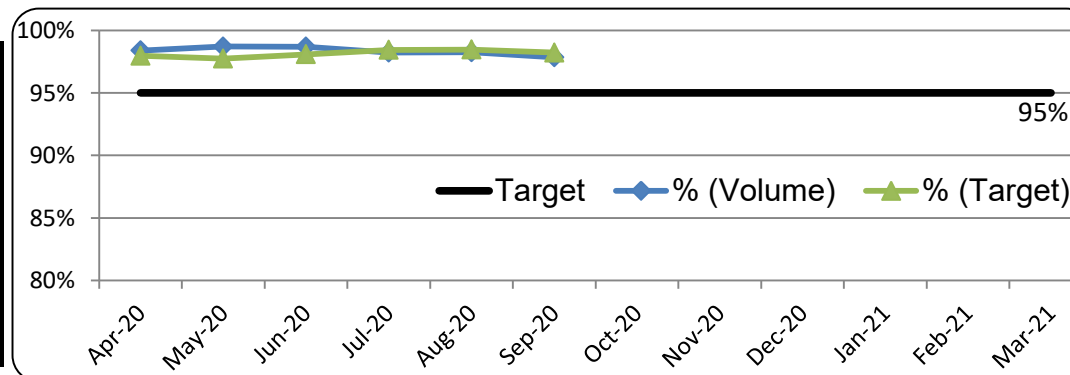
To date, by value, we have paid 62% of NHS invoices and 86% of non NHS invoices within this 7 day target. We continue to review processes to improve this performance further.

It is likely there will be some temporary slippage in this performance in October as the implementation of the new finance and procurement ledger system takes effect.

NHS		
	Number	Value
<b>30 days</b>	%	%
Year to August 2020	94%	89%
Year to September 2020	92%	88%
<b>7 days</b>		
Year to August 2020	71%	69%
Year to September 2020	61%	62%



Non NHS		
	Number	Value
<b>30 days</b>	%	%
Year to August 2020	98%	98%
Year to September 2020	98%	98%
<b>7 days</b>		
Year to August 2020	80%	87%
Year to September 2020	76%	86%



## 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-Aug-20	Property Rental	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3148426	364,058
24-Jul-20	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	3145456	182,622
27-Aug-20	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	3148366	182,622
05-Sep-20	IT Services	Trustwide	Daisy Corporate Services Trading Ltd	3149069	90,250
14-Sep-20	CNST contributions	Trustwide	NHS Litigation Authority	3149984	64,522
18-Sep-20	Staff Recharge	Wakefield	Wakefield MDC	3150249	61,764
07-Sep-20	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3149349	55,602
07-Aug-20	Computer Hardware	Trustwide	Dell Corporation Ltd	3146691	53,160
12-Aug-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3147232	40,466
25-Aug-20	Drugs	Trustwide	NHSBSA Prescription Pricing Division	3148094	39,985
01-Sep-20	Property Rental	Barnsley	Community Health Partnerships	3148589	33,936
10-Sep-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3149639	33,906
21-Aug-20	Telecoms	Trustwide	Vodafone Corporate Ltd	3147736	32,978
01-Sep-20	Purchase of Healthcare	Forensics	Cloverleaf Advocacy 2000 Ltd	3148545	32,358
07-Sep-20	Property Rental	Barnsley	Dr A D Mellor & Partners	3149220	30,096
17-Sep-20	Telecoms	Trustwide	Vodafone Corporate Ltd	3150137	28,974
28-Aug-20	Property Rental	Wakefield	SJM Developments Limited	3148458	27,000
01-Sep-20	Property Rental	Barnsley	Community Health Partnerships	3148589	26,295
12-Aug-20	Drugs	Trustwide	Lloyds Pharmacy Ltd	3147232	26,219
07-Sep-20	Property Rental	Barnsley	Dr A D Mellor & Partners	3149221	25,344
07-Sep-20	Utilities	Trustwide	EDF Energy	3149358	25,169

- \* 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.

## Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.5%	4.2%	4.3%	4.2%	4.1%	4.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.5%	4.0%	4.4%	3.8%	3.8%	3.6%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.0%	86.0%	86.0%	86.0%	86.0%	86.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.7%	91.7%	91.7%	91.7%	92.1%	91.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.4%	91.4%	91.4%	91.4%	90.8%	92.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	97.3%	97.3%	97.3%	97.3%	97.4%	98.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	94.6%	94.6%	94.6%	94.6%	94.1%	93.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.7%	79.7%	79.7%	79.7%	79.9%	78.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	97.9%	97.9%	97.9%	97.9%	97.9%	98.2%
Information Governance	Resources	Well Led	AD	>=95%	98.9%	98.9%	98.9%	98.9%	99.1%	99.0%
Moving and Handling	Resources	Well Led	AD	>=80%	92.6%	92.6%	92.6%	92.6%	92.2%	91.8%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.2%	94.2%	94.2%	94.2%	94.7%	94.4%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.6%	91.6%	91.6%	91.6%	92.0%	91.8%
Prevent	Improving Care	Well Led	AD	>=80%	94.5%	94.5%	94.5%	94.5%	95.3%	95.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.1%	97.1%	97.1%	97.1%	92.9%	92.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.4%	94.4%	94.4%	94.4%	95.5%	95.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.7%	98.7%	98.7%	98.7%	98.4%	98.4%
Bank Cost	Resources	Well Led	AD		£96k	£89k	£62k	£79k	£102k	£87k
Agency Cost	Resources	Effective	AD		£33k	£35k	£39k	£58k	£56k	£60k
Overtime Costs	Resources	Effective	AD		£16k	£73k	£48k	£43k	£48k	£18k
Additional Hours Costs	Resources	Effective	AD		£28k	£27k	£28k	£27k	£24k	£18k
Sickness Cost (Monthly)	Resources	Effective	AD		£112k	£101k	£112k	£98k	£99k	£89k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		3.30	3.30	4.35	0.51	3.59	-1.37
Business Miles	Resources	Effective	AD		72k	79k	69k	84k	85k	74k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.5%	3.7%	3.3%	3.1%	3.1%	3.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.5%	3.7%	2.5%	2.7%	3.0%	3.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.2%	86.2%	86.2%	86.2%	86.6%	85.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.6%	89.6%	89.6%	89.6%	89.8%	89.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	96.2%	96.2%	96.2%	96.2%	95.7%	94.9%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.0%	96.0%	96.0%	96.0%	96.8%	96.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.3%	95.3%	95.3%	95.3%	95.0%	95.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.5%	78.5%	78.5%	78.5%	78.2%	77.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	95.5%	95.5%	95.5%	95.5%	96.2%	95.6%
Information Governance	Resources	Well Led	AD	>=95%	98.5%	98.5%	98.5%	98.5%	99.4%	99.3%
Moving and Handling	Resources	Well Led	AD	>=80%	95.1%	95.1%	95.1%	95.1%	95.6%	95.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.0%	94.0%	94.0%	94.0%	95.6%	94.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	92.1%	92.1%	92.1%	92.1%	93.5%	93.6%
Prevent	Improving Care	Well Led	AD	>=80%	93.1%	93.1%	93.1%	93.1%	95.2%	95.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	96.2%	96.2%	96.2%	96.2%	89.7%	89.7%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.6%	92.6%	92.6%	92.6%	94.2%	94.2%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	96.6%	96.6%	96.6%	96.6%	96.9%	96.9%
Bank Cost	Resources	Well Led	AD		£122k	£125k	£100k	£90k	£130k	£141k
Agency Cost	Resources	Effective	AD		£109k	£62k	£27k	£40k	£67k	£50k
Overtime Costs	Resources	Effective	AD		£18k	£21k	£47k	£26k	£25k	£26k
Additional Hours Costs	Resources	Effective	AD		£1k	£2k	£2k	£2k	£1k	£1k
Sickness Cost (Monthly)	Resources	Effective	AD		£80k	£93k	£63k	£71k	£83k	£75k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		40.12	40.12	40.77	37.74	36.11	39.69
Business Miles	Resources	Effective	AD		45k	25k	24k	32k	27k	26k



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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	4.9%	5.0%	5.3%	5.4%	5.4%	5.4%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	4.9%	5.0%	6.1%	5.5%	5.4%	5.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.9%	83.9%	83.9%	83.9%	86.9%	85.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.4%	89.4%	89.4%	89.4%	92.3%	90.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.1%	93.8%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.3%	94.3%	94.3%	94.3%	95.6%	94.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.9%	92.9%	92.9%	92.9%	94.3%	93.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	69.2%	69.2%	69.2%	69.2%	72.3%	70.4%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.9%	94.9%	94.9%	94.9%	96.0%	95.6%
Information Governance	Resources	Well Led	AD	>=95%	97.1%	97.1%	97.1%	97.1%	98.5%	98.2%
Moving and Handling	Resources	Well Led	AD	>=80%	95.4%	95.4%	95.4%	95.4%	96.9%	96.4%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	90.1%	90.1%	90.1%	90.1%	93.0%	92.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	86.0%	86.0%	86.0%	86.0%	89.8%	88.0%
Prevent	Improving Care	Well Led	AD	>=80%	90.2%	90.2%	90.2%	90.2%	92.5%	92.5%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	94.9%	94.9%	94.9%	94.9%	91.9%	91.9%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	88.2%	88.2%	88.2%	88.2%	89.0%	89.0%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.6%	98.6%	98.6%	98.6%	98.6%	98.6%
Bank Cost	Resources	Well Led	AD		£164k	£258k	£191k	£204k	£239k	£291k
Agency Cost	Resources	Effective	AD		£114k	£137k	£172k	£183k	£190k	£207k
Overtime Costs	Resources	Effective	AD		£87k	£112k	£105k	£86k	£74k	£79k
Additional Hours Costs	Resources	Effective	AD		£6k	£5k	£6k	£8k	£5k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£63k	£68k	£82k	£83k	£84k	£78k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		97.40	97.40	125.15	114.49	107.62	106.84
Business Miles	Resources	Effective	AD		13k	8k	8k	9k	12k	11k

CAMHS										
Month	Objective	CQC Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.0%	2.1%	2.4%	2.4%	2.5%	2.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	2.0%	2.2%	3.0%	2.3%	2.8%	3.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.1%	76.1%	76.1%	76.1%	75.6%	76.6%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.8%	84.8%	84.8%	84.8%	83.3%	81.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	89.6%	89.6%	89.6%	89.6%	91.2%	92.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.2%	93.2%	93.2%	93.2%	93.7%	93.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	90.4%	90.4%	90.4%	90.4%	89.5%	91.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	25.0%	25.0%	25.0%	25.0%	25.0%	0.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	92.9%	92.9%	92.9%	92.9%	92.3%	93.4%
Information Governance	Resources	Well Led	AD	>=95%	96.6%	96.6%	96.6%	96.6%	96.8%	96.9%
Moving and Handling	Resources	Well Led	AD	>=80%	96.8%	96.8%	96.8%	96.8%	96.5%	97.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.1%	91.1%	91.1%	91.1%	91.2%	91.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.8%	87.8%	87.8%	87.8%	88.4%	88.9%
Prevent	Improving Care	Well Led	AD	>=80%	92.4%	92.4%	92.4%	92.4%	93.3%	93.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.6%	93.6%	93.6%	93.6%	90.6%	90.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	90.4%	90.4%	90.4%	90.4%	92.0%	92.0%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	95.6%	95.6%	95.6%	95.6%	95.0%	95.0%
Bank Cost	Resources	Well Led	AD		£10k	£10k	£11k	£16k	£13k	£16k
Agency Cost	Resources	Effective	AD		£133k	£120k	£134k	£153k	£154k	£144k
Overtime Costs	Resources	Effective	AD		£42k	£56k	£42k	£23k	£36k	£26k
Additional Hours Costs	Resources	Effective	AD		£3k	£2k	£5k	£5k	£4k	£5k
Sickness Cost (Monthly)	Resources	Effective	AD		£20k	£16k	£24k	£19k	£23k	£30k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		45.55	45.55	43.55	49.63	46.44	2923.0%
Business Miles	Resources	Effective	AD		12k	7k	5k	7k	6k	5k

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

Support Services										
Month	Objective	QCQ Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	2.8%	2.9%	3.1%	3.1%	3.1%	3.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	2.8%	2.9%	3.5%	3.2%	3.3%	3.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	92.1%	92.1%	92.1%	92.1%	92.9%	92.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.7%	86.7%	86.7%	86.7%	89.7%	87.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	66.7%	66.7%	66.7%	66.7%	100.0%	100.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.3%	92.3%	92.3%	92.3%	92.3%	92.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.8%	93.8%	93.8%	93.8%	93.9%	92.8%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	97.2%	97.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.4%	94.8%
Information Governance	Resources	Well Led	AD	>=95%	98.1%	98.1%	98.1%	98.1%	98.4%	99.0%
Moving and Handling	Resources	Well Led	AD	>=80%	96.4%	96.4%	96.4%	96.4%	97.0%	98.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	99.0%	99.0%	99.0%	99.0%	99.0%	98.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.0%	87.0%	87.0%	87.0%	90.5%	81.8%
Prevent	Improving Care	Well Led	AD	>=80%	96.7%	96.7%	96.7%	96.7%	97.9%	97.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	97.3%	97.3%	97.3%	97.3%	98.5%	98.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	96.6%	96.6%	96.6%	96.6%	98.2%	98.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	60.0%	60.0%	60.0%	60.0%	100.0%	100.0%
Bank Cost	Resources	Well Led	AD		£79k	£-16k	£53k	£45k	£32k	£47k
Agency Cost	Resources	Effective	AD		£11k	£51k	£19k	£23k	£10k	£12k
Overtime Costs	Resources	Effective	AD		£2k	£33k	£24k	£8k	£13k	£9k
Additional Hours Costs	Resources	Effective	AD		£16k	£16k	£18k	£22k	£20k	£19k
Sickness Cost (Monthly)	Resources	Effective	AD		£37k	£40k	£48k	£49k	£48k	£55k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		15.79	15.79	-70.62	-53.95	-42.87	11.15
Business Miles	Resources	Effective	AD		25k	11k	10k	8k	12k	8k

Wakefield District										
Month	Objective	QCQ Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	1.7%	1.9%	2.3%	2.7%	2.8%	2.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	1.8%	2.2%	3.1%	4.1%	3.2%	2.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.2%	88.2%	88.2%	88.2%	88.3%	88.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	88.9%	88.9%	88.9%	88.9%	90.4%	88.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.6%	91.6%	91.6%	91.6%	92.1%	91.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.5%	95.5%	95.5%	95.5%	96.8%	96.1%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.1%	92.1%	92.1%	92.1%	92.8%	93.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	80.6%	80.6%	80.6%	80.6%	81.9%	73.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.5%	95.5%	95.5%	95.5%	96.8%	95.5%
Information Governance	Resources	Well Led	AD	>=95%	99.2%	99.2%	99.2%	99.2%	99.7%	99.2%
Moving and Handling	Resources	Well Led	AD	>=80%	96.3%	96.3%	96.3%	96.3%	97.3%	96.6%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	93.6%	93.6%	93.6%	93.6%	94.9%	94.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.4%	93.4%	93.4%	93.4%	94.6%	93.5%
Prevent	Improving Care	Well Led	AD	>=80%	90.7%	90.7%	90.7%	90.7%	91.6%	91.6%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	96.3%	96.3%	96.3%	96.3%	91.6%	91.6%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	93.4%	93.4%	93.4%	93.4%	92.1%	92.1%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	96.6%	96.6%	96.6%	96.6%	95.0%	95.0%
Bank Cost	Resources	Well Led	AD		£64k	£86k	£56k	£58k	£63k	£57k
Agency Cost	Resources	Effective	AD		£28k	£38k	£54k	£38k	£32k	£45k
Overtime Costs	Resources	Effective	AD		£11k	£31k	£13k	£15k	£30k	£21k
Additional Hours Costs	Resources	Effective	AD		£2k	£3k	£2k	£3k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£14k	£18k	£26k	£37k	£29k	£22k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		5.14	5.14	16.44	16.10	11.31	0.59
Business Miles	Resources	Effective	AD		24k	18k	21k	22k	24k	25k

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

Inpatient Service										
Month	Objective	QCC Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	6.0%	6.1%	5.8%	5.7%	5.6%	5.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	5.9%	6.1%	5.1%	5.5%	5.1%	4.7%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.6%	85.6%	85.6%	85.6%	87.2%	87.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	86.7%	86.7%	86.7%	86.7%	88.2%	87.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	94.3%	95.3%
Equality and Diversity	Resources	Well Led	AD	>=80%	95.3%	95.3%	95.3%	95.3%	96.3%	96.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.5%	92.5%	92.5%	92.5%	94.9%	92.1%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.6%	73.6%	73.6%	73.6%	73.5%	73.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.3%	95.3%	95.3%	95.3%	96.1%	95.9%
Information Governance	Resources	Well Led	AD	>=95%	97.4%	97.4%	97.4%	97.4%	98.0%	98.8%
Moving and Handling	Resources	Well Led	AD	>=80%	96.3%	96.3%	96.3%	96.3%	97.5%	97.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	84.6%	84.6%	84.6%	84.6%	87.6%	89.2%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	85.2%	85.2%	85.2%	85.2%	86.5%	87.3%
Prevent				>=80%	90.9%	90.9%	90.9%	90.9%	92.2%	92.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	95.5%	95.5%	95.5%	95.5%	93.3%	93.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	86.3%	86.3%	86.3%	86.3%	87.5%	87.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.9%	96.9%	96.9%	96.9%	96.6%	96.6%
Bank Cost	Resources	Well Led	AD		£140k	£230k	£164k	£164k	£200k	£268k
Agency Cost	Resources	Effective	AD		£40k	£65k	£73k	£63k	£96k	£69k
Overtime Costs	Resources	Effective	AD		£20k	£56k	£62k	£57k	£51k	£32k
Additional Hours Costs	Resources	Effective	AD		£1k	£5k	£5k	£4k	£4k	£3k
Sickness Cost (Monthly)	Resources	Effective	AD		£49k	£52k	£44k	£50k	£46k	£37k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		14.75	14.75	32.62	44.33	43.74	47.83
Business Miles	Resources	Effective	AD		1k	0k	1k	0k	0k	0k

## Glossary

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

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

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

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

## Trust Board 27 October 2020

### Agenda item 10.3

<b>Title:</b>	<b>Strategic Objectives Priorities and proposed areas of focus</b>
<b>Paper prepared by:</b>	Director of Strategy.
<b>Purpose:</b>	The purpose of this paper is to provide the Trust Board with updated information on the proposed areas of focus against the previously agreed strategic objectives and priorities. This is for the period from now until the end of March 2022.
<b>Mission/values:</b>	Identifying and agreeing the priorities and key programmes of work that are underpinned by our Integrated Change Framework will enable the Trust to deliver our strategy and strategic ambitions. As such it will enable the Trust to achieve its mission to help people fulfil their potential and live well in their communities. The approach is in line with our values.
<b>Any background papers/ previously considered by:</b>	Strategic discussions and updates on place-based plans and Trust priorities and programmes have taken place regularly at Trust Board. Wider discussions related to the Trust strategy have also taken place at strategy meetings. The Trust Board agreed the revised strategic ambitions and set the priorities at the August 2020 Strategic Board. The key areas of focus and priority programmes were discussed in detail in private at September Board.
<b>Executive summary:</b>	<p>In the early part of 2020, work was undertaken to identify proposed priority programmes for 2020/21 using a systematic approach which concluded in a proposal to Trust Board.</p> <p>Covid 19 then impacted on the Trust and work was quickly done to agree priorities to focus effort on in the short to medium term.</p> <p>The original work has now been reviewed and supplemented by the learning from Covid 19 and further discussions in Trust Board and EMT.</p> <p>This paper sets out the strategic objectives and key areas of focus against priorities for the period from now until the end of March 2022. These priorities are presented to the Trust Board with information on the proposed areas of focus as discussed in private at September Board. Work continues to be done to develop the measures against each priority area. This will come back to Trust Board in November.</p>

	<p>Further work is also continuing to scope in more detail each of the specific areas of work/programmes with each of the SROs/lead executives.</p> <p>The cross cutting and specific work to address inequalities, equality and involvement is also being further developed in line with the strategy refresh.</p> <p><b>Risk Appetite</b></p> <p>Key risks identified for each priority and programme will be managed in line with our risk appetite and risk management strategy.</p>
<b>Recommendation:</b>	<p><b>Trust Board is asked to CONSIDER and SUPPORT</b></p> <ul style="list-style-type: none"> <li>• <b>Consider and agree the proposed priorities and areas of focus</b></li> <li>• <b>Note the continued work on developing the specific metrics and measures</b></li> <li>• <b>Note the ongoing work to develop the specific and cross cutting actions to address inequalities, equality and Involvement</b></li> </ul>
<b>Private session:</b>	N/A.

## Trust Board 27 October 2020

### Strategic Objectives and Proposed Priorities and focus areas

#### Agenda item 10.3

#### 1. Introduction and background

In the early part of 2020, work was undertaken to identify proposed priority programmes for 2020/21 using a systematic approach. This approach involved reviewing the progress of priority change programmes for the 2019/20 period and key Trust documents including the PESTLE, SWOT, Organisational Risk Register, Board Assurance Framework and Business Opportunities Report. The work also included using feedback from stakeholders such as staff, service users, carers and discussions at Strategic Trust Board and Extended Executive Management Team (EMT) and concluded in a proposal to Trust Board.

Covid 19 then impacted on the Trust and work was quickly done to agree priorities to focus effort on the short to medium term. Key pieces of work were identified for delivery in response to the pandemic alongside areas of focus which remained priorities.

The original work has now been reviewed and supplemented by the learning from Covid 19 and further discussions in Trust Board and EMT. This paper therefore sets out the revised Strategic Ambitions, Strategic Objectives and key areas of focus against priorities for the period from now until the end of March 2022, as agreed at Trust Board in early September. Some of these are priorities where the position is strategic and emergent; others are priority change programmes. These priorities are presented to the Trust Board with information on the proposed areas of focus as discussed and agreed in private in September Board. Work continues to be done to develop the measures against each priority area. This will come back to Trust Board in November.

This information is presented to Board for final agreement.

#### 2. Our Strategic Ambitions

The proposed priorities and related programmes will enable us to continue to work towards our revised strategic ambitions as set out below:

1. A **regional centre of excellence** for learning disability, specialist and forensic mental health services
2. A **trusted provider** of general community and wellbeing services delivering integrated care
3. A **strong partner in mental health and learning disability service** provision across South Yorkshire and West Yorkshire
4. A **trusted host or partner** in our four local **integrated care partnerships**
5. A **compassionate and innovative organisation** with **equality, co-production, recovery, and creativity** at its heart



### 3. Strategic Objectives

The priorities have a clear alignment to the strategic objectives of the Trust. The approach to support delivery and governance of the proposed priorities is in line with the Integrated Change Framework (previously presented into Board and implemented). They have been identified against the quadruple aim of:











- Improving health
- Improving care
- Improving use of resources
- Making the trust a great place to work

### 4. Strategic Priorities and programmes

The Strategic Priorities identified for now up to the end of March 2022 are summarised in the table below and are categorised under the quadruple aim. Each of these has a clearly defined and agreed scope of work and will be linked to Director Objectives. The Trust Quality Improvement approach #allofusimprove underpins our delivery approach and there is a strong theme of addressing inequalities, equality and involvement running through them all. Work is underway to develop the prioritised actions for equality, involvement, communications and membership in line with the refreshed strategy that is being finalised for Trust Board approval next month.

Figure one: Summary chart of proposed priorities

## Our proposed priority areas 2021/2022

<b>Improve health</b> 	<b>Addressing inequalities, equality and involvement</b>	Play a full role in our Integrated Care Systems and associated places to contribute to outcomes in their 5 year plans	<b>We deliver the targets agreed in our ICS strategies</b> 	
		Improve outcomes through our wellbeing services, physical health and services for people with mental health and learning disabilities		
		Enhance creative, cultural and digital offers through Creative Minds and our recovery colleges.		
<b>Improve care</b> 		Continually improve patient safety	<b>We restore services, deliver our quality targets and improve our CQC ratings</b> 	
		Safely deliver and restore inclusive services locking in innovation		
		Provide care as close to home as possible		
<b>Improve resources</b> 		Deliver improvements, particularly in CAMHS and forensic services		
<b>Make this a great place to work</b> 	Integrate digital approaches to the way we work	<b>We deliver our financial duties and improve efficiency</b> 		
	Spend money wisely and reduce waste			
	Support the provision of a healthy, resilient and safe workforce	<b>We improve our staff survey results and deliver our WRES/WDES indicators</b> 		
	Refresh and deliver our sustainability strategy and action plan			
 Underpinned by #allofusimprove , using quality improvement to ensure we learn from organisational change 				

## 4.1 Metrics and measurements

The current integrated performance report (IPR) provides a vast amount of information and data. Further thought is being given to how we measure progress against our strategic objectives and priorities within the IPR. To ensure engagement from both executive and non-executive directors, a small representative group is being assembled to focus on this as well as the structure and content of the IPR in general.

Consideration is being given to longer term outcomes as well short-term metrics. This approach will enable us to utilise the skills and experience of a range of Board members as well as a Governor. Identification of any gaps and therefore any new metrics will require development and on occasions this will require us to ensure we record activity or other data if it is not currently available. This work will be presented into Trust Board at the November meeting. In the meantime, broad, indicative measurement options are presented in figure two below.

Figure two: Proposed priorities and broad measures

Our proposed priority areas – broad measures		
<b>Improve health</b> 	<b>We deliver the targets agreed in our ICS strategies</b> 	<ul style="list-style-type: none"> <li>• Reduce suicides</li> <li>• Reduce use of tobacco</li> <li>• Increase physical activity</li> <li>• Increase the number of people from BAME communities accessing IAPT</li> </ul> 
<b>Improve care</b> 	<b>We restore services, deliver our quality targets and improve our CQC ratings</b> 	<ul style="list-style-type: none"> <li>• Patient safety measures in the IPR</li> <li>• Quality measures in the IPR</li> </ul> 
<b>Improve resources</b> 	<b>We deliver our financial duties and improve efficiency</b> 	<ul style="list-style-type: none"> <li>• Financial indicators in the IPR</li> <li>• Increase use of digital and virtual solutions as core part of pathways and processes</li> <li>• Reduce waste</li> </ul> 
<b>Make this a great place to work</b> 	<b>We improve our staff survey results and deliver our WRES/WDES indicators</b> 	<ul style="list-style-type: none"> <li>• WRES indicators</li> <li>• WDES indicators</li> <li>• Workforce and well-being indicators</li> </ul> 

## 4.2 Strategic and emergent priority areas

The table below shows the subset of the priorities which are strategic and emergent, along with the title of the Director lead. These are all under the priority area of “work with partners across West and South Yorkshire.” These are the areas of priority that require strategic focus in line with Trust strategy and ambitions. The governance of these is through EMT who will agree frequency and method of reporting for each programme. As these are strategic and emergent, it is likely that the areas of focus will continue to develop. Regular updates will also be provided to the Trust Board through the Integrated Performance Report, Integrated Care System updates and escalation, highlight reports as required.

Table one: Subset of strategic and emergent priorities

	<b>Play a full role in our Integrated Care Systems and associated places to contribute to outcomes in their 5-year plans</b> <b>Improve outcomes through our wellbeing services, physical health and services for people with mental health and learning disabilities</b>		
<b>Improve health</b>	<b>Barnsley</b> Director of Strategy (DS)	Work on integrated partnerships in line with strategic ambitions number two and three	Deliver improved outcomes <ul style="list-style-type: none"> <li>• Reduction in suicides</li> <li>• Reduction in use of tobacco</li> <li>• Increase in physical activity</li> <li>• Increase in the number of people from BAME communities accessing IAPT</li> <li>• Progress against 8 actions to reduce inequalities</li> </ul>
	<b>Calderdale</b> (DS)	Work on integrated partnerships in line with strategic ambition number three Work on Arts & Health and Calderdale Active in line with strategic ambition number five	
	<b>Kirklees</b> (DS)	Work on a Mental Health Alliance in line with strategic ambition number four Work on integrated partnerships in line with strategic ambition number three	
	<b>Wakefield</b> Director of Provider Development (DPD)	Work on a Provider Alliance in line with strategic ambition number four Work on integrated partnerships in line with strategic ambition number three	
	<b>South Yorkshire &amp; Bassetlaw</b> (DS)	Work on integrated partnerships in line with strategic ambition number three	
	<b>West Yorkshire &amp; Harrogate</b> (DPD)	Work on integrated partnerships in line with strategic ambition number three	

### 4.3 Priority Change Programmes

Below is a summary of the programmes of change with identified Director leads. All these programmes will report to the Executive Management Team which acts as the programme Board for Trust wide change and improvement programmes. Updates will be provided to the Trust Board through the monthly Integrated Performance Report with exception or more detailed highlight reports for high risk, cost or complex programmes as required. These programmes of work are underpinned by a quality improvement (QI) approach with QI tools used to support the work and demonstrate the improvement.

It should be noted that there is some overlap between these priority change programmes and the strategic and emergent work described above.

Table two: Subset of priority change programmes

	Priority	Areas of focus
Improve health	Enhance creative, cultural and digital offers through Creative Minds and our recovery colleges (DS)	<p><b>Improvement aim:</b> Enhance creative, cultural and digital offers through our wellbeing services, linked charities and recovery colleges as part of a comprehensive offer to provide support to vulnerable groups and address inequalities in each of our places</p> <p><b>Key actions</b>  Full understanding of baseline of performance against the Creative Minds performance framework by March 2021 to enable targets to be set for 21/22  Develop and deliver plan for Calderdale Arts &amp; Health programme with clear measures</p>
Improve care	Continually improve patient safety Director of Nursing, Quality, and the Professions (DONQ)	<p><b>Improvement aim:</b> Improve patient safety throughout the Trust</p> <p><b>Key actions</b>  Reduction in incidents of self-harm and violence by 10% from the 1st April 2020 to the 1st April 2021  Maintain zero rates of healthcare associated illnesses  Increase in bare below the elbow compliance by 3% on inpatient wards by 31/3/2021  Deliver zero-suicide ambition plan for mental health inpatients and a 10% reduction across all other areas</p>
	Safely deliver and restore inclusive services locking in innovation Director of Operations (DO)	<p><b>Improvement aim:</b> Ensure safe restoration/reinstatement of operational services across the Trust meeting Phase 3 and other national, regional requirements</p> <p><b>Key actions</b>  Recovery plans developed and services restored/reinstated in line with national/regional requirements  Services restored inclusively addressing identified health inequalities  Analysis of equity of access for individuals with protected characteristics undertaken and improvement actions identified</p>
	Provide care as close to home as possible (DO)	<p><b>Improvement aim:</b> Reduce to zero inappropriate out of area placements by end March 2021</p> <p><b>Key actions</b>  Deliver plans for different elements of the whole system and demonstrate impact using system performance measurement</p>
	Deliver improvements, particularly in CAMHS and forensic services (DO)	<p><b>CAMHS Improvement aim:</b> Deliver an accessible and outstanding service for children, young people (C&amp;YP) and their families whilst making this a great place to work</p> <p><b>Key actions</b>  Reduced numbers of C&amp;YP waiting to receive treatment or diagnosis  Improved mechanisms to support and develop staff including recruitment embedded into practice  Increase in positive feedback from service users and carers</p> <p><b>Forensic improvement aim:</b> Ensure readiness of Forensic Services to become a Lead Provider by April 2021; meeting expectations of service users and key stakeholders and building a healthy, resilient and safe workforce</p>

		<b>Key actions</b> Develop Lead Provider model Workforce measures indicated that Forensic workforce feel more supported Race forward programme implemented with demonstrable impact OD plan implemented
Improve resources	<b>Spend money wisely &amp; reduce waste</b> Director of Finance (DOF)	<b>Improvement aim:</b> Improve the financial sustainability of the Trust and enable a culture of improvement and productivity  <b>Key Actions</b> CIP programme achieved Contract negotiations favourable leading to positive investment Agency spend reduced Income grown through successful tender and business development opportunities
	<b>Integrate digital approaches to the way we work</b> (DOF)	<b>Improvement aims:</b> Increase the percentage of contacts that are provided digitally whilst ensuring that we understand and address digital inclusion Achieve key milestones to support increased digital working Improve safety and efficiency through the use of enhanced clinical digital solutions  <b>Key Actions</b> Electronic Prescribing and Medicines Administration in place in all inpatient settings with full adoption Digital dictation pilot completed and evaluated Cyber Security Standards achieved Inter-operability with Yorkshire & Humber care records and place based shared care records explored and summary document shared with digital strategy group Digital and virtual solutions agreed and implemented clinical/non-clinical
Make this a great place to work	<b>Support the provision of a healthy, resilient and safe workforce</b> Director of HR (DHR)	<b>Improvement aims:</b> Improve the wellbeing and safety of our staff Improve the diversity of our workforce Increase staff engagement  <b>Key Actions</b> Deliver agreed priority workforce and OD initiatives
	<b>Refresh and deliver our sustainability strategy and action plan</b> (DHR)	<b>Improvement aim:</b> Demonstrate improvement in key indicators of sustainability  <b>Key Actions</b> Refresh and implement phase 1 of the strategy Update the action plan and deliver prioritised actions

## 5 Addressing inequality, equality and involvement

The work on addressing inequality, equality and involvement is set out in figure one as a cross cutting theme. The programme of work on this important area has been identified within the Equality, Engagement, Communication and Membership strategy and associated action plans that are currently in development. This includes cross cutting actions and specific actions within the

priority areas. Thought is also being given to how we can effectively report on progress against the eight urgent actions to address inequalities with a plan currently being developed.

## **6 Potential additional areas**

A system has been in place for several years to allow new priority areas to be added to the list in year. This process sets out the rationale for why an area should be considered a new priority and whether this should be in addition to the existing areas or as a substitution. This process will be followed to ensure that due consideration is given to any new work as it emerges. The following areas have already been noted as potential pieces of work that may require consideration:

- Older People inpatient beds
- Community Mental Health transformation in response to the long-term plan
- 

## **7 Recommendations**

**Trust Board is asked to**

- **Consider and agree the proposed priorities and areas of focus**
- **Note the continued work on developing the specific metrics and measures**
- **Note the ongoing work to develop the specific and cross cutting actions to address inequalities, equality and Involvement**



## Trust Board 27 October 2020 Agenda item 11.1

<b>Title:</b>	<b>Quality Account report for 2019/20, in context of Covid-19 impact</b>
<b>Paper prepared by:</b>	Director of Nursing & Quality / Deputy Chief Executive
<b>Purpose:</b>	The quality account report is an annual report that focuses on how we perform against a set of quality priorities that we set for ourselves and a range of mandated items as identified by NHS Improvement. The purpose of this paper is to describe the revised quality account proposal taking account of national guidance.
<b>Mission / values:</b>	All of the quality priorities we set in the quality account process are in line with our mission and values.
<b>Any background papers / previously considered by:</b>	Previous quality account report annual submission
<b>Executive summary:</b>	<p>The Quality Account report has been produced in line with updated national guidance 'reducing governance burden'. In this context the report is less comprehensive than previous versions, however, as previously agreed, we have produced a respectable version that meets governance requirements and includes stakeholder comments. Our Members' Council Quality Group have been engaged in the process.</p> <p>Points to note:</p> <ul style="list-style-type: none"> <li>• There is no requirement for assurance work by external auditors. This means that for NHS foundation trusts, there is no formal requirement for a limited assurance opinion or governors' report.</li> <li>• Mandated items are no longer required to be in the report.</li> <li>• There is not a requirement for a quality report to be included in the annual report.</li> <li>• Provider organisations will no longer be required to submit any hard copy documents to NHS Improvement for the annual report and accounts.</li> <li>• It is acknowledged that the quality priorities will require update following trust board strategic objectives review.</li> </ul> <p>Based on the revised guidance Trust Board approved the following recommendations:</p> <p><b>In line with national guidance we have included the following in the report:</b></p> <ul style="list-style-type: none"> <li>• Chief Executive and Chair's welcome.</li> <li>• Priorities for improvement. <ul style="list-style-type: none"> <li>○ Our approach to quality improvement.</li> <li>○ Our approach to quality governance.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Quality priorities – summary of performance 2019/20.</li> <li>○ Quality risks.</li> <li>○ Quality priorities for 2020/21.</li> <li>○ Care Quality Commission inspection.</li> </ul> <ul style="list-style-type: none"> <li>● Our performance against quality initiatives 2019/20. <ul style="list-style-type: none"> <li>○ Performance against our quality priority key measures of performance for 2019/20. SAFE, EFFECTIVE, CARING, RESPONSIVE &amp; WELL LED.</li> </ul> </li> </ul> <p><b>In line with national guidance we have excluded the following from the report:</b></p> <ul style="list-style-type: none"> <li>● Statements of assurance from the Board. <ul style="list-style-type: none"> <li>○ Review of services.</li> <li>○ Participation in clinical audit.</li> <li>○ National clinical audit programme.</li> <li>○ National confidential inquiry.</li> <li>○ Local clinical audit.</li> <li>○ Participation in clinical research.</li> <li>○ Goals we agreed with our commissioners.</li> <li>○ Care Quality Commission.</li> <li>○ NHS number and general medical practitioner code validity.</li> <li>○ Data security and protection toolkit (formerly information governance toolkit attainment).</li> <li>○ Clinical coding accuracy.</li> <li>○ Quality of data.</li> <li>○ Patients on Care programme Approach who were followed up in 7 days.</li> <li>○ Percentage of admissions to acute wards for which crisis resolution home treatment teams acted as gatekeeper.</li> <li>○ Readmission rates.</li> <li>○ Patient experience of community mental health services.</li> <li>○ The number and percentage of such patient incidents that resulted in severe harm or death.</li> <li>○ Learning from healthcare deaths.</li> <li>○ Guardian of Safe Working Hours.</li> </ul> </li> </ul> <p><b>In line with our Trust values we have maintained the governance framework of the report:</b></p> <ul style="list-style-type: none"> <li>● Maintained the internal governance process for report sign off, i.e. Members' Council sub-group, Clinical Governance &amp; Clinical Safety Committee (CG&amp;CS), Executive Management Team (EMT) &amp; Trust Board.</li> <li>● Asked our stakeholder partners to make comment on the report and provide us with feedback.</li> </ul>
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	<p>The report has been commented on by the Members' Council Quality Group, reviewed and approved by CG&amp;CS subject to amendments which are now included. We have received responses from a number of our stakeholders and partners which are included in the attached.</p> <p><b>Risk appetite</b></p> <p>The trust continues to have a good governance system for monitoring and reporting against the actions that are required to support the quality account process.</p> <p>This report covers assurance for compliance risk legislation. This meets the risk appetite – low and the risk target 1-6.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to RECEIVE and APPROVE the 2019/20 annual quality account report.</b>
<b>Private session</b>	Not applicable.

# **Quality Account Report**

2019/20

<b>Contents</b>	
<b>Part 1: Statement on quality from the chief executive and the Trust</b>	
Chief Executive and Chair's welcome	i
Statement of assurance	ii
<b>Part 2: Priorities for improvement and statements of assurance from the board</b>	
<b>2.1: Priorities for improvement</b>	<b>1</b>
Our approach to quality improvement	1
Our approach to quality governance	2
Quality priorities- summary of performance 2019/20	3
Quality risks	4
Quality priorities for 2020/21	5
Care Quality Commission inspection	10
<b>Part 3: Our performance against quality initiatives 2018/19</b>	
How we have done against our quality priority key measures of performance for 2019/20.	13
Summary of quality improvements 2019/20	14
Priority 1: SAFE	15
Priority 2: EFFECTIVE	23
Priority 3: CARING	32
Priority 4: RESPONSIVE	44
Priority 5: WELL LED	59
Annex 1: Glossary	
Annex 2 : Statements from our stakeholders	

# Part 1:

## Chief Executive and Chair's Welcome

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Like NHS services across the nation, our year has been filled with challenges and difficulties, but also successes and celebrations. Throughout all these times, our values have been our guide – helping us to reach the right decisions in order to provide safe, effective and responsive services.

The kind and caring nature of our staff has always been present and consistent too. Without them, our organisation wouldn't be what it is, and we wouldn't be able to achieve our mission of helping people to reach their potential and live well in their communities.

In everything we do we aim to go above and beyond with quality being a priority for all our services. Some highlights from our year include:

### **The CQC rated us as 'Good'**

Following a fresh inspection in May and June of this year, the CQC recognised improvements made and the strength and quality of the services we provide. The Trust was previously rated as 'Requires Improvement' in July 2018.

Over 87% of areas assessed by the CQC when deciding a rating have now been highlighted as 'Good' or 'Outstanding'.

As a learning organisation, we are always seeking to improve, and we will focus on what we now need to do to ensure issues identified are addressed and our good services are sustained.

### **We achieved our highest ever flu jab uptake**

82% of our staff chose to keep themselves and their families, friends and service users safe by having their flu vaccination – our highest ever uptake. Because of this, we were also able to donate 2,250 life-saving vaccines to children in need across the world through UNICEF's 'have a vaccine, give a vaccine' scheme.

### **We officially opened our £18m mental health inpatient unit on World Mental Health Day**

Author and broadcaster Horatio Clare, who was previously detained under the Mental Health Act at Fieldhead in Wakefield, officially opened our new £18m mental health inpatient unit on Thursday 10 October 2019.

Service users now benefit from purpose built state-of-the-art therapeutic areas, en-suite bathrooms and vastly improved patient relaxation areas to help people on their journey to recovery.

### **Our priorities for 2020/21**

In the coming year we want to continue to build on our successes and learn from our challenges to deliver our priorities, which are to:

- Improve Health
- Improve Care
- Improve Resources
- Make this a great place to work

Achieving our 2020/21 quality priorities will be crucial; these have been developed by listening to a wide range of people and using their feedback to help inform our plans.

This report sets out how we will continue to achieve our mission and live our values, while putting safety first, always.

## Statement of assurance

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This quality account has been prepared in line with the requirements of the NHS Act 2009, regulations of the Health and Social Care Bill 2012 and NHS Improvement, the independent regulator of foundation trusts.

The Board of Directors has reviewed the Quality Account and to the best of our knowledge, we confirm that the information contained in this report is an accurate account of our performance and represents a balanced view of the quality of services provided by the Trust.

**Date: September 2020**



**Chair: Angela Monaghan**



**Chief Executive: Rob Webster**

## Part 2:

# Priorities for improvement and statements of assurance by the board

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## Part 2.1 – Priorities for improvement

In part two of our Quality Account we will outline our planned improvement priorities for 20/21.

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) has used feedback collated through the year from a range of feedback sources, i.e. from regulators and stakeholders, staff and service user experience, to inform our quality priorities for the coming year. Against each of our quality priorities we've set ourselves measures for success. The measures are reviewed and refreshed each year to make sure we're adapting to both local and national intelligence and progressing against our aim to move from '**good to outstanding**'.

## Our approach to quality improvement

Our Trust-wide improvement approach is clearly reflected in our Quality Strategy, which starts with our mission and values.

### Our mission and values

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

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

Quality is the organising principle for our services. It is what matters most to people who use services and what motivates and unites everyone working in health and care services. The Trust's quality strategy sets out a vision for the organisation and identifies key strategic objectives and aspirations to build on our strong foundation and further improve the quality of our services on our journey to be outstanding.

We know that to provide high-quality person-centred care we must be a well-led organisation committed to delivering safe, effective, responsive and caring services.

In SWYPFT we define quality as the achievement or surpassing of best practice standards and describe this as a "*quality counts, safety first*" approach.

To us this means

**Safety:** people are protected from avoidable harm and abuse. When mistakes occur, lessons will be learned.

**Effective:** people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.





**Caring:** staff involve and treat people with compassion, dignity and respect.

**Responsive:** services respond to people's needs and choices and enable them to be equal partners in their care.

**Well-led:** an organisation that communicates well, is open and transparent, works together and in partnership with local people and communities, and is committed to learning and improvement.

Throughout 2019/20 we have taken time to further develop alignment of our strategic objectives, priorities and programmes, with quality initiatives and we will use these as a framework to focus improvement, innovation and monitor assurance.

As part of our strategy, against each quality domain, we have set out a number of objectives, some of which are aspirational, and will take several years to achieve. To realise the objectives, we have identified a number of quality improvement projects, with a specified timeframe for delivery. The progress against the projects will be revisited bi-annually, reviewed and where necessary, amended to ensure we make the required progress.

The timescales for each of the projects vary, depending on the availability and complexity of the improvement. All new quality improvements are now in development and have a project plan, with identified delivery and outcome measures so progress can be monitored. The projects that have been monitored as part of the quality account process for 2019/20 and are reported on in 'Part 3 – Our Performance in 2019/20', of this report.

## Our approach to quality governance

Our executive lead for quality improvement is the Director of Nursing and Quality. Our trust-wide improvement approach is clearly reflected in our updated Quality Strategy, which starts with our mission and values. These embed the drive to 'improve and be outstanding' enshrined in our values.

Within our Quality Strategy we describe an approach to the delivery of change based on the NHS Change Model. Through this we ensure that quality improvement occurs as near to people who use our services as possible, and we support the delivery of change initiatives to ensure quality improvements are successfully implemented.

In 20/21 we will continue our focus on the development of skills for improvement throughout our Trust, working with our local Academic Health Science Network (AHSN), National Health Service Improvement (NHSI) and others to build capacity and capability for change. Our innovation hub will support every member of the team to identify improvement opportunities and act upon them, gaining support from colleagues where needed.

To guide our development, we report on over 20 different quality indicators in our integrated performance report (IPR), including The NHS Friends and Family Test (FFT), infection prevention and control, serious incidents, safer staffing, pressure ulcers, CQUIN performance, restrictive interventions and complaints. Each of these has a specific 'stretch' target that reflects improvement in quality, and can be viewed by team, service and Trust-wide. The report is considered at the Executive Management Team (EMT), Trust Board and its committees. This enables us to evidence the return on our investment in quality.

We learn through a robust clinical audit programme and we participate in research and development with links to universities and AHSN. We also contribute to and learn from external benchmarking and reporting initiatives, including the National Confidential Inquiry into Suicide and Homicide (NCISH), mental health

benchmarking and workforce capacity and demand. There is also an active programme of quality monitoring visits to our operational areas, from which we derive significant learning and quality assurance.

In line with the vision we set out in our Quality Strategy we are using the Model for Improvement to address themes identified in the Care Quality Commission (CQC) inspection report (2019). We have collaboratively developed an improvement plan to address all concerns raised from our CQC inspection. For the MUST do actions there are common themes that impact on our overall rating for the safety domain. In line with our principle of Safety First we have adapted our approach of previous years, so there is now more focus on using quality improvement methods to address these concerns.

We acknowledge that our drive for quality improvement can be put at risk if routine quality assurance measures are not in place. Therefore, we have introduced an enhanced clinical risk performance report that is presented to the Operational Management Group (OMG) on a monthly basis. This remains work in progress as additional clinical measures are developed.

Central to our approach to governance of quality and improvement is the Clinical Governance and Clinical Safety Committee (CGCSC). This is a committee of the Trust Board. Reporting in to the CGCSC is the Trust's Quality Improvement Group. The purpose of the group is to assure safe, effective, caring, responsive, innovative and well-led practice in accordance with the Trust's Quality Strategy. The functions of the group are horizon and risk scanning; interpretation and reporting of national/local quality and safety directives; critical consideration of organisational quality and safety improvements; information sharing; planning and monitoring delivery against plan. We also have a Members' Council Quality Group to support the Trust in its approach to quality.

We believe strong clinical leadership, supported by opportunities for innovation and robust governance arrangements will help us deliver a culture where high quality services will flourish. Through the implementation of the #allofusimprove campaign we aim to make quality everyone's business. We will achieve this by focusing on strong staff engagement and involvement, increasing the resources that are available to assist staff to make the improvement, creating a culture for nurture and learning, led by our partnership of clinical, operational and governance management teams.

## Our quality priorities – summary of performance in 2019/20

Throughout 2019/20 we measured activity against each of our quality priorities and reported them through the integrated Performance Report (IPR). Our progress against these priorities can be found in 'Part 3 – Our Performance in 2019/20'. Below is a summary of our performance against 2019/20 quality priorities:

	No. of priorities	RAG rated summary of performance
<b>Safe</b>	3	3 rated green, 0 rated amber, 0 rated red
<b>Effective</b>	4	4 rated green, 0 rated amber, 0 rated red
<b>Caring</b>	4	3 rated green, 1 rated amber, 0 rated red
<b>Responsive</b>	5	3 rated green, 2 rated amber, 0 rated red
<b>Well Led</b>	2	2 rated green, 0 rated amber, 0 rated red
<b>Total</b>	<b>18</b>	<b>15 rated green, 3 rated amber, 0 rated red,</b>

We have achieved 83% of the goals we set for ourselves. The full details of our performance can be found on pages 13-62.

## Quality risks

The top 3 risks to quality and mitigating actions are detailed. Key risks will be mitigated in line with our risk management strategy and risk appetite. This will be done through detailed action planning to underpin implementation

Description of risk to quality	Impact	Mitigating actions
Difficulties in recruiting qualified clinical staff due to national shortages.	<p>Difficulties in ensuring optimal and safe staffing levels on mental health wards</p> <p>Lack of learning disability (LD) nurses, newly qualified availability leading to extended vacancies in LD and CAMH services.</p>	<p>Established strong links with the universities' undergraduate and master's programmes for nursing</p> <p>Introduction of nursing associate and associate practitioners</p> <p>Think Ahead programme for social workers in mental health</p> <p>Trust-wide retention plan</p> <p>Recruitment programme for newly qualified RMNs</p> <p>Enhanced payments for RMNs working on bank</p> <p>Relocation package for out of area nurse recruitment</p> <p>Engagement with current consultants on developing new service models and introducing new roles</p> <p>Flexibility in special interests for new consultant posts to make them more attractive</p> <p>Attractive reward packages in line with national terms and conditions</p> <p>Exploring potential for overseas recruitment</p>
Increased activity and demand impacting on capacity and workforce.	<p>Increased use of out of area placements</p> <p>Waiting times for psychological therapy and CAMHS outside of desired level</p>	<p>Out of area project established with commissioner support to improve flow, discharge and community-based support offer, thus reducing demand for out of area placements.</p> <p>Protocol established to risk scan patients on waiting list and offer appropriate support.</p> <p>Close working with commissioners to review demand and capacity position leading to revised investment plans in order to reduce waiting times across services.</p> <p>West Yorkshire and Harrogate level work on managing capacity across the system for mental health, CAMHS and LD.</p>
Optimisation of the new clinical record system.	Unfamiliar system leads to reduction in productivity beyond transition phase	<p>Clinical records system project board established to govern system transition and optimisation programme.</p> <p>Data migration testing took place prior to "go live"</p> <p>Internal audit review conducted at key stages in implementation programme.</p> <p>Staff training plan developed and implemented prior to "go live" with KPIs for required training levels.</p> <p>Super users trained to support staff at local level, video clip and written guidance available via intranet.</p> <p>Routine project reporting into Board, Audit Committee and Clinical Governance and Clinical Safety Committee.</p>

## Quality priorities 2020/21

We use the 5 domains of SAFE, EFFECTIVE, CARING, RESPONSIVE & WELL LED (Care Quality Commission) as a framework to organise our quality improvement priorities. It is important to note that some of the projects span more than one quality domain and for ease they have been placed with the 'most relevant' domain.

**SAFE-** people are protected from avoidable harm and abuse. When mistakes occur, lessons will be learned - *Quality domain – Safety*

Quality improvement	What we will do	Area applicable to	How progress will be monitored	Outcome	Timeframe
<b>Staffing initiatives</b>  Staffing establishments in mental health community teams to be reviewed and improved.	Review safer staffing in the community with a view to developing a community safer staffing tool	Trust-wide community teams	Project plan developed & progress against planned objectives to be monitored via the safer staffing group and operational management group	Staffing establishments reviewed and updated.	<b>March 2021</b>
<b>Patient safety strategy</b>  Reduced frequency and severity of harm resulting from patient safety incidents  Reduced costs, both personal and financial associated with patient safety incidents	Implement safe wards and reduce restrictive interventions  We aim to reduce the total number of prone restraints across our services	Mental health and learning disability inpatient services	Sign up to safety project will be monitored in Patient Safety Group.  Trajectories will be set to demonstrate progress for each year (2019-21)	<b>5% reduction</b> in prone restraints lasting more than 3 minutes by 2020  Downward trend in use of seclusion across the Trust by 2021	<b>March 2021</b>
	Expand programme of safety huddles over the next 12 months	Safety huddles targeting key risks are established in all services	Progress through will be monitored in Patient Safety Group.  Trajectories will be set to demonstrate progress for each year	Increase in the number of people trained to implement safety huddles Increase in number of teams who are using safety huddles at team level Collation of information to demonstrate impact of safety huddles on patient safety incidents	<b>March 2021</b>

<b>Suicide prevention</b>	Implement actions from Suicide Prevention Strategy	Trust-wide services	Progress against planned objectives monitored by the suicide prevention group	Reduction in suicides by 10% across the population serviced by SWYPFT and 75% in targeted areas using a zero-suicide philosophy	<b>March 2022</b>
<b>Improve safety in medication practice</b>	Improve performance of missed doses of medication	Trust inpatient acute and older adult services	Quality improvement programme milestones	Reduce missed doses of medication in acute and older adults' wards	<b>March 2021</b>

**EFFECTIVE:** we will achieve good outcomes with people based on best available evidence. *Quality domain – clinical effectiveness*

Quality improvement	What we will do	Area applicable to	How progress will be monitored	Outcome	Timeframe
<b>Outcome measures</b>  Introduction of outcomes tools to measure clinical effectiveness and improved patient experience.	Identification of outcome measures for use at both local and Trust wide level  Development of systems and processes to support implementation	Trust-wide services	Project plan to be developed  Monitored by EMT	Identification of outcomes measures for local and Trust wide implementation  Reportable outcomes measures  Ability to monitor clinical variation	<b>March 2021</b>
<b>Clinical record keeping</b>	Improve quality of clinical record keeping, i.e. service user voice, care plans and risk assessments  Review standards for care plans and risk assessments  Monitor adherence to standards through audit and quality monitoring  Improving co-production capturing service users race	All staff in clinical areas	Progress against record keeping standards  Monitored by clinical governance group	95% compliance with clinical record keeping standards relating to service user voice, assessments, care planning and risk assessments.	<b>March 2021</b>

**CARING:** we will involve and treat people with compassion, dignity and respect -*Quality domain – Clinical experience*

Quality improvement	What we will do	Area applicable to	How progress will be monitored	Outcome	Timeframe
<b>Staff experience &amp; well being</b>	Monitor and implement actions of staff health and well-being plan  Improving staff satisfaction and wellbeing	Trust-wide services	Staff Feedback  Monitored by the staff wellbeing group  National survey results  Internal wellbeing survey	80% of staff recommend the Trust as a place for care and treatment  Improved scores in key areas on national staff survey and local well-being survey	<b>March 2021</b>
<b>Patient experience</b>	Implementation of new FFT model.  Implementation of patient experience toolkit  Use feedback from student placements to enhance patient experience	Trust-wide inpatient services	We will measure the percentage of people who are extremely likely/likely to recommend the service to their friends and family.  We will review the actions taken in response to service user experience feedback	Forensic 65%  Learning disabilities 85%  CHS 98%  Mental health services 85%  CAMHS 75%  Baseline assessment of current satisfaction on inpatient wards – then set trajectory of improvement	<b>March 2021</b>
<b>Equality, Involvement, Communication and Membership Strategy</b>	Implement actions from the Equality, Engagement, Communication and Membership Strategy	Trust-wide services	Implementation of Equality elements of the strategy will be monitored through the Equality & Inclusion committee	Key milestone of the strategy implementation plan will be achieved within timescale	<b>March 2021</b>
<b>Always Event: Dignity &amp; Respect</b>	We will use the 'Always Event' methodology to coproduce standards for privacy and dignity.	Adult acute inpatient & PICU services	Clinical Governance Group will keep oversight of the project.	Coproduced standards on Privacy and Dignity	<b>March 2021</b>

**RESPONSIVE:** we will respond to people's needs in a timely way. *Quality domain – Clinical effectiveness*

Quality improvement	What we will do	Area applicable to	How progress will be monitored	Outcome	Timeframe
<b>Improve waiting times</b>  <b>Learning disability service wait times</b>  <b>CAMHS</b>	Reduce waiting times in services for people with LD  Reduce waiting times in CAMHS services	Learning disability services  CAMHS services	Waiting time performance is monitored via Executive Management Team (EMT), Integrated Performance Report (IPR), with a bi monthly report into CGCSC for Children & Adolescent Mental Health Services (CAMHS)	Improvement in LD waiting times in line with national referral to treatment targets  Improvement in CAMHS access to treatment waiting times.	<b>March 2021</b>
<b>Complaint closure and resolution times</b>	Review complaint response times.	Trust wide services	Complaints performance is monitored via IPR and monthly reports to Exec Trio.	Formal complaints closed within agreed timescales, i.e.: within 40 days.  Concerns are acknowledged within 48 hours.	<b>March 2021</b>
<b>Out of area beds</b>  <b>Zero approach to out of area beds, working with partners to reduce utilisation and eliminating unwarranted variation in practice which continue to the issue.</b>	Reduce the number of days people spend in out of area placements	Inpatient areas	Out of area bed reduction is a priority programme and will be monitored by EMT	Reduction in number of days people spend in out of area placements	<b>March 2021</b>

**WELL LED:** we will work in partnership and learn from our mistakes - *Quality domain – Safe, effective & experience*

Quality improvement	What we will do	Area applicable to	How progress will be monitored	Outcome	Timeframe
<b>Implementation of a quality assurance and improvement 'self-governing' assessment and accreditation scheme</b>	Roll out the project across the Trust	Trust-wide clinical services	Assessment against a project plan. Key milestones will be identified and monitored.	Achievement of milestones that leads to successful implementation of scheme	<b>March 2021</b>
<b>Quality dashboard development (ongoing development of quality metrics)</b>	A quality dashboard will be developed to support the quality improvement	Trust-wide clinical services	Assessment against a project plan. Key milestones will be identified and monitored.	A dashboard will be available to monitor quality performance	<b>March 2021</b>
<b>Learning lessons from feedback and incidents</b>	Further development of systems to improve how we learn lessons from patient experience, serious incidents, audits, safeguarding reviews and share learning	Trust-wide	Assessment against a project plan. Key milestones will be identified and monitored. Plan will be overseen by the Clinical Governance Group	Framework developed and implemented	<b>March 2021</b>

The measures identified in the Quality Priorities 2020/21 (above) will be reported and monitored in the following ways throughout the year:

1. Bi-monthly reporting of quality account measures into the Clinical Governance and Clinical Safety Committee.
2. Reporting into Clinical Governance Group (CGG)
3. To Clinical Commissioning Groups via Quality Board meetings.



## Care Quality Commission (CQC) inspection 2019

During May 2019 CQC undertook unannounced visits to four of our core services. All these services had previously received either 'must' or 'should' do actions from previous CQC inspection visits. The aim of the visits was to look at whether our teams and services had satisfactorily addressed the outstanding issues.

The core services visited were as follows:

- Acute wards and PICU for working age adults
- CAMHS
- Wards for Older People with mental health problems
- Community mental health services

As an organisation we welcomed the CQC visit to our core services as an opportunity to show them the progress we have made in improving the quality and safety of our services. We also acknowledge that in some areas further improvements are needed and therefore welcome the role of CQC as an external body and our regulator to provide feedback on our achievements and about what we can do better.

In June 2019, CQC conducted their announced well-led review of our organisation over a three-day period. This included interviews with key individuals, a number of focus groups and looking at information files of live cases in relation to such things as on-going complaints and serious incidents.

The outcome of the inspection was that our overall rating improved from Requires Improvement to Good. The CQC highlighted areas of strength and improvement, as well as areas of real challenge:

- 12 of 14 core services are rated Good
- 2 of 14 core services are rated as requires improvement
- More than 85% of individual domains rated Good or Outstanding (60 out of 70)
- Overall, we're rated Good for the well-led, caring, effective and responsive domains, and Requires Improvement for safe

We addressed safety issues first and foremost and responded in line with our values. Our ratings can be found on the subsequent pages.

When the CQC visited our wards in May 2019, we received a 'requires improvement' rating for safe on our acute wards for adults of working age and psychiatric intensive care units. This was an improvement on the previous 'inadequate' rating. From the 2019 inspection visit we received 8 'Must do' actions and 12 'Should do' actions. We have reviewed our practice against all these actions.

The CQC said we MUST review how our staff adhere to Trust policy in the following areas:

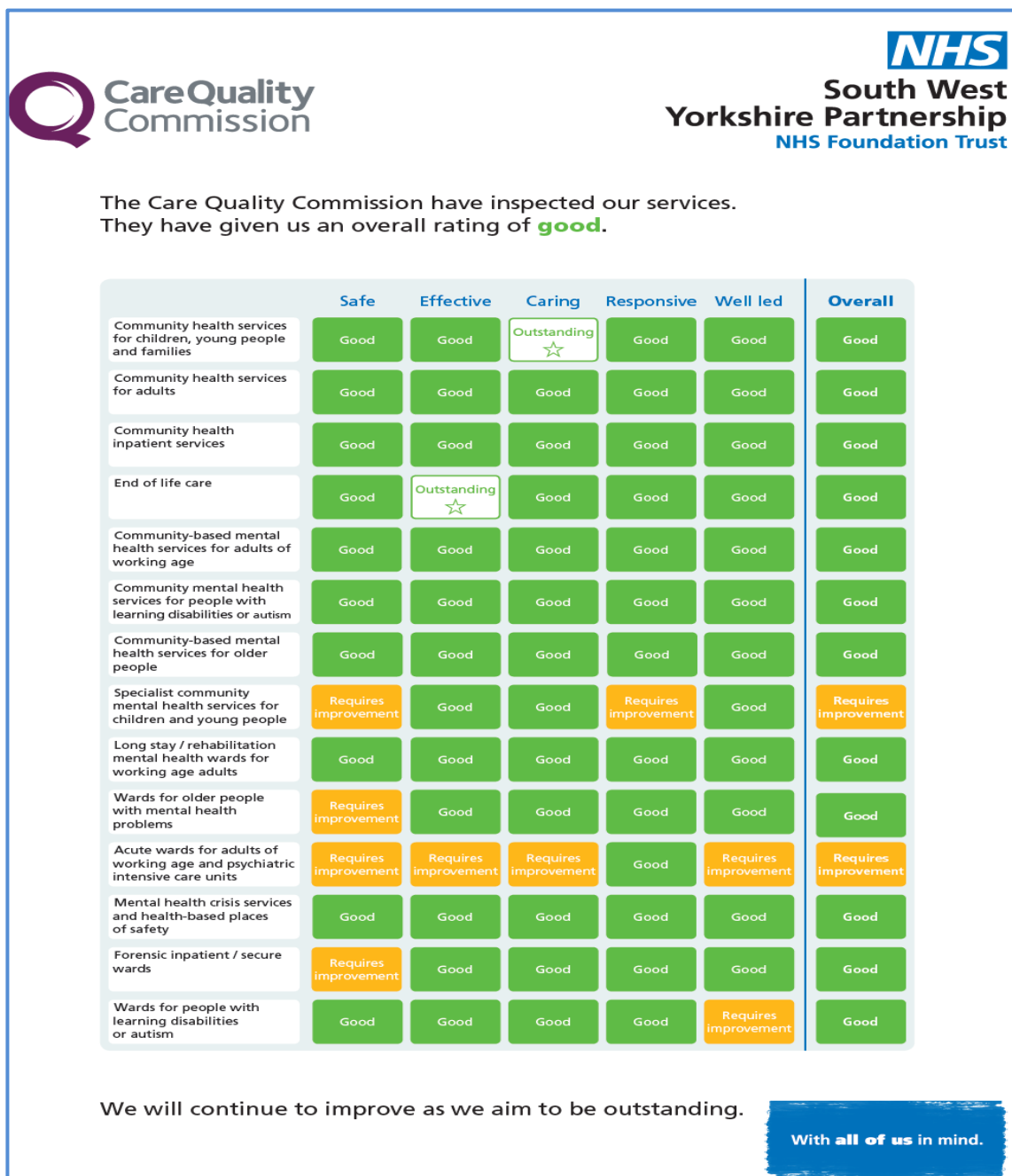
- Assessing risk in line with Trust policy
- Assessing and reviewing 'as required' medication and medicine with a short shelf life has a date of opening listed
- Carrying out physical health monitoring following rapid tranquilisation and properly documenting this
- Monitoring and checking emergency equipment

- Making sure care plans are accurate, complete and contemporaneous and include service user involvement
- Seclusion, restraint, MHA, MCA and physical health monitoring documentation is completed and recorded consistently

Other MUST do actions:

- Make sure service users are treated with dignity and respect
- Ensure auditing procedures are robust and evidence improvement following action plans

## SWYPFT CQC ratings charts – June 2019



# South West Yorkshire Partnership NHS Foundation Trust

Overall  
rating

Inadequate

Requires  
improvement

Good

Outstanding

## Are services

Safe?

Requires  
improvement

Effective?

Good

Caring?

Good

Responsive?

Good

Well led?

Good

## Section 3:

### Our performance in 2019/20

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In this section you'll find more information about the initiatives we have undertaken to improve the quality of our services and build a culture for improvement. In 2019/20 we set ourselves a set of challenging goals, which were in line with our quality strategy priorities. We'll take you through these measures and the work we did to improve the quality of our care.

We use the 5 domains of SAFE, EFFECTIVE, CARING, RESPONSIVE & WELL LED (Care Quality Commission) as a framework to organise our quality improvement priorities.

The quality initiatives we undertake against our quality priorities change from year to year, which means we are not always able to make a direct comparison of our performance against each priority each year, as we are not comparing 'like for like' and comparable data is not available. Where we can make comparisons across the years we have done so. We make these changes to continually strive to improve the quality of our care.

Our quality priorities are underpinned by several performance indicators. These include some current Key Performance Indicators and Commissioning for Quality and Innovation goals (CQUIN). Note: the figures/ratings used in the Quality Account don't exactly correlate with achievement of CQUIN goals set by commissioners - this is because in some instances, for the Quality Account, a rounded average is taken across BDUs and care groups rather than split for each care group and BDU. For a full list of performance indicators please refer to the table on pages 14-15.

Our Trust provides a wide range of services across several communities. These services are commissioned from two separate commissioning groups, which are:

1. Barnsley
2. A collective group of Calderdale, Kirklees and Wakefield commissioners.

As commissioners are working for different communities the goals for each area can differ. However, as an organisation, the Trust ensures that a consistent quality threshold is applied across all service

### Quality priority improvements: 2019-20.

Below is a list of quality priorities that the Trust identified for improvement in 2019/20. Achievement has been rated using a Red/ Amber / Green (RAG) rating scale.

#### Key:

- Green – achieved above 90% /or above target and /or project on target
- Amber – achieved within 10% of target / project making progress, but outside of timescales
- Red - achievement not within 10% of target / not achieving goals set.

SAFE	Goal	Timeframe for	Status
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			achievement	
S1	Safer staffing	Staffing establishments reviewed and updated.  Implementation of new professional roles	March 2020	
S2	Patient safety strategy	5% reduction in prone restraints lasting 3 minutes or less.	March 2021	
S3	Suicide prevention plan	Implement actions from suicide prevention strategy	March 2022	

EFFECTIVE		Goal	Timeframe for achievement	Status
E1	Policy and procedures	Review of governance process	October 2019	
E2	Outcome measures	Identification of outcome measures for use in clinical practice	March 2020	
E3	Effective care pathways	Development of care pathway for people with personality disorder	March 2020	
E4	Clinical record keeping	95% compliance with evidence of service user voice, quality of care plans and risk assessment completion and quality	March 2021	

CARING		Goal	Timeframe for achievement	Status
C1	Staff well- being	Improved scores on national staff survey	March 2020	
C2	Patient experience: Friends & Family Test	Forensic (Target 65%) Learning disabilities (Target 85%) CHS (Target 98%) Mental health services (Target 85%) CAMHS (Target 75%) Trustwide (Target 90%)	March 2020	
C3	Customer services improvement	Improvements in customer services process Improve performance against key performance measure- to close complaints within 40 working days.	March 2020	
C4	Allied Health Professional Strategy	New AHP strategy	December 2020	

RESPONSIVE		Goal	Timeframe for achievement	Status
R1	Transitions of care	Improve the transitions of care in CAMHS	March 2020	
R2	Improve access to CAMHS	Improvement in waiting times	March 2020	
R3	Equality, Involvement, Communication and Membership strategy	Implementation of E&I strategy objectives	March 2020	
R4	Learning Disability waiting times	Improvement in LD waiting times	March 2020	
R5	Care closer to home	Reduction in number of days people spend in out of area placements	March 2021	

WELL LED		Goal	Timeframe for achievement	Status
W1	Accreditation scheme	Achievement of project plan milestones	March 2021	
W2	Quality dashboard	Dashboard availability	March 2021	

## Priority 1: SAFE

### Why did we focus on this?

By safe, we mean that people are protected from abuse and avoidable harm. When mistakes occur, lessons will be learned.

### ‘SAFE’ quality initiatives in 2019/20

The following quality initiatives were prioritised for action in 2019/20 as part of the quality account process. A summary of our achievement against these initiatives can be found in the table on pages 14-15.

### S1. Safer staffing:

Our vision is to continue to create a sustainable workforce to meet the demands of inpatient mental health wards and community teams within our Trust.

At a national level, there continues to be some key changes around the delivery of the safer staffing agenda. Interest in safer staffing arose from concerns nationally regarding acute inpatient staffing levels. At the time there was no single accredited tool for calculating safe staffing levels in mental health and learning disability wards. Therefore, we developed a safer staffing decision support tool to consider variables within a ward-based environment that reflected skill mix and existing professional judgements.

Since then we have been involved in the development of the Mental Health Optimal Staffing Tool (MHOST), which has now been published and we have been licenced to utilise. This will be considered within the report.

The Trust is required through National Health Service Improvement (NHSI) to publicly declare staffing fill rates for inpatient settings as well as the Care Hours per Patient Day (CHPPD) for each inpatient area. The CHPPD is categorised according to ward type. As a Trust, we are proactively comparing ourselves to our peers regionally by utilising the regional data, which is more diversified than the national figures. It includes, for example, a clear difference between Psychiatric Intensive Care Units (PICU) and acute mental health admission wards.

The focus of much of the work to date has been on ensuring safer staffing levels on inpatient wards. However, we continue to engage with our community teams providing mental health, learning disability and physical health care to scope what safer staffing means to them and what support can be provided following transformation processes.

An implementation plan for the introduction of *SafeCare* into the Unity Centre at Fieldhead has been put on hold due to the current challenges of COVID-19. This was scheduled to be rolled out through March 2020 and will be re-commenced when it is both practical and safe to do so.

The implementation of *SafeCare* allows us to move away from the traditional view of having a set “number” of staff on inpatient areas and utilise the acuity and demand to flex the staffing resources appropriately. This would allow us to ensure our skill mix within the teams is optimised and should lead to a reduction of the dependency on our flexible staffing resource.

Below is a summary of the initiatives we are progressing to ensure that the Trust is doing everything it can to improve safer staffing and the management of resources. The focus is always to improve quality and drive up safety for service users, carers and staff.

In 2019/20 we have continued our work to ensure we have a workforce to support the clinical need of the people who are in our services. Actions we have taken:

- We have completed a full establishment review utilising several indicators including care hours per patient day, (data gives ward managers, nurse leaders and hospital chiefs a picture of how staff are deployed and how productively). Based on this review, recommendations to increase the registered nurse establishment in several of our inpatient areas were made to our executive management team. These recommendations have been fully accepted and incorporated into the workforce plans for this coming year. This should lead to more appropriate staffing and continue to reduce nurse agency spend
- Work has commenced on safer staffing within the community, several work streams have been developed
- We have increased internal marketing of available roles across SWYPFT
- Increased our use of social media and digital platforms to support recruitment
- Recruitment of bank only staff continues to be grown covering all disciplines within our trust
- Increased fill rates and fewer vacancies. Improved and sustained quality of new employees, both on bank and agency through the establishment of the values-based assessment centre. Our safer staffing figures are published on our website
- Continue to work closely with wards where there is pressure on meeting staffing numbers
- Support the development of the national ‘acuity’ staffing tool for community teams and implement this when it becomes available. Worked with Quality & Governance Leads to review safer staffing in the community and improve understanding and monitoring of direct care contact time

- Continue aligning Safer Staffing initiatives with new Workforce Strategy
- Continue to review the medical bank capability and explore their migration onto the e-rostering system
- Continue expanding the bank to support other areas including Allied Health Professionals (AHPs) and community teams
- Interpret and act upon Care Hours Per Patient Day (CHPPD) statistics which have been reported monthly from January 2019
- A targeted specific Forensics recruitment and retention plan has been put in place (February 2020) to meet staffing issues, particularly within Adel Beck and Wetherby Young Offenders Institution
- Trustwide 'internal' transfer window has been in place since January 2020 following initial marketing campaign with communications on the intranet and headlines to pique interest. We have had a successful start to the campaign
- A new retirement interview procedure is now in place to focus on furthering employment within the Trust. Greater focus on opportunity to work flexibly in the Trust post retirement etc
- Recruitment of Trainee Nursing Associates (TNAs) and nursing apprenticeships is a constant process across the Trust
- Annual workforce planning workshops were concluded through November and December which this year were both workforce and finance driven combined. This has focused on identification of numbers for development roles in teams for wider workforce, for example, TNAs, Nurse Associates, Advanced Clinical Practitioner (ACP) roles, Physician Associates.
- Implementation of concentrated Marketing Adviser post. 12-month fixed term post began in the Trust in November 2019 with specific role surrounding the reduction of vacancies, matching potential candidates to current vacancies, management of internal staff transfer and improvement to the Trust's ability to market itself both internally and externally
- Implementation of the Agency Project Group was established in July 2019 to target reduction of medical locum spend and chaired by Director of Inpatient Services though this will soon move to Director of Human Resources, Organisational Development and Estates
- Identification of medical posts requiring key recruitment plans to remove agency and locum use.

#### **Development of career pathways in professions:**

- Nursing, AHP and Psychology leads developing career structure pathways. Plan to develop more visual progress opportunity for staff both within intranet and at job application, job advert/NHS Jobs E.g. Advanced Clinical Practitioners (ACP) developments
- The development of the Trainee Nurse Associate (TNA) has provided opportunities to bridge the role between Health Care Support Workers and Graduate Nurses, supporting career progression, increasing the supply of Nurses and enabled Nurses to take on more advanced roles
- The introduction into our workforce planning of Advanced Clinical Practitioners will ensure a clearer focus on clinical practice, clinical leadership and high-quality patient care.

#### **Safer staffing in the community**

The plan to pilot nationally recognised staffing judgement tool across four community teams in SWYPFT has been postponed due to COVID-19. This will be relaunched as soon as it is practical and



safe to do so and remains a priority for this year. In the interim, the staff bank and specialist adviser will continue to:

- Offer support where staffing shortages have been identified
- Recruit bank specialists to support the services
- Support the AHP tender process to help secure a broader resource for the community teams.

## S2. Patient safety strategy

Through the implementation of the Patient Safety Strategy the Trusts aim is to reduce frequency and severity of harm resulting from patient safety incidents and to reduce associated costs, both personal and financial.

Objectives from the strategy are:

- 1) Reduce restrictive interventions to improve to care and treatment of service users and reduce the frequency of harm to staff and patients from violence and aggressive incidents
- 2) Human Factors training to improve staff knowledge of systems analysis and associated human factors
- 3) Safety huddles implementation to encourage teams to use this approach to improve the quality of clinical care by reducing harm to patients

### 1. Reducing restrictive interventions

Reducing restrictive interventions has formed part of our harm reduction plans for the last 4 years and progress has been made against it, for example with prone restraints.

A prone restraint is a physical restraint holding a person chest down to the floor. This restraint position is controversial due to significant research that associates this position with an increased risk of death through positional asphyxia. Hence the shorter period a person stays in prone restraint the less risk of asphyxia.

One of our quality aims in 2019/20 was to reduce the amount of time a person stays in prone restraint for 3 mins or less by 5%.

Month	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
% of prone restraints 3 mins or less	76%	88%	91%	94%	92%	85%	90%	98%	97%	96%	95%	95%

As the table above demonstrates between April 2019 and March 2020, we consistently improved our performance against this indicator and achieved a 19% increase.

**Other activity during 2019/20:**

- We have developed the 2019/21 Patient Safety Strategy harm reduction plans, which continue our work to reduce restrictive practices. This aligns with our involvement in the Mental Health Safety Improvement Programme through work on Nostell ward
- In relation to incidents involving restrictive interventions, the Reducing Restrictive Intervention Team continues to push the need for consistent and precise reporting of all incident of physical aggression. The RRPI team have worked with the Datix team to improve recording of incidents in-line with the National Data set
- Rapid tranquilisation and seclusion have been discussed in the patient safety strategy implementation group. Action has been agreed to focus on clarity of recording and data collection during 2020 to enable improvement in these areas to be measured in 2021.

## **2. Human Factors training**

Keeping patients safe in our Trust is a high priority.

Human factors use scientific methods to improve system performance and prevent accidental harm. The goals of human factors in healthcare are twofold: (1) support the cognitive and physical work of healthcare professionals and (2) promote high quality, safe care for patients. There is increasing agreement that implementing human factors across the healthcare workforce may have a large impact on reducing harm.

Human factors is an established scientific safety discipline which is used in many safety critical industries e.g. railway and aviation.

A human factors approach can help staff to understand how patient safety issues start and how patient safety issues may be avoided.

A total of 177 staff have completed the Institute of Healthcare of Improvement (IHI) training on quality improvement and safety. This training includes Human Factors training. For all staff, there is e-learning available on ESR.

We have continued to develop our use of Human Factors methodology:

- A Human Factors section has been developed, on the Patient Safety intranet page.
- E-learning is available for all staff as Bronze on-line training. Silver level training is also available and relevant staff have attended.
- Human Factors continue to be examined as part of investigations
- We are continuing to develop the Significant Event Analysis tool which incorporates Human Factors for use within some serious incident investigations to enable learning to be identified earlier and in conjunction with the staff involved
- Systems Analysis training delivered by the Patient safety support team continues to include human factor as an element.

## **3. Safety huddles**

During 2019/20 several wards have continued to successfully use safety huddles. This concept is now available to be rolled out to other areas. The Patient Safety Support Team has been trained to support teams to use safety huddles. Although the involvement with safety huddles is voluntary, the benefits are such that we are promoting this as a tool to assist our teams to improve safety.

Throughout 2020/21 we will continue to implement the Patient Safety Strategy harm reduction plan to support our focus on improving safety across the Trust.

### S3. Suicide prevention

In 2017, the Trust became the lead organisation for the West Yorkshire and Harrogate Health ICS Suicide Prevention Strategy 2017-2022. As part of this role, the trust has invested in building partnerships with our neighbouring mental health trusts to share good practice, share learning from incidents, co-produce guidance that can be used across organisations and strive to break down barriers to information sharing, which has historically been highlighted as a contributory factor in serious incidents.

The Trust has a commitment to reducing suicides within our own organisation and in 2016-2019 a strategic action plan was created to span all levels of the organisation.

In September 2018 NHS England requested that all NHS Mental Health Care providers should have a Zero Suicide inpatient action plan in place by April 2019.

In line with the national drive for suicide prevention, during 2019 the Trust undertook a review of the previous strategic actions and aligned the actions to reflect the zero-suicide ambition and the regional connections to the West Yorkshire & Harrogate ICS Suicide Prevention Strategy.

The review of the Trust's 3-year strategic approach to suicide prevention has incorporated a commitment to zero suicides for our inpatient populations and a reduction of 10% for all our other services.

The organisation identifies this ongoing area of work as of significant importance in ensuring that the risk of suicide is considered in the care that we provide and that the level of intervention and support received by the person at risk is of a high quality, is timely, appropriate, and matched to the individual's needs.

#### **Progress we have made:**

##### **Trust Wide:**

- Set up a series of tabletop discussions and workshops and incorporated the NCISH self-assessment tool for 10 steps to safety to evaluate the present suicide prevention strategy. Based on the evidence and the finding we developed a Zero Suicide inpatient action plan
- We mirrored our ambitions for our wards and developed suicide prevention improvement plans across our whole organisation and signed up to reduce our organisational suicides by 10% across all our services
- Suicide prevention champions have been recruited and will continue to grow across the organisation; trust wide meetings have been held and further arranged
- We continue our work within our inpatient units with a renewed emphasis on suicide prevention in line with the NCISH guidance: removal of ligature points, ensuring care plans are in place during agreed leave; measures to reduce leaving the ward without agreement, e.g. improvements to ward milieu, better monitoring of ward access and exit points, and observation protocols
- A significant piece of work has been undertaken to design the way risk will be recorded in the new clinical information system (SystmOne). This will have a risk formulation-based approach. Training on

risk formulation will be delivered throughout the organisation. This will include safety plans, positive risk taking, service user and carer involvement in managing risk

- The Trust's Bluelight alert system has been used several times to alert all staff to a range of ligature risks identified through incidents. It has also been used to share information about pre-leave risk assessments from wards and concerns over means of harm
- Removing access to means guidance has been developed, this guidance will be promoted throughout the organisation via all modes of communication, and the guidance will be shared across the neighbouring mental health trusts for consideration for adoption
- Learning events across the BDUs have been delivered these have embedded the learnings from depression (the highest primary diagnosis for those dying by apparent suicide) events incorporated the learning from incidents and national guidance and best practice in health care delivery and regional and national understanding on suicides
- We continue to review any themes from our incident investigations in order to increase our understanding on suicides across the organisation in order to share learning and advocate best practice.
- '20 minutes to save a life training', by the Zero Suicide Alliance training has been promoted across the whole organisation, every staff member has been encouraged to take the training
- ASIST Suicide prevention and intervention training continues to be delivered, sharing training with our partner organisations. SafeTALK training is planned from April 2020 as part of the expansion in education for awareness raising on Suicide Prevention
- We have continued to promote service user wellness and well-being by developing and delivering courses and activities through co-production within our recovery colleges, reviews of well-rated courses such as developing safety plans is conducted to consider trust wide roll out
- Verd de Gris arts, provided a showing of a film funded by many organisations on the loss of a partner and father to suicide to the extended management team, this film in part funded by the trust was also aired at the 2019 national Suicide Bereavement conference
- Guidance for staff on what to do in the event of hearing of the death of a service user has been produced, a leaflet and booklet to help guide families is nearing the end of production having been reviewed by a local carer group

A new procedure for providing proactive in-reach support to staff after an apparent suicide has been implemented. This includes a critical incident stress information sheet. Occupational health staff are now alerted by line managers for individuals where staff will benefit from support post incident.

### **Regional work:**

- We continued to maintain our position as the lead organisation for the West Yorkshire and Harrogate ICS Suicide Prevention Strategy, chaired the regional meetings, continued to increase our networks of connections and support the regional commitments to reduction in suicides; sharing information, aims and ambitions for reducing suicides.
- Applied Suicide Intervention Skills Training (ASIST) and SafeTALK (Blue Light Emergency Services Suicide preventions awareness and education programme) has been rolled out increasing the opportunity to access training across our partner organisations and our whole communities.
- Pathfinder professionals have been employed to develop a defined pathway for support for men as part of the trail blazer initiative on reducing suicides in men.
- Specialist Suicide Bereavement Support services commissioned by WYHCP launched in December 2019 and is now accessible across the region, our services continue to build close working relationships with Leeds mind who are delivering the service for the ICS.

A working party has been established alongside regional investment into an awareness raising campaign for suicide prevention.

### **Next steps**

Suicide prevention covers a wide range of interventions that span multiple actions and requires ongoing activity across all sections of the organisation and all staffing.

There will be continued growth of our suicide prevention champions across the organisation and an increase in awareness raising and information sharing that is accessible to all our workforce.

We will increase the visibility of the Suicide Prevention Improvement plan using our communication systems, news-letters, staff intranet, IHUB conversations and aim to deliver a range of Trust focussed 'BIG BREW' events. The event will help to promote the awareness and the uptake of the 20 mins to save a life training (ZSA) and will be used as an awareness raising opportunity on the Trust's approach to suicide prevention, sharing the ambition statement and encouraging feedback with our workforce.

As the lead organisation for the West Yorkshire and Harrogate ICS Suicide Prevention Strategy we will continue to work in collaboration with our partners and participate in any project work that provides benefit for our patient populations. Work will continue in the following areas.

Trail blazer funding - Support pathway for males who are vulnerable and at risk

- Establish pathway for men to access support services
- Facilitate peer support groups and networks based on Offload programme
- Develop online support materials
- Provide training and supervision to partner agencies and stakeholders
- Postvention funding

Bereavement by suicide postvention service

- Expanded well established and evaluated Leeds Suicide Bereavement Service across WY&H
- Suicide Prevention Campaign
- Inspire individual action
- Reduce suicide in the identified target audience
- Reduce further suicide and highlighting services for bereaved

### **What next?**

The quality initiatives in the SAFE domain which we will undertake in 2020/21 to help us achieve our aim 'to improve and be outstanding' are:

- Implementation of patient safety initiatives as outlined in our Patient Safety Strategy (e.g. prone restraint reduction, reduction of avoidable and attributable pressure ulcers)
- Implementation of suicide prevention strategy with a zero-suicide philosophy
- Implement safer staffing establishment review of community mental health teams

- Improve safety in medication practice

## Priority 2: EFFECTIVE

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### Why did we focus on this?

By effective, we mean that people's care, treatment and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence.

### 'EFFECTIVE' quality initiatives in 2019/20

The following quality initiatives were prioritised for action in 2019/20 as part of the quality account process. A summary of our achievement against these initiatives can be found in the table on pages 14-15.

### E1. Policy and procedure

Policies and procedural documents are designed to support staff in discharging their duties, ensuring consistent behaviour across the Trust. In SWYPFT our policies and procedures fall into the following categories: clinical and corporate. We consult staff when we develop policies and procedures, and update these regularly.

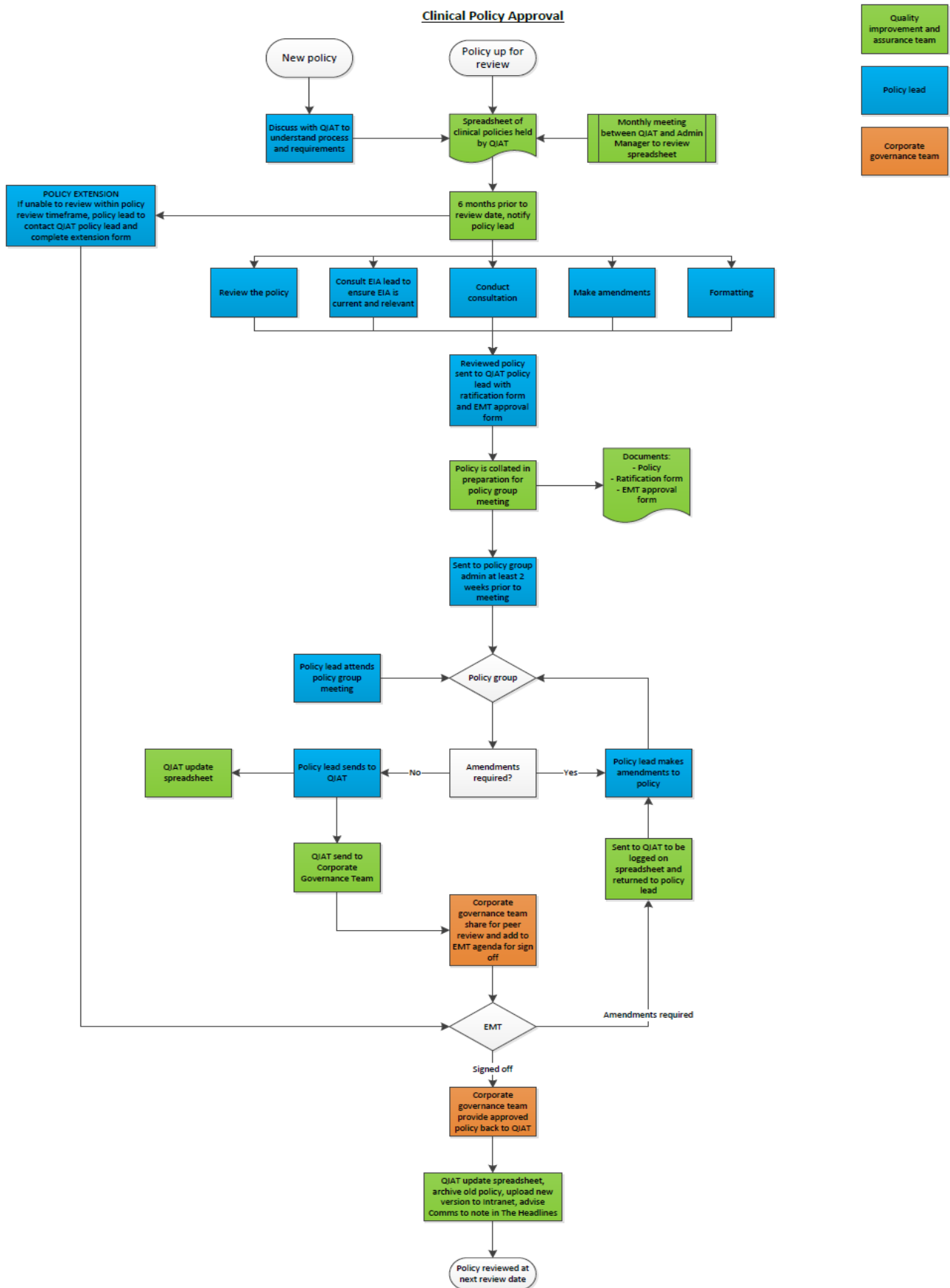
A common format and approval structure for such documents helps to reinforce corporate identity and, more importantly, helps to ensure that policies and procedures in use are current and reflect an organisational approach.

Work we have completed to improve the governance of our framework to support the development implementation and monitoring of policies and Trust wide procedures.

- Reviewed and aligned approval structure for both clinical and corporate policies
- Clarified and further developed an approval structure for Trust wide procedures
- Increased the number of clinical staff reviewing policy and procedural documents
- Ensuring alignment with updated NICE guidance
- Assigned project leads for the management of policies and procedures

The Clinical Policy approval process is summarised in the flow chart below.

### Clinical Policy Approval





## E2. Outcome measures

Measuring and publishing information on health outcomes helps drive improvements to the quality of care people receive.

Within SWYPFT we have a number of therapy services who consistently collect outcomes measures, which are used to inform care and treatment at an individual patient level. However, we have no digital platform that enables the Trust to collate outcome data to understand service outcomes.

Work undertaken to progress work to enable work on outcomes:

- Work has been done as part of SystmOne implementation to ensure that the template tools were correctly migrated onto SystmOne.
- Provided training on the use of outcome tools.
- Invested in Therapeutic Outcome Measures (TOM's) – Train the Trainer programme.

A proposal to implement a digital solution to collecting and reporting clinical outcome measures has been approved by Digital Strategy group. The intention is that this will be piloted in CAMHS services in the first instance with a view to wider roll-out. We are currently looking at how the process will align with clinical practice and the clinical pathway to ensure smooth implementation. We are also comparing supplier solutions to digitally collecting health outcome measures.

## E3. Effective care pathways

In 2018 a Trustwide project was established to develop a new strategy for the care and management of people who are diagnosed with a personality disorder under the care of adult community and acute services. This project was initiated as, following transformation, it became apparent that good practice in the care and treatment of people with diagnosed with Personality Disorder (PD) is patchy and inconsistent across the Trust. There are variations in thresholds and inclusion practices at the primary/secondary care interface and significant differences in the Trust's offer to people with the most complex and challenging presentations.

Additionally, whilst the principle of early intervention is well established for people with psychosis, there is concern that late intervention is the norm for PD. Barriers to care and inadequate treatment are recognised as problems which result in poor outcomes, adverse incidents and unhappiness. There is a substantial risk of self-harm and suicide and an over-reliance on Accident & Emergency departments and acute services. Hospital admission is frequently used to manage risk.

At a time when we are admitting more people to beds than we have available in the Trust, and placing high numbers of people out of area, there is a strong clinical and financial imperative for intervening earlier and improving the quality of community care for people diagnosed with PD.

The aim was to improve our understanding of the many issues surrounding 'personality disorder' and the services we currently provide; to develop a plan to ensure that our services represent recognised best-practice and to meet the needs of this group consistently, with the aim of improving outcomes and reducing reliance on acute services. A Trustwide expert reference group has supported the development of an evidence-based, trauma informed, best-practice pathway for people diagnosed with personality disorder. During the project we have learned that it is more helpful to refer to our pathway as a 'trauma informed' approach; reflecting the life experiences of people who acquire the diagnosis of 'personality disorder'.

Whilst the original project scope led to a focus on the care and treatment of our most complex service users, usually in the Enhanced pathway, it quickly became apparent that the pathway needed to encompass the entire acute and community system. Therefore, the proposed implementation strategy also aims to support improvements for the greater number of people diagnosed with PD in the Core pathway and to improve access at the primary/secondary care interface.

#### **Aim of the work:**

- To develop an operational pathway which is consistent with current national guidance in respect to accessing well planned, consistent evidence-based services for individuals with complex mental health difficulties who are diagnosed with a personality disorder.
- To reduce the need for frequent inpatient admissions which contradict current NICE guidance for individuals with Borderline Personality Disorder. This also works alongside the care closer to home priority.
- To improve outcomes for recovery for individuals with a personality disorder or similar difficulties.
- To provide a consistent Trustwide approach to the assessment and treatment of individuals with a personality disorder which takes account of previous trauma.
- To acknowledge the difficulties staff experience in respect to vicarious trauma and to build awareness and systems to assist in reducing the burden this can have.

Currently service users with a diagnosis of a personality disorder receive inconsistent care across services which can often result in increased risk behaviours, unhelpful hospital admissions and poor clinical outcomes. Service users with these difficulties can also require longer term placement, placing an increasing financial burden on the Trust and potentially harming their ability to gain new skills to assist in recovery.

Admission to inpatient settings for this client group is not supported by current NICE guidance and will often lead to increased risk behaviours which negatively impact the service user, their family and carers. Their experience of services can be negative and as a result their ability to engage positively is affected. The reasons for these difficulties are complex and the work of the pathway aims to increase staff awareness of these complexities in order to improve the response from services, thus impacting recovery and outcomes.

Feedback from staff within both inpatient and community services is that they find working with this group challenging and can feel overwhelmed as a result of the service users' needs and levels of risk they present with. The pathway aims to increase skills for staff working with this client group via a number of evidence based interventions and improve consistency across services which will positively impact the service user but also allow a well-considered and joint approach to therapeutic risk taking and management. This will allow staff teams to feel more supported in their decision making and less isolated, thus reducing levels of stress and improving staff wellbeing.

The delivery of a consistent, sustainable model across community and inpatient services will improve the quality of care, enabling services to work in a proactive way to improve recovery and patient outcomes. This in turn will enable teams to better manage caseloads via improved throughput and work within expected and manageable levels. Improvements in staff well-being and job satisfaction will also positively impact clinical care.

### **What progress has been made:**

- There has been extensive engagement over a 2-year period and the pathway is now drafted and ready to present to teams. Aspects of the pathway, including collaborative care plan meetings are now in place across the BDUs.
- A baseline training package has been developed and delivered across all 3 BDUs with a view to continuing this on a rolling basis for new staff and services who were not prioritised in the initial roll-out.
- A business case for recurrent funding for the pathway has been agreed in Kirklees.
- A Job description & person specification for new roles has been approved.
- Training needs have been identified and a plan in place to address these in order to add to sustainability, some of which has already commenced.
- Key performance indicators have been agreed in principal to monitor service performance.

Further work is required within community teams to address caseload sizes which will present a risk to the implementation of the pathway.

### **What benefits have we seen & how can we demonstrate this:**

- Currently we are in the early stages of planning and implementation therefore the data sets are not confirmed, and previous data required for comparison is not easily accessible. We are continuing to work with performance and information on agreeing a data set and establishing a baseline.

### **In 2020/21 we will**

- Confirm the data set for evaluation and implement any changes required.
- Continue engagement work and evaluation
- Implement the training plan
- Complete necessary documentation which supports the pathway.

## **E4. Clinical record keeping**

The Trust recognises the importance of maintaining robust and accurate clinical information, which is an integral role of all professionally registered staff. It acknowledges that the clinical records should provide a detailed account of care from the time someone enters our services until the time of discharge.

The clinical record is the principal repository (storage place) for data and information about the healthcare services provided to an individual. It documents the who, what, when, where, why, and how of care.

Good record-keeping helps to maintain best practice, aiding clear communication between professionals, and demonstrates that best practice has been followed. In order to ensure that staff provide a contemporaneous and complete record of care; the Trust has adopted basic record keeping standards that apply to all healthcare records in accordance with local and national recognised standards.

Our clinical record keeping audit report for 2018/19 identified deficits in our clinical record keeping standards and this was reiterated when the CQC inspected the Trust in 2019. The CQC identified that the

Trust was not meeting the required regulatory standards in relation to acceptable record keeping in a number of areas, i.e. **risk assessment and care planning**.

To address these issues, we adopted a quality improvement approach and established a project structure to support work across the Trust.

Information from both external and internal sources assisted us to identify 2 key areas for improvement:

1. Risk assessment
2. Care planning

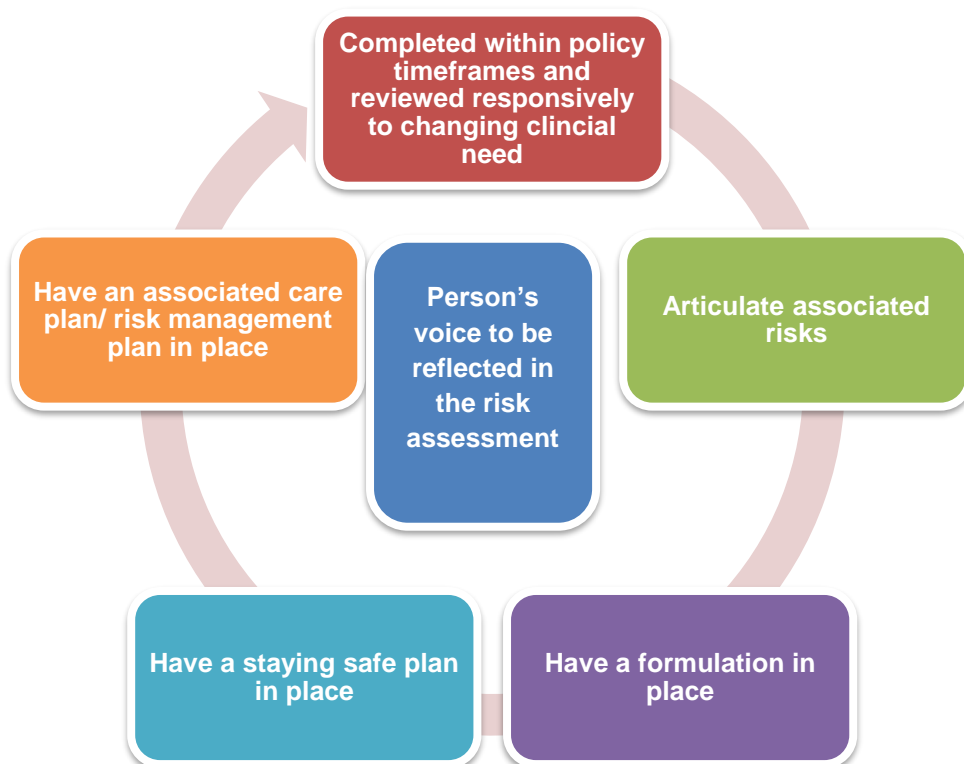
Following the model for improvement framework the project group,

- scoped out the issue
- determined an aim
- clarified what we wanted to achieve and how we would measure improvement
- identified changes that we could make that would result in improvement and sustainable change.

### 1. Risk assessment

**Aim:** ensure risk assessments are completed in line with Trust policy guidance and services consistently achieve the Trust key performance indicators. – 95% of risk assessments are completed within the policy timescales.

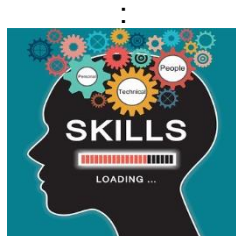
Outcomes will be measured using the key performance indicator, 95% of risk assessments are completed within the policy timescales and quality of risk assessments will be audited against the newly developed standards, as set out in the diagram below:



Primary drivers for change were identified as, staff skill and knowledge; SystmOne optimisation i.e. FIRM risk assessment tool; policy guidance, and personal and professional accountability.

## Improvement activity:

### Staff skill and knowledge



- Review of training packages:
- FIRM risk training package
- E learning risk assessment package
- Provision of face to face or facilitated training
- Risk assessment champions in clinical teams
- Improved support during student placement and preceptorship to assist the transition from student to registered nurse.
- Bank and agency staff will be able to access risk assessment training

### SystmOne optimisation -. FIRM risk assessment tool;



- Implementation of the FIRM risk assessment tool
- Training programme to support implementation
- Risk assessment champions
- Designed audit tool to monitor risk assessment standards

### Policy guidance



- Reviewed policy
- Incorporated risk assessment standards
- Reinforced roles and responsibilities
- Included best practice guidance for risk assessment completion

### Personal and professional accountability



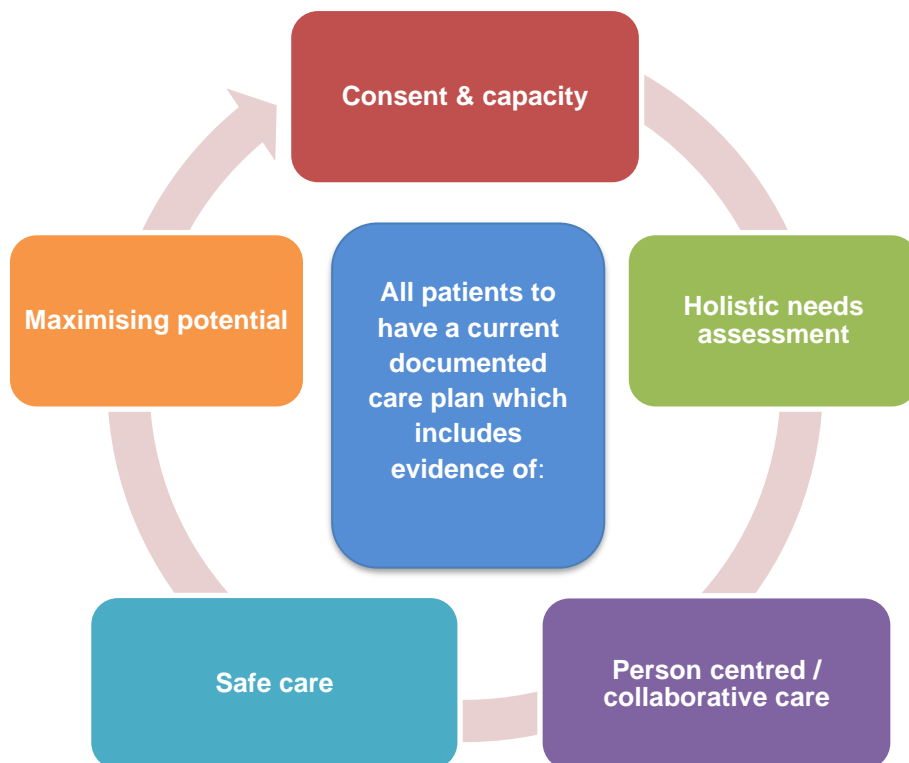
- Clinical record keeping training will reinforce personal responsibility and accountability of healthcare professional to maintain professional standards for record keeping
- Standards will be audited and used in supervision and appraisal to improve clinical risk practice

The risk assessment quality improvement work remains work in progress. Many of the elements of the initiative were due for imminent implementation at the time when the pandemic occurred. All quality improvement work was paused and restarted July 2020. The key element of this improvement is the implementation of the FIRM risk assessment, which is currently being implemented in CAMHS and will be rolled out across the services in September 2020, incorporating any learning from the CAMHS implementation.

## 2. Care planning

The aim, of this element of the project, is to improve care planning across all service areas, with primary focus on our acute wards for working age adults and psychiatric intensive care units (PICU) and older adult wards and child, adolescent mental health services (CAMHS) as these services are in breach of regulatory standards.

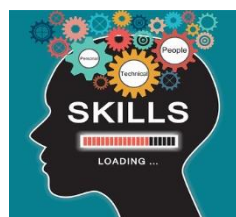
Outcomes will be measured and audited using the quality of care planning standards, as set out in the diagram below:



Primary drivers for change were identified as, staff skill and knowledge; SystmOne optimisation-development and implementation of new care plan tool; professional accountability and care plan standards.

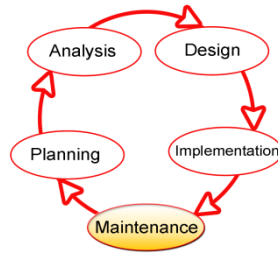
### Improvement activity:

#### Staff skill and knowledge



- Developed a training package (incorporated into clinical record keeping training and a stand-alone module)
- Provision of face to face or facilitated training
- Improved support during student placement and preceptorship to assist the transition from student to registered nurse.
- Bank and agency staff will be able to access risk assessment training

### Development and implementation of new care plan tool



- Development of a care plan template for SystmOne.
- Implementation of care plan template.
- Designed audit tool to monitor care plan standards

### Professional accountability



- Clinical record keeping training will reinforce personal responsibility and accountability of healthcare professionals to maintain professional standards for record keeping
- Standards will be audited, used in supervision and appraisal to improve clinical risk practice

### Care plan standards.



- Developed evidence based care plan standards
- Developed an audit tool to monitor care plan standards for continuous improvement

The care plan quality improvement work remains work in progress. Many of the elements of the initiative were due for imminent implementation at the time when the pandemic occurred. All quality improvement work was paused; however work has restarted and implementation is now being progressed.

To supplement this work the clinical record keeping training package is being updated and going forward, will be an integral part of both students and registered practitioner's continuous professional development plan.

### What next?

The quality initiatives in the EFFECTIVE domain which we will undertake in 2020/21 to help us achieve our aim 'to improve and be outstanding' are:

- Improve quality of clinical record keeping (ongoing)
  - Improve quality of care planning
  - Risk assessment & management – set standards of practice and monitor clinical outcomes and performance
- Development and implementation of outcome measures
- Recruitment and retention initiative within workforce planning

## Priority 3: CARING

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### Why did we focus on this?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect. We believe that individualised personal care is essential to enable a person's recovery. Everybody should have an appropriate assessment of their needs and an individualised care plan that supports them in achieving their goals.

### 'CARING' quality initiatives in 2019/20

The following quality initiatives were prioritised for action in 2019/20 as part of the quality account process. A summary of our achievement against these initiatives can be found in the table on pages 14-15.

### C1. Staff Friends and Family Test (Staff FFT) - staff recommend the Trust as a place of care and treatment

The Trust's Workforce Strategy has a key strategic aim of improving staff well-being, resilience and engagement. Research evidence has shown the links between staff well-being/satisfaction and the quality of care provided to service users/carers.

Improving employee well-being, resilience and engagement is a key strategic aim within the Trust's Workforce Strategy.

Also, making the Trust a 'Great Place to Work' is one of the Trust's four key strategic objectives.

#### NHS Staff Survey results

Between October and December 2019, the annual National NHS Survey was distributed to all staff in the Trust. The aim of the survey is to gather information to enable NHS organisations to improve the working lives of staff and consequently provide better care for service users and their carers.

The Trust issued the 2019 survey to all staff to enable the results to be meaningfully presented by BDU and service as well as at an organisational level. 1838 completed surveys were received, a response rate of 45% which is below the national response rate average of 48%. The Trust's response rate increased from 40% in 2018 to 45% in 2019.

This following is a summary of the official results supplied by NHS England.

Of the 11 key themes 3 of these saw a statistically significant positive increase, these are Quality of Care, Quality of Appraisals and Staff Engagement. The other 8 key themes did not see any statistically significant change from 2018.



A summary of results is provided below compared to other community, mental health and learning disability Trusts. A higher score indicates a more positive result:

Theme results	Trust score 0-10	Average	Worst	Best
Equality, diversity and inclusion	9.1	9.1	8.5	9.4
Health and Well-being	6.2	6.1	5.6	6.6
Immediate managers	7.2	7.2	6.9	7.5
Morale	6.3	6.3	6.0	6.7
Quality of Care	7.4	7.4	7.1	7.8
Quality of appraisals	5.7	5.7	5.0	6.3
Safe environment-Bullying	8.2	8.2	7.6	8.7
Safe environment-Violence	9.4	9.5	9.1	9.7
Safety Culture	6.7	6.8	6.4	7.4
Staff Engagement	7.0	7.1	6.7	7.5
Team Working	6.8	6.9	6.6	7.3

The theme 'Health and Well-being' is 0.1 above average (more positive). The themes 'Safe Environment-Violence', 'Safety Culture', 'Staff Engagement' and 'Team Working' are 0.1 below average. Other themes are average.

Results by BDU are summarised below:

Theme results	Trust	Barnsley	Cald/Kirk	Forensic	Inpatients	Specialist	Support	W'field
Equality, diversity and inclusion	9.1	9.2	9.2	8.5	8.7	9.1	9.4	9.1
Health and Well-being	6.2	6.2	5.8	5.5	5.7	6.2	6.9	6.2
Immediate managers	7.2	7.2	7.2	7.0	6.4	7.2	7.3	7.2
Morale	6.3	6.3	6.4	5.7	6.0	6.2	6.4	6.6
Quality of Care	7.4	7.7	7.5	6.8	7.2	7.1	7.3	7.5
Quality of appraisals	5.7	5.8	5.7	5.8	6.0	5.4	5.8	5.6
Safe environment-Bullying	8.2	8.4	8.2	6.8	6.9	8.3	9.0	8.1
Safe environment-Violence	9.4	9.6	9.4	8.4	7.7	9.6	9.9	9.3
Safety Culture	6.7	6.8	6.7	6.5	6.7	6.7	6.7	6.8
Staff Engagement	7.0	7.1	6.9	6.6	6.7	7.0	7.0	7.1
Team Working	6.8	6.9	6.9	6.1	6.2	7.0	6.8	7.0

Barnsley and the Support Services have higher staff satisfaction scores with MH Inpatients and Forensics having lower than average results overall.

### Action planning

- The results inform the implementation of key Trust strategies/objectives such as the Workforce Strategy and Patient Safety Strategy. Results will be reviewed in the Trust Well-being Partnership Groups, BDU well-being groups, and other Trust action groups
- Equality related data will be used by the Equality and Inclusion Committee to inform the Equality Delivery System (EDS2), and, Workforce Disability Equality Scheme (WDES) and Workforce Race Equality Standard (WRES) action plans
- Professional leads will also review their data to identify any actions required
- An action plan will be developed which is submitted to the CQC as part of their inspection process
- The Great Place to Work Leadership Forum is being used to develop local plans
- Each BDU is reviewing their data and action plan accordingly. There is significant variation in results across the Trust and each BDU/Support Service should use the information to support their workforce planning/service improvement. Each BDU Partnership Forum should also review their results as part of the action planning process.

### Further developments planned in 2020/21 to address survey feedback

Following the 2018 NHS Staff Survey results the Human Resource team ran an engage and listen exercise speaking directly with over 800 staff between April and July 2019.

Colleagues told us what was important to them and what they think will make our Trust a great place to work:

- **To feel safe:** 'having enough staff in my team', 'tackling violence/aggression and preventing bullying and harassment'
- **To work in a supportive team:** 'Effective and compassionate team leadership', 'supportive colleagues and access to effective supervision/appraisal'
- **Having positive support to help you keep fit and well:** 'Positive mental wellbeing at work', 'flexibility to balance my work and personal life and having a manageable workload'
- **Developing potential:** 'Access to career development and to personal and professional development opportunities. 'I work in an organisation which recognises and support talented colleagues
- **That your voice counts:** 'Managers who listen', 'respects my views and gives feedback on my suggestions'. 'I am engaged in improving my service and doing my job better'. 'I am part of the change/service improvement process'.

Preventing bullying and harassment will remain a key priority. The number of colleagues experiencing bullying, harassment and abuse has increased slightly to 10% from 9% in 2018. However, bullying from other colleagues has decreased from 15% in 2018 to 14% in 2019.

The Trust launched a revised framework to prevent bullying in 2019. We are currently increasing our team of bullying and harassment advisors. The Trust is also agreeing a communications plan for 2020 to share key messages that prevention of bullying and harassment is everyone's business.

The Trust's Staff Engagement score has increased from 6.8 in 2018 to 7.0 in 2019. The 2019 score is 0.1 below average. The Staff Engagement theme in the NHS Staff Survey comprises of 3 elements:

- Motivation, i.e. looking forward to going to work, enthusiasm about the job and time passes quickly. Levels of reported motivation are around 5% below average
- Ability to contribute to improvements at work. Trust scores are around 2% below the national average
- Recommendation of the Trust as place to work or receive treatment. 75.4% of staff felt care of service users is the Trust's top priority which is slightly below the average of 76%. 61% of staff would recommend the Trust as a place to work which is 1% below average although this has increased from 59% in 2018. 66% of staff would recommend the Trust to family and friends as a place to receive care and treatment, this is 1% below average.

The 'Great Place to Work Leadership Forum' is being rolled out and will focus on our key workforce priorities. Survey data will also be used to inform our leadership and management development offer.

Appraisal satisfaction has increased in 2019. An e-appraisal system was piloted in 2019 and the data from the pilot is being reviewed currently.

The Trust's health and well-being score increased from 6.1 in 2018 to 6.2 in 2019, this is 0.1 above average. Improving workplace well-being remains a key priority this year with a focus on improving mental health and encouraging teams to prioritise their own well-being.

Survey data will also be used to inform the work of the Recruitment and Retention Strategy group.

In summary the NHS Staff Survey provides extremely important feedback on colleague's experience of working for the Trust. The results will be used to further improve staff experience in the Trust, share good practice and target support.

## **C2. Patient experience: Friends and Family Test**

Experience of care, clinical effectiveness and patient safety together make the three key components of quality in the NHS. Experience is one of the three key components of quality and needs to be given equal emphasis along with safety and effectiveness. Evidence illustrates the link between experience and health outcomes i.e. service users who have a better experience of care generally have better health outcomes. There is also a link between experience and cost of care i.e. poor experiences generally lead to higher costs as service users may have poorer outcomes, require longer stays or be admitted for further treatment. In order to improve the quality and experience of all that we do effective measurement is required.

In 2019/20 we have focussed on:

- Expanding the text message collection service in line with the implementation of SystmOne: Text messaging is being used across Community Mental Health Services to collect Friends and Family Test feedback. The text messaging service has provided 33% of the Trust's Friends and Family Test responses. The text messaging service has increased the number of community responses received by 24% (26% 18/19 50% 19/20) since last year.

The Trust will be trialling the text messaging service for the collection of Friends and Family Test feedback across Community Health Services from September 2020.

- Exploring the introduction of a Trustwide Carers Survey. This has been built into the work the Trust is doing on the Carers Charter
- Implementing the updated NHS Friends and Family Test guidance across the organisation. The revised Friends and Family Test Guidance was implemented in Quarter 1 of 20/21. New materials including standard, learning disabilities and easy read postcards along with new promotional materials were distributed to teams across the Trust. The Friends and Family Test question was updated on text messaging and on electronic devices. Equality data is consistently being collected and collated across all data collection methods
- The Quality Improvement and Assurance Team work with operational teams to ensure they are collecting, reviewing and acting upon service user and carer feedback. This continues to be an area for development for 20/21
- Continue to work with teams to develop a practical way to collate actions being taken across the Trust to demonstrate the changes that are being made to team/services as a result of feedback.

## **Friends & Family Test**

The NHS Friends and Family Test (FFT) is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. This feedback should be used to improve services for service users.

The FFT question asks if people would recommend the services they have used and offers a range of responses from 'extremely likely' to 'extremely unlikely', including a 'don't know' option. When combined with supplementary follow-up questions, the FFT question provides a mechanism to highlight both good and poor service user experience.

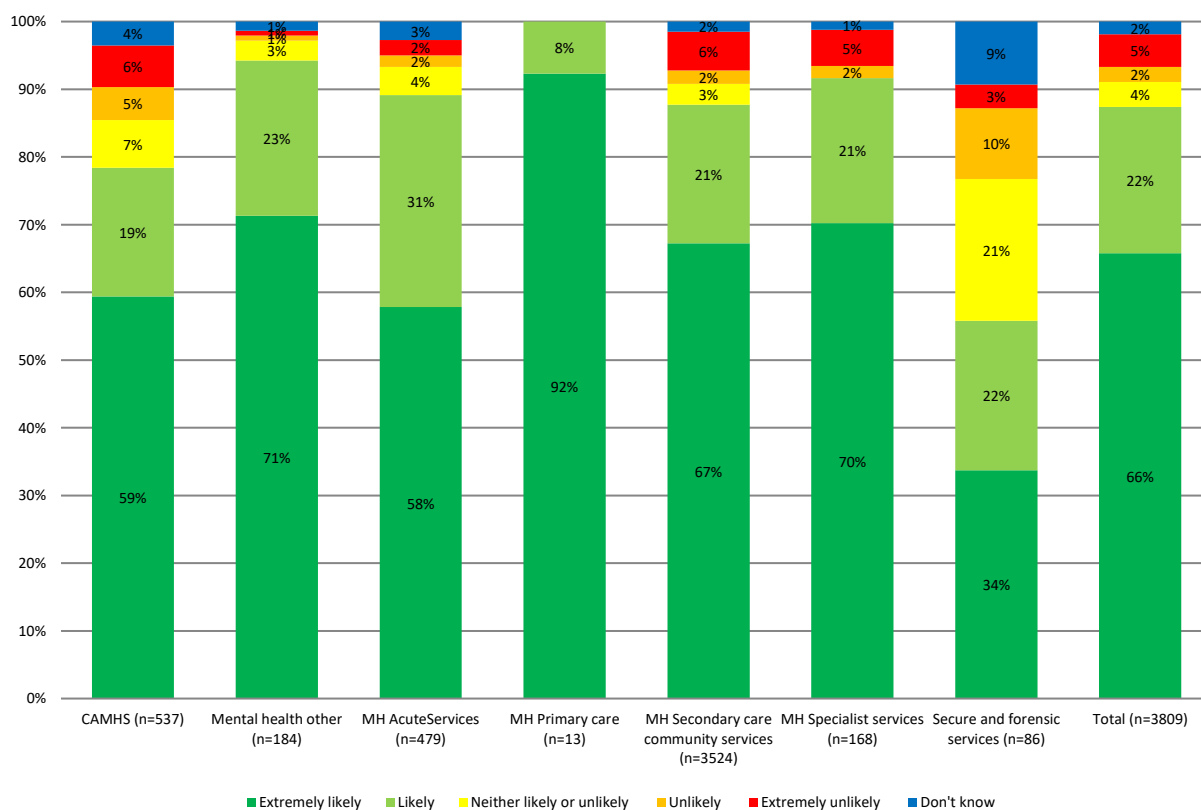
The free text comments are a rich source of information, which provide staff with a greater depth of understanding about the experiences of their service users. The results are available more quickly than traditional survey methods, enabling providers to take swift action when required. The FFT results are also a useful source of information which can help to inform choice for service users and the public. The results are available on the NHS England website and the NHS Choices website.

The FFT was implemented in the Trust in 2015. The Trust is on a progressive journey of continually refining and improving systems and processes for the collection of service user feedback and uses this to improve quality.

In 2019/20, the Trust received 8173 individual pieces of feedback, an average of 681 responses per month, compared to 6963 individual pieces of feedback, an average of 580 responses per month in 2018/19.

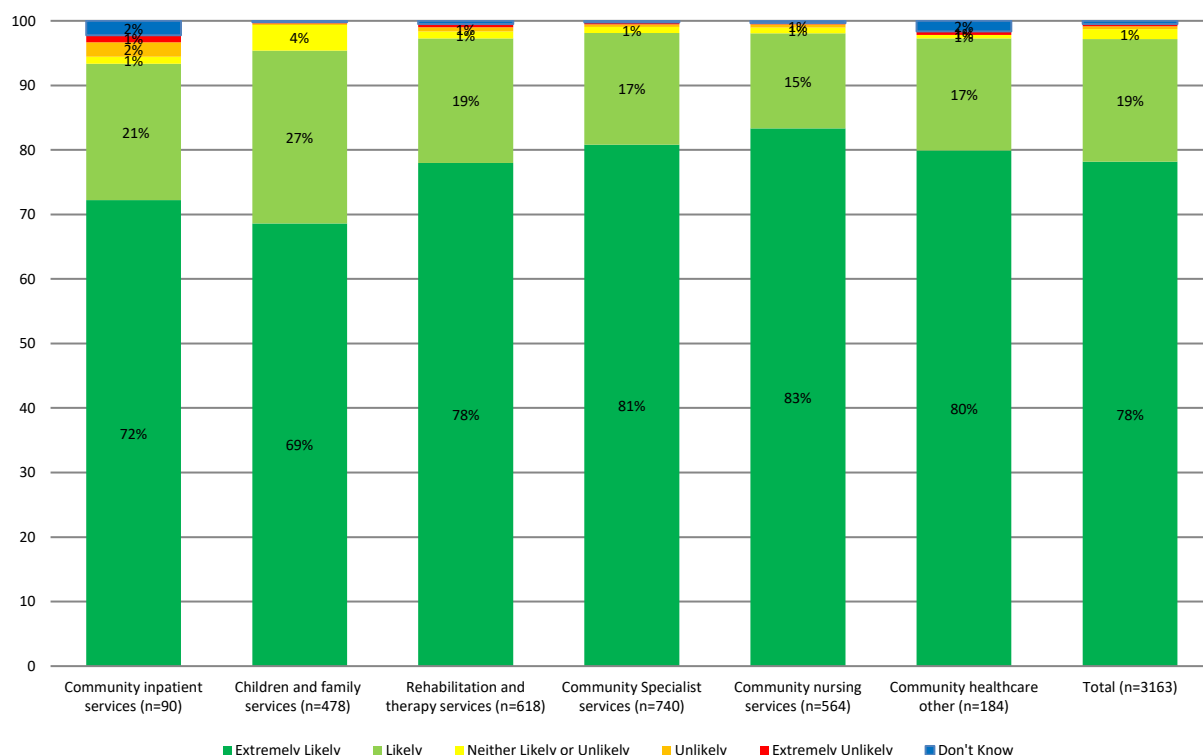
Friends & Family Test	Target	Reporting Period	Q1			Q2			Q3			Q4			End of year/Q4 position
			A	M	J	J	A	S	O	N	D	J	F	M	
Mental heath	85%	Monthly	94%	86%	85%	92%	86%	86%	82%	89%	89%	85%	90%	86%	88%
Community health services	98%	Monthly	98%	99%	97%	97%	96%	99%	99%	93%	98%	97%	97%	98%	97%
Trustwide	90%	Quarterly	91%			91%			89%			91%			91%
CAMHS	75%	Quarterly	72%			83%			80%			74%			78%
Forensic	60%	Annual	58%												58%
Learning Disability services	85%	Quarterly	94%			90%			94%			95%			93%

### Mental health FFT results for 2019/20



88% would recommend mental health services, 7% would not

## Community Services FFT Results for 2019/20



**97% would recommend community services, 0% would not.** The recommendation percentage for Community Health Services fell below the 98% target by 0.67%, to 97.33%. On review of the data the majority of neutral and negative recommendations can be attributed to the Children's Business Unit. The free text comments did not indicate any themes or trends. The management team are aware of this and continue to monitor feedback closely.

### Percentage of people extremely likely / likely to recommend services

	Community health	Mental health	Overall Trust Score
2014/15	98%	90%	94%
2015/16	98%	81%	90%
2016/17	98%	73%	87%
2017/18	98%	85%	92%
2018/19	91%	85%	91%
2019/20	97%	87%	91%

	CAMHS	Forensic BDU
2014/15	69%	55%
2015/16	67%	45%
2016/17	59%	47%
2017/18	63%	51%
2018/19	71%	57%
2019/20	78%	58%

Since collection began in 2014-15, community health services have maintained a consistent recommendation percentage of over 95%. However, in mental health services the recommendation percentage has fluctuated. This is mainly due to the lower scores received in CAMHS and Forensic services. Both have seen an increased recommendation percentage in 2019/20 and work continues with both CAMHS and Forensics on how to best to capture FFT from these services and act on the feedback received.

Various methodologies are used across the Trust to collect FFT feedback. The FFT question is asked as part of the inpatient ward patient experience survey on electronic tablets, the text messaging service is used to collect FFT data from community services. Cards and paper surveys are used across the Trust.

The FFT has now been established for several years. The original national focus on it being a 'comparable metric' has diminished, and there is more of a focus upon the FFT being a feedback tool that allows providers to make real changes based on the free text comments. NHS England reviewed the process for FFT during 2019; we implemented the changes from Q1 2020/21.

Developments for patient experience in 2020/21 include:

- Development of Patient Experience representatives across the Trust to support the Patient Experience agenda.
- Review and complete the Patient Experience Framework
- Development of a Patient Experience newsletter with the Engagement Team and Customer Services to keep staff/ stakeholders up to date on patient experience initiatives.

### C3. Customer service improvements

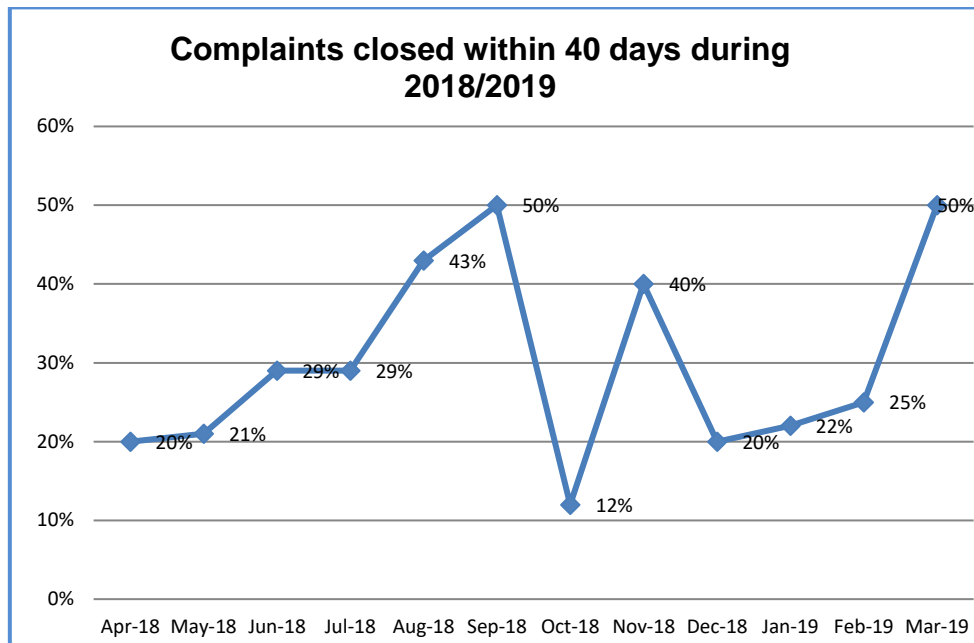
Efficient and effective handling of complaints ensures that NHS organisations continuously review and improve the quality and safety of care they deliver.

Ensuring good handling of complaints is one way in which healthcare providers can help to improve quality for their patients. Monitoring trends and patterns in complaints and concerns raised by patients about organisations facilitates early detection of systemic problems. Learning from complaints helps organisations to continually improve the services they provide and the experience for all their patients.

Extensive development work on the complaint's pathway has been undertaken in 2019/20 to improve the complaints pathway, process and data quality. We have adopted 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.

#### **Why we undertook this work:**

For a number of years, the Trust has not met its key performance measure of responding to 80% of formal complaints within 40 days. The performance fluctuated month by month as can be seen on the chart below.



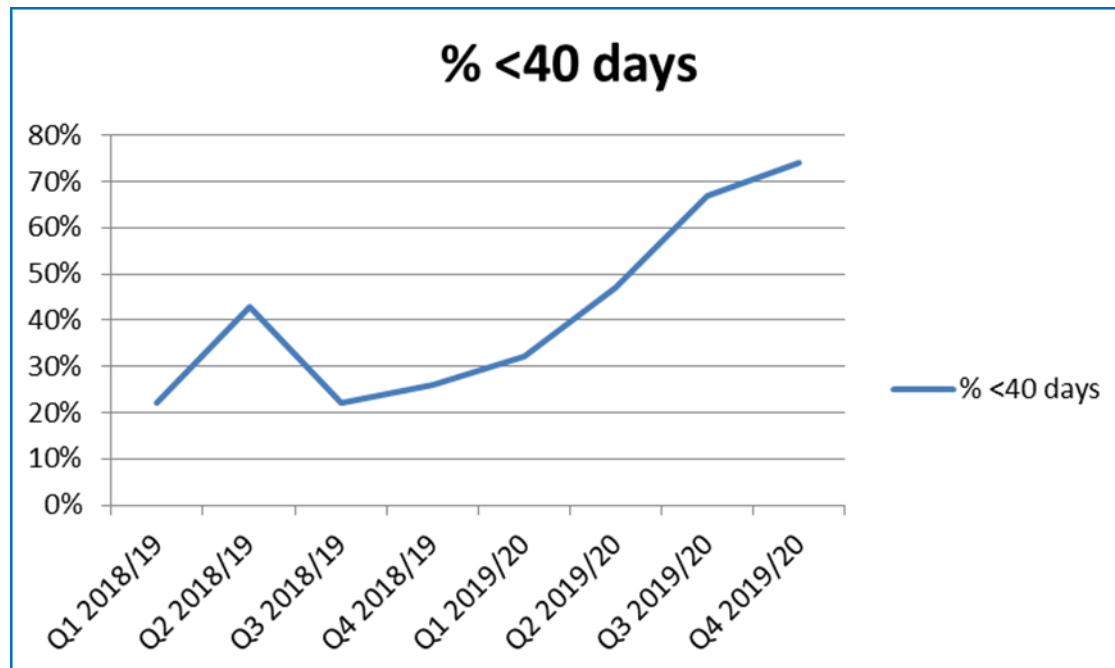
To understand this, a full review of the complaint's pathway was undertaken.

We have:

- Reviewed and streamlined the complaints pathway, identifying separate pathways for concerns and complaints. Including:
  - pathway for MP complaints
  - sign off process
  - risk grading process
  - clock start and stop times
  - timescales for closing complaints that don't have consent or have agreed scope
  - improve quality assurance of complaints
  - removed waste processes (added no value, resource intensive)
- Improved the quality of complaints data, including
  - Improved clarity regarding the 48 hours response time for informal complaints (concerns)
  - Aligned DATIX fields to the stages of the pathway and improved monitoring information that can be pulled from the system.
  - Built the capacity to monitor re-opened complaints in DATIX
  - Improved reporting functions
- Revised the customer services offer –e.g. Freedom of Information requests were placed outside of Customer Services.
- Reviewed the workforce model
- Reviewed demand, capacity and workflow
- Redesigned the complaint toolkit
- Improved the quality of complaints responses
- Reviewed existing operating procedures and developed new ones to fill gaps

The work we have undertaken has resulted in a steady improvement of response times to complainants. In February 2020 we achieved the key performance indicator of 80% and in March achieved 71%. Although we didn't quite reach our target, our performance is much improved from the position of 20% in April 2018.





Our development work remains ongoing. There are a number of risks that are likely to impact of our response performance if left unattended. These are:

- Formal 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 have increased and require a consistent and coordinated approach.
- From monitoring the pathway, it has become clear the biggest delay in the complaint process is time it takes to investigate complaints. This information is being analysed to generate further discussions with clinical services about the specific challenges they face in responding to complex complaints i.e. resource, and how these can be overcome to improve the Trust's response timeframes.

Areas for development focus in 2020/21 are:

- Learning lessons from complaints (triangulating feedback from other sources of patients and staff experience)
- Review of processes to support complex complaints
- Review of processes to manage persistent complainants
- Review of process for reopened complaints
- Continue focussed work on response times
- Update the Customer Services Policy

## C4. Allied Health Professional (AHP) Strategy

During 2019/20 we developed our AHP strategy (2019/2022) which sets out our commitment to providing high quality care and treatment for all, while achieving our organisational mission to help people reach their potential and live well in their communities. The strategy aligns with the objectives for other professional groups, with a shared vision and objectives which put service user, patient and carer experience at the heart of what we do.

Our AHP strategy is underpinned by the principles of the national 'AHP into Action Strategy' (2017) which provides a framework for AHPs to deliver and drive improvements in health and wellbeing.

AHPs are the third largest health and care workforce nationally and this is reflected South West Yorkshire Partnership Foundation Trust (SWYPFT). There are more than 280 registered AHPs working within the organisation. They work in a range of profession-specific roles, enhanced skilled roles, leadership and management positions. They are a vital part of the workforce bringing a wide range of evidence-based skills and improving the lives of service users and carers. They are supported by support staff. They include the Art Therapists; Dietitians; Occupational Therapists; Physiotherapists; Podiatrists and Speech and Language Therapists.

Our AHP workforce work across community, mental health, and learning disability settings for both adults and children and are an integral role in the local health economies that we serve. AHPs work both independently and alongside health & social care colleagues from other care providers and partner agencies, to make care pathways for people who require care, to be seamless as possible.

Our AHPs work with diverse populations and ethnic groups. The primary role is the provision of high-quality interventions for those that we come into contact with, involving families and carers. Whether working with the individual in their own home or within a hospital environment, AHPs provide interventions that are delivered with respect for the individual, their dignity, diversity and needs.

The diagram below describes this framework and will provide the structure for our AHP strategic objectives.



## Allied health professional goals

**IMPACT:** To ensure we use AHPs in an effective and efficient way for people and populations

We will demonstrate our effectiveness by:

- The consistent use of outcome measures appropriate to specific professions and individuals
- Delivering evidence-based interventions
- To actively support Making Every Contact Count.
- The collection of patient experience feedback and use this to improve individual and service performance.
- The provision of services to improve health outcomes and reduce complex care packages, for example:
  - a. Contribute to reducing hospital length of stay by developing and implementing robust care pathways
  - b. Facilitate safe and timely transition of patients from hospital to home
- Use business intelligence to monitor capacity and demand to ensure clinical effectiveness
- To wrap multi-disciplinary care around the patient to maintain independence and prevent hospital admission.

To ensure that in our AHP workforce we have **COMMITMENT** to the way services are delivered

We will demonstrate the commitment of our workforce to the people we serve and or partners by:

- Working with internal colleagues and local partners to explore new roles and opportunities where our AHP workforce can add value to care and treatment outcomes for individuals and their families.
- Working with primary care to introduce neighbourhood models using skills of the professions within community settings. – reduce waste and improve patient care
- Work with our transformation teams to explore future service development opportunities
- Improve accessibility for our patients by providing care at local community clinics, care homes and patient home visits
- Developing our workforce to meet the changing needs of people, populations and communities

To ensure we prioritise recognise the contribution AHPs make by addressing the **PRIORITIES** to meet the challenges of changing care needs.

We will act to:

- Increase the number of opportunities for AHPs to lead change
- Develop an AHP workforce strategy which outlines a career development framework that is relevant for today and in the future
- Provide frameworks for AHPs to evaluate improve and evidence the impact of their contribution.
- Strive to improve patient outcomes through evidence-based practice; ensuring professions are up to date with current research and developments
- Develop our AHPs workforce to be competent in information & technology.

The AHP Strategy was due to be launched March 2020 but was delayed by COVID 19. A comprehensive plan was developed by the Trust therapy staff in early March 2020 to support the implementation of this strategy. A communication campaign, including the 'strategy on a page', a short video, media, posters and webinar events will all be developed to raise awareness and understanding of the key messages and priorities within the strategy, is being progressed.

## What next?

The quality initiatives, in the CARING domain, we will undertake in 2020/21 to help us achieve our aim 'to improve and be outstanding' are:

- Patient experience – implementation of the updated friends and family guidance
- Staff health and well-being- make the Trust a great place to work
- Always Event: dignity and respect

## Priority 4: RESPONSIVE

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### Why did we focus on this?

By responsive, we mean that services are organised so that they meet people's needs.

### 'RESPONSIVE' quality initiatives in 2019/20

The following quality initiatives were prioritised for action in 2019/20 as part of the quality account process. A summary of our achievement against these initiatives can be found in the table on pages 14-15

### R1. Transitions of care

We focused on transitions of care with the aim:

- To ensure children who are actively receiving treatment or support for an existing health condition / mental illness or learning disability have a seamless transition from children to adult health services. For mental health and learning disability this is typically as they approach their 18<sup>th</sup> birthday.
- To promote collaborative and flexible working practices between children's and adult health services to ensure effective co-ordination of person-centred care between services.
- To clarify and define the roles and responsibilities to children and young people in the delivery of effective risk management strategies.
- To provide clarity not only to internal children's and adult services, but to General Practitioners, Social Services and other agencies.

The progress we have made in 2019/20:

A Trustwide Transition Workshop took place in February 2020 hosted by the Medical Director which facilitated discussion on key themes. Task and finish groups are in place to progress developments.

CAMHS is leading the review of the Trust Wide Pathway and Guiding Principles surrounding the transfer of care from Children's Health Services to Adult Health Services. A meeting took place in March 2020 with representatives across the Trust wide Children's services to undertake the review and amendments are underway. This included representation from Barnsley Children's services, Specialist Community CAMHS, Forensic and Secure CAMHS teams.

The CAMHS transition CQUIN was achieved, care plans include transition information. Documented discussions regarding transitions happening from 17.5 years of age take place.

Transition clinics are also in place for adult mental health service so that face to face handovers take place between responsible clinicians/medics. This has increased working relationships between the services and allows for more seamless transition between child and adult mental health services. Examples include:

- In Barnsley transition clinics take place with the Adult ADHD service so that face to face handovers take place between responsible clinicians and this has improved working relationships and links between the two services. This allows for a more seamless transition between CAMHS and the Adult ADHD service.
- Work with a Third sector participation organisation. ChilyPep, is taking place within Barnsley CAMHS to bolster discharge/transition by offering further treatment/intervention options.

What we will do in 2020/21

- Finalise and progress approval of the review of the Trust wide Pathway and Guiding Principles for Transition
- Promote and develop local pathways for transition and share good practice through the Children's Clinical Governance Group and wider Trust Structures.

## **R2. Improve access to CAMHS**

The Children and Young People's Mental Health and Wellbeing Taskforce released 'Future in Mind' guidance in 2015 which outlined the transformation of CAMHS services nationally. Improving access to effective support was one of the 5 key themes.

Our aim is to ensure that children and young people experiencing emotional and mental health wellbeing difficulties have early access to the right support, at the right time and in the right place.

Improvement programmes drive partnership working across the local system which aims to increase communication and partnership working between our Specialist CAMHS services and wider services and agencies within a child or young person's network.

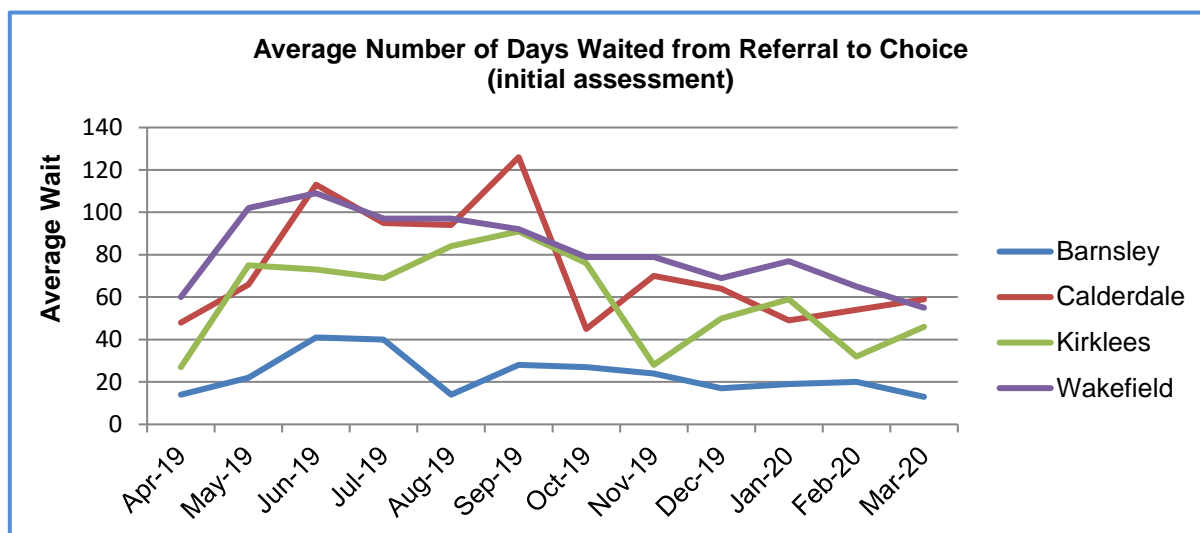
The implementation of local pathways promotes joint working to discuss and support children's needs to ensure the timely and most appropriate package of care and support is implemented.

Investment on a national, regional and local level aims to make CAMHS a great place to work and a number of transformation and improvement initiatives are in place aimed at increasing the knowledge, skills and attributes of the workforce to deliver high quality evidenced based care in a variety of settings.

## Progress we have made in 20/21

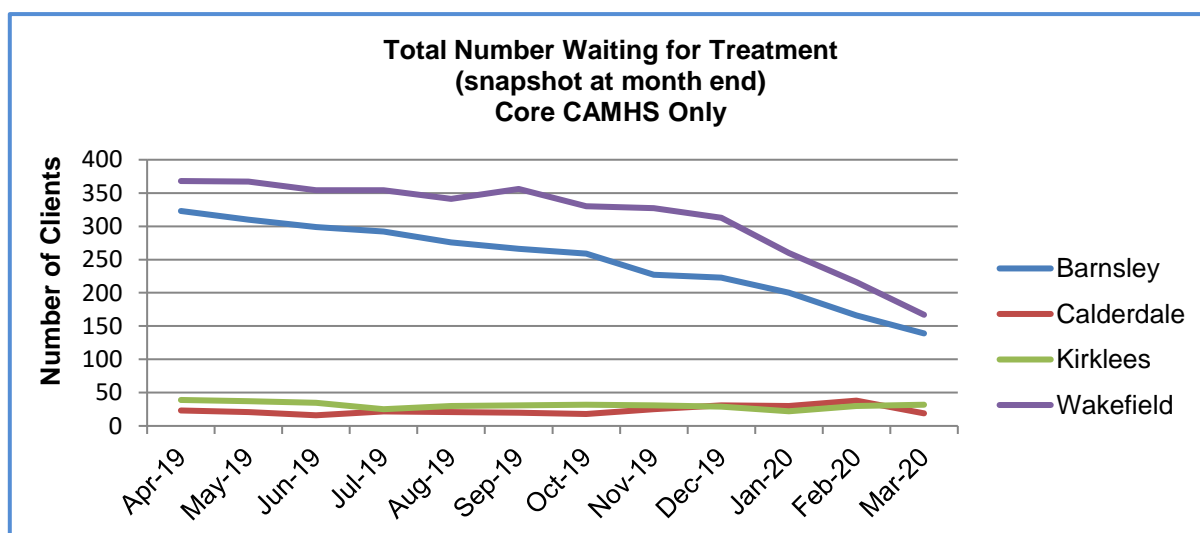
The data below shows our performance against our CAMHS access measures:

### 1. Average Number of Days Waited from Referral to Choice (initial assessment)



Locality	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Barnsley	14	22	41	40	14	28	27	24	17	19	20	13
Calderdale	48	66	113	95	94	126	45	70	64	49	54	59
Kirklees	27	75	73	69	84	91	76	28	50	59	32	46
Wakefield	60	102	109	97	97	92	79	79	69	77	65	55

### 2. Total Number Waiting for Treatment (snapshot at month end) -Core CAMHS Only



Locality	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Barnsley	323	310	299	292	276	266	259	227	223	200	166	139
Calderdale	23	21	16	22	21	20	18	25	31	30	38	19
Kirklees	39	37	35	25	30	31	32	31	29	22	30	32

Wakefield	368	367	354	354	341	356	330	327	313	260	216	167
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**3. Referral to treatment:** The current national key performance indicator, from referral to treatment for children and young people who require access to routine care is eighteen weeks. The table below demonstrates our performance against this measure:

Locality	Eighteen Week Split	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<b>Barnsley</b>	<18 weeks	52	45	37	20	12	12	12	3	10	13	11	12
	18 Weeks & Over	271	265	262	272	264	254	247	224	213	187	155	127
<b>Calderdale</b>	<18 weeks	13	8	9	13	10	13	16	21	19	23	30	15
	18 Weeks & Over	10	13	7	9	11	7	2	4	12	7	8	4
<b>Kirklees</b>	<18 weeks	19	17	20	13	12	13	16	25	23	19	27	28
	18 Weeks & Over	20	20	15	12	18	18	16	6	6	3	3	4
<b>Wakefield</b>	<18 weeks	39	55	62	78	96	107	91	78	79	83	56	54
	18 Weeks & Over	329	312	292	276	245	249	239	249	234	177	160	113

Actions we are taking to improve access to our CAMHS services are:

### Barnsley

- In Barnsley CAMHS recruitment and retention has improved with minimal vacancies which have been appointed to recently.
- Capacity and demand modelling has been completed to ensure the service has a good oversight of what is needed to meet the demands of the referrals.
- New ways of working have been devised implemented and embedded including how initial assessments are offered and how the Single Point of Access triage communicate to and signpost referrals which has had a positive impact in reducing the number of cases moving onto specialist pathways.
- Job plans and new ways of working has had a significant impact on waiting times in the service and includes a group offer.
- Waiting list initiatives funded by the CCG have seen 57 additional ADHD assessments commence since November 2019 and a further 57 planned to be undertaken between April and June 2020. There have been 100 cases progressed from waiting to treatment since November 2019.
- A further ADHD specific waiting list initiative will progress 100 cases into treatment (medication) for ADHD by April 2020.
- The CAMHS crisis and intensive home-based treatment team adopted 7 day working in September 2019 providing robust and continuous care for vulnerable and high risk children in crisis.
- The planned launch of an All age mental health liaison team will enable a CAMHS home based treatment offer to commence from April 2020. This team will provide home based treatment to those vulnerable children at risk of inpatient admission including for eating disorders. This has included recruitment of additional Band 6 qualified staff and the introduction of Band 4 Mental Health Associate Practitioners.

- The team also has 4 qualified and 3 trainee Children and young Peoples wellbeing practitioners in the service providing evidence based early intervention and treatment.
- A Waiting List Initiative has seen a significant reduction in cases waiting from 309 at September 2019 to 200 at March 2020 (of which 92 children have been accepted for treatment from October 2019 up to end of February 2020).

## **Wakefield**

- Wakefield has seen a focus upon waiting times and access to services in the last year. The service is currently working within an improvement programme which is monitored by the Director of Operations.
- Recruitment within the service was a priority and this has proven successful with all vacancies now recruited with some staff still to commence in post. There are also additional posts secured via waiting list initiatives and funded through slippage from new business cases in 2019/2020.
- Part of the work undertaken through the improvement work has been to review all pathways and undertake a process of demand and capacity modelling. This modelling referenced our service was underfunded.
- Business cases have been submitted and approved to strengthen the CAMHS offer and include, extending the waiting list initiative on a non- recurrent basis, and funding further resources for CAMHS on a recurrent basis. The Autism pathway delivery via Mid -Yorks releases resources within SWYPFT for Specialist CAMHS work.
- An all age liaison model continues to progress where the Mental Health Liaison Team will be responsible for the offer between 8pm and 9am. Work continues to prepare for this handover to facilitate a seamless transition. The current CAMHS crisis team is fully recruited to within the enhanced resources as agreed last financial year. The impact of the new ways of working is evident and having positive impact.

## **Kirklees**

In Kirklees core waiting times remain within the 18-week target. The waiting time for the Neuro developmental pathway reduced to 6 months in September 2019 as a result of additional funding and the increased capacity to offer an increased number of assessments. However, since then the service has seen an increase in referrals at an average of approximately 70 referrals a month with the consequential increasing in waiting time to approximately 10 months. The service is to receive an additional £100,000 from commissioners from April 2020 to assist in meeting this demand. The recruitment of a Band 7 Psychologist and a Band 6 Mental Health Practitioner is underway with the aim of increase capacity to offer more assessments. The neuro developmental pathway was implemented in Kirklees in May 2019 and the service has received positive feedback from parents with regards to the changes to the assessment.

## **Calderdale**

In Calderdale the core waiting times are within the 18-week targets. There are long waits for Autism assessment and the service has received short term funding over the last few months to increase assessments capacity. This has enabled the service to reduce the waits for the Autism pathway to just over 12 months. This funding was non-recurrent and finished at the end of March therefore assessments capacity will reduce. A business proposal has been submitted to commissioners for recurrent funding and



further non-recurrent funding. The outcome is pending however commissioners are supporting preparatory recruitment for 2 additional staff including another psychologist. The challenge associated with the short-term funding is sourcing and using appropriate agency staff. We will also be starting to implement the neurodevelopmental pathway as we have in Kirklees, this entails joining both Autism and ADHD pathways. This model offers an improved experience for families as they access a holistic assessment approach for Neurodevelopmental needs which in turn has a positive impact on staffing capacity.

Developments for 20/21 include:

- Introduction of All Age Liaison Services across all Community CAMHS services will be a key priority for 2020/ 21
- Utilise the funding received for 20/21 and onwards to continue with existing trajectories to reduce waits
- Implement and review improved and new ways of working
- Maintain an understanding of service capacity to enable an early indication of where demand may exceed capacity to enable dialogue with partners and Clinical Commissioning Group's.

### **R3. Equality, involvement and communication**

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, but our strategic approach is based on a co-created set of principles using the insight and voice of our workforce and the communities we serve. 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 and Public Sector Equality Duty (PSED).

As a Trust we maintain a commitment to work hard to foster the right conditions to ensure we can demonstrate better outcomes for all. This means understanding our communities by building meaningful and reciprocal partnerships and relationships. Ensuring our staff and members feel equipped to act as our ambassadors by playing a key role in delivering on our inclusion agenda.

The Trust continues to build on our work to ensure we deliver culturally sensitive care, including 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. We 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 is 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.

Our approach to equality will be driven by our involvement agenda to 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. As '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. Our aim is to ensure everyone is treated with fairness and understanding, this means applying equitable approaches and not necessarily treating everyone in the same way. By reducing and mitigating inequalities that exist in our services and workforce, including those linked to deprivation and those linked to the Equality Act protected characteristics we will ensure equality and diversity is not an 'add on' but an integral component for delivering safe, effective, quality services.

The Trust's equality and involvement objectives are decided by the Equality and Inclusion (E&I) 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.

What have we done in 2019/20:

- The Trust has developed an experience and engagement tool which includes a mandatory equality monitoring form so data can be disaggregated and interrogated by diversity and ethnicity. By gathering this data, we can ensure that our services are designed by a representative audience.
- All services have an Equality Impact Assessment (EIA) in place, completion and updates are monitored and reported to the E&I Committee to provide assurance. Training and EIA guides are available to support staff in undertaking EIAs. Additional training to ensure people understand the importance of using an EIA in the planning, design and development of services are ongoing.
- For any service change the Equality Impact Assessment provides a tool to ensure our plans, strategies, policies and services conscientiously consider the insights of our most affected communities or groups of people.
- A quick decision EIA template has been introduced and used during the pandemic to ensure quick decisions are informed by impact and the actions to mitigate impact are recorded and acted upon.
- The Trust has a values-led recruitment approach and has over the past year recruited to public panels. This has resulted in a diverse range of service users, carers and volunteers who are now able to attend recruitment of senior roles (band 7 and above). This means that there is Black, Asian and Minority Ethnic (BAME) representation on all senior appointments which will be extended to all key appointments
- The Family, Friends and Carers 'commitment' will now be used as the Trust passport with funding now available to support a dedicated post to act on these commitments. Funding to carers networks in Kirklees and Wakefield to support carers is in development

Examples of work we have done:

- Kirklees Improving Access to Psychological Therapies (IAPT) have reproduced CD's in 5 community languages as well as English and Polish on relaxation, stress and depression which can be given to service users and carers when required. These will now be audio linked onto YouTube for ease of access
- We helped over 8173 people give their views using the Friends and Family Test by providing survey materials in easy read and child friendly formats. We ask people to share their views about our services using a short postcard, as part of patient experience surveys and text message. We also request equality data when people complete the Friends and Family Test
- We worked closely with our Advocacy partner organisations to gain insight about the experience of those who access our services
- We produced a staff guide to support teams to help people who identify as lesbian, gay, bisexual, trans, questioning or intersex (LGBTQI) feel safe and welcome in Trust services
- We are working to improve our offers to carers, linked with carer groups and our Integrated Care System partners to gather feedback about carers' current experience across the Trust footprint and how this could be improved

- We implemented the Accessible Information Standard to ensure that people who have a disability, impairment or sensory loops receive information in a way they can access and understand, and any communication support that they need is identified and provided
- Wards at Dewsbury worked with the Physiotherapy service and delivered creative reading and writing sessions for their service users
- The North Kirklees early intervention team delivered mental health awareness sessions from an Islamic perspective at the Soothill Mosque in Batley
- The Trust has introduced a cultural awareness training session. This has been piloted with staff and as is delivered as part of our preceptorship offer for newly qualified staff and for students on placement
- We have changed our clinical information system to SystmOne which will gather the necessary equality data.
- In developing the Equality, Engagement, Communication and Membership strategy we engaged with over 700 people on the strategy and received a 45% BAME response in addition to existing staff survey responses. Specific insight to address inequalities which will be picked up this year are set out below:
  - People who do not have English as a first language feel they are not treated equally, often getting the wrong information and not being asked to contribute because people do not support the right access to conversations
  - The use of internet and computers as the main source of information is seen as isolating people more and needs to be part of an offer not the whole
  - Use large print in posters and 'Talking Newspapers'
  - Bilingual speaking staff are needed
  - The Trust need to demonstrate they understand the culture of the community before working with it
  - People want contact through the local mosque and support for mental health comes through the Imam whom we should work with
  - People who do not have English as a first language do not use social media for local information
  - 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 as it is easier to understand
  - Help break the mental health taboo and barriers in Asian communities so we can help you help us. Working with communities will help to 'reduce fear, ignorance and misunderstanding'

## What we will prioritise in 2020/21:

- As a Trust employing over 4,400 staff we will ensure that all staff receive the relevant training and tools required to deliver on our inclusion agenda. This will include development and intranet resources and specific and targeted training
- As a provider organisation we want to ensure that we work with commissioners to gain access to commissioners EIA, engagement findings and ethnicity data so we can build on and not duplicate the work already in place. This will ensure the Trust develop services based on existing intelligence such as JNA data and local voice as a baseline.
- Our commitment to use what we already know as a starting point so we are not repeating conversations will include a desk top review of all relevant data held. This will include patient experience and engagement intelligence gathered from people who use services, including their families, carers and friends and staff. By looking at what we know we will ensure any gaps in audience are identified and further intelligence captured.
- We will improve data gathering and collection using a campaign and training to ensure our workforce gather equality and diversity data in an environment which ensures people who use our services feel able to do so. By gathering this information, we can drill further into the experiences and insight by each protected group and identify any patterns or themes that need to be addressed for characteristics.
- Ensuring we have a diverse and representative workforce through recruitment, retention and development opportunities including using stakeholder panels in recruitment that are reflective of the population will be a priority. The Trust will continue to ensure that leadership and decision-making forums maintain representation.
- The Trust will build on and continue to strengthen the voice of staff networks. A new carers who are staff network will be set up this year.
- Recruiting staff with a lived experience will continue to be a focus. A peer support worker lead will be recruited and the opportunities to increase peer support worker posts, devise training and support our inclusion agenda will be a focus. This will ensure that services remain connected to lived experience of mental health.
- Trust wide volunteers support inpatient services, recovery colleges and Creative Minds. A plan to address diverse representation in volunteering will be delivered ensuring our volunteers are reflected of our population.
- The Equality, Engagement, communication and membership strategy will ensure that our website is remodelled considering the accessible information standard. Each component of the strategy will publish a clear annual action plan and report on delivery using a 'We said, we did' style approach ensuring we are open and transparent and accountable for our actions.
- The Trust will continue to promote and use our interpretation and translation service in all verbal, and written communication ensuring people have equal access to services
- The Trust will continue to remain engaged in 'place based' systems leader programmes as they emerge and are developed throughout 2020/21.

## R4. Access to specialist assessments and interventions in our community teams for people with Learning Disability (LD)

We continue to focus on reducing waiting times for people with a learning disability who require treatment from the service, to ensure we are delivering treatment in a timely way to meet service user need and prevent a person's health deteriorating whilst waiting for a service. Monitoring of key performance measures related to service waits improves the management/understanding of who is waiting for a service and how needs can be best met within the shortest time.

Below is an overview of actions that have been taken to assist with the management of their waiting lists:

- A range of access key performance measures are monitored on a month by month basis.
- We receive monthly detailed management information that tells us
  - Who is awaiting a specific discipline provision and not open to the team
  - Who is awaiting a specific discipline provision but is open to another discipline in a the team dependent on need, these can be prioritised lower as they are being seen which allows the team to prioritise those that are not being seen at all given that the risks are more unknown.
- Waiting lists are reviewed in weekly multi -discipline team meetings
- Weekly multi- discipline referral and allocation meetings are in place
- A duty provision and process is in place that screens / triages all new referrals and undertakes an assessment of clinical risk
- Work is progressing to develop a clear pathway with Kirklees mental health services for people who have both learning disability and mental health services involved in their care. An effective pathway will assist with creating capacity on caseloads. When this pathway has been finalised, it will be adopted across all localities.

The current national waiting time key performance indicator for referral to treatment is eighteen weeks for people who are screened as requiring routine care. People who require urgent access to care are responded to within 24 hours.

The data below shows our performance against three of our access measures:

### 1. Percentage of referrals that are screened within 2 weeks – Target 90%:

Locality	Q1	Q2	Q3	Q4	Year to date
Barnsley	75%	93%	95%	94%	89%
Calderdale	40%	61%	84%	85%	69%
Kirklees	87%	72%	99%	94%	87%
Wakefield	46%	88%	95%	89%	76%

Improvement was made in each service; however, the 90% target was not achieved consistently in any of the localities across the year. Barnsley services did achieve the target in three out of four quarters and both Calderdale and Wakefield significantly improved their performance throughout the year. The service average for this measure is 80.25%.

2. Percentage of referrals that have commenced treatment within 18 weeks – Target 90%:

Locality	Q1	Q2	Q3	Q4	Year to date
Barnsley	100%	95%	95%	85%	94%
Calderdale	84%	90%	97%	100%	92%
Kirklees	87%	96%	92%	68%	87%
Wakefield	84%	70%	88%	73%	80%

The 90% target was not achieved consistently in any of the localities across the year. Calderdale improved their performance across the year. We are unclear on what impact the pandemic had on Q4. The service average for this measure is 88.25%

3. Percentage of referrals for intensive support where response was received within 24 hours – Target 90%:

Locality	Q1	Q2	Q3	Q4	Year to date
Barnsley	No referrals	No referrals	100%	100%	100%
Calderdale	100%	No referrals	No referrals	100%	100%
Kirklees	100%	100%	No referrals	100%	100%
Wakefield	100%	No referrals	No referrals	No referrals	100%

100% of referrals for intensive support were responded to within 24 hours.

Adopting a performance management approach has provided the management team with an improved and clear understanding of the number of people who are waiting to access our service, allows us to focus our resource, adapt our systems and supports our clinicians to minimise risk.

## R5. Care closer to home

### **Aim of the work:**

The reduction of inappropriate out of area beds to zero by April 2021. We will achieve this by:

- Setting out and delivering the operational model which promotes providing care as close to home as possible.
- Establishing performance management systems including performance dashboards that support delivery of the model, so it is easy to manage services in line with expectations.
- Working with teams to deliver a series of quality improvement projects which will impact on admissions, discharges and length of stay.

### **Why is it important to the quality of clinical care?**

We are admitting more people to beds than we have available in the Trust. People therefore have to be placed outside the Trust bed base and this impacts on them and their family/friends. In both 2017/18 and 2018/19 there were about 5000 bed days spent out of area. The factors which are contributing to this situation are many and complex.

The work is focused on providing all care as close to home as possible for people. This will improve the quality of care and the aim of this work is to reduce the number of admissions for people in our care so that we not only reduce the number of people going out of area but we also reduce the occupancy on our wards. This thereby leads to better quality care and an improved working environment for staff. Ultimately, we wish to reduce the size of our wards.

The delivery of sustainable systems across both community and inpatient settings will improve the quality of clinical care, enabling the Trust to manage care within expected levels and manageable levels across all parts of the pathway.

### **What have we done so far?**

In 2018 an out of area stocktake was undertaken to answer the following questions:

- What are the component parts of this wicked problem?
- What have we already done? What impact has it had?
- What else could we do?

This led to the establishment of an improvement plan through 2018 which concentrated on the following strands of activity:

- Increased Operational Focus e.g. daily monitoring, fortnightly project board meetings
- Improvement Approach e.g. data analysis, peer reviews, workshops, Change Acceleration Programme techniques
- Partnership Approach e.g. visits to other Trusts, working with our colleagues across West Yorkshire to share learning and use our collective resources, working with the Allied Health Science Network.

Through this period there were a significant number of actions taken to manage processes more tightly and whilst this had some positive impact it did not address underlying issues.

In late 2018 and into early 2019 the Trust engaged with an external contractor, SSG to undertake a root cause analysis to identify what the key causes of the problem were and to establish a plan to address these issues.

From this exercise six areas for further work were identified and refined into the following work programme in early 2020 with an agreed project brief and target impact:

1. Refresh of criteria led discharge and inpatient discharge process.
2. Coordinated system wide patient flow.
3. Reducing admissions and improving gatekeeping of beds in Calderdale and Kirklees Intensive Home-Based treatment (IHBT).
4. Appropriate pathways and care packages for people with a trauma informed personality disorder.
5. Discharge planning (community caseloads)
6. Access and inappropriate referrals
  - a. Single Point of Access (SPA) gatekeeping
  - b. Inappropriate referrals

Cutting across the programme was the development of a series of dashboards that would allow us to track progress toward achieving key deliverables.

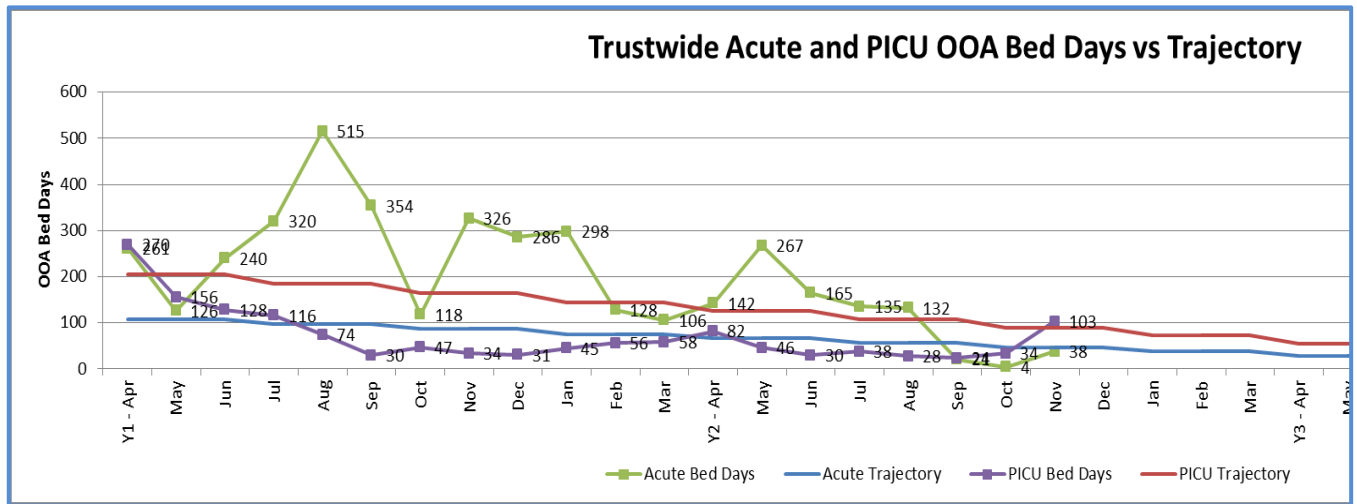
Throughout 2019, a programme was taken forward to deliver across these strands. Considerable activity has been taken forward across these strands through 2019 and activity is continuing into 2020 to ensure that sustainable systems are in place.

Each project across the programme has a named delivery lead and clinical lead responsible for delivering the objectives set out in their project brief, driving forward activity and reporting into the Care Closer to Home (Out of Area- OOA) steering group.

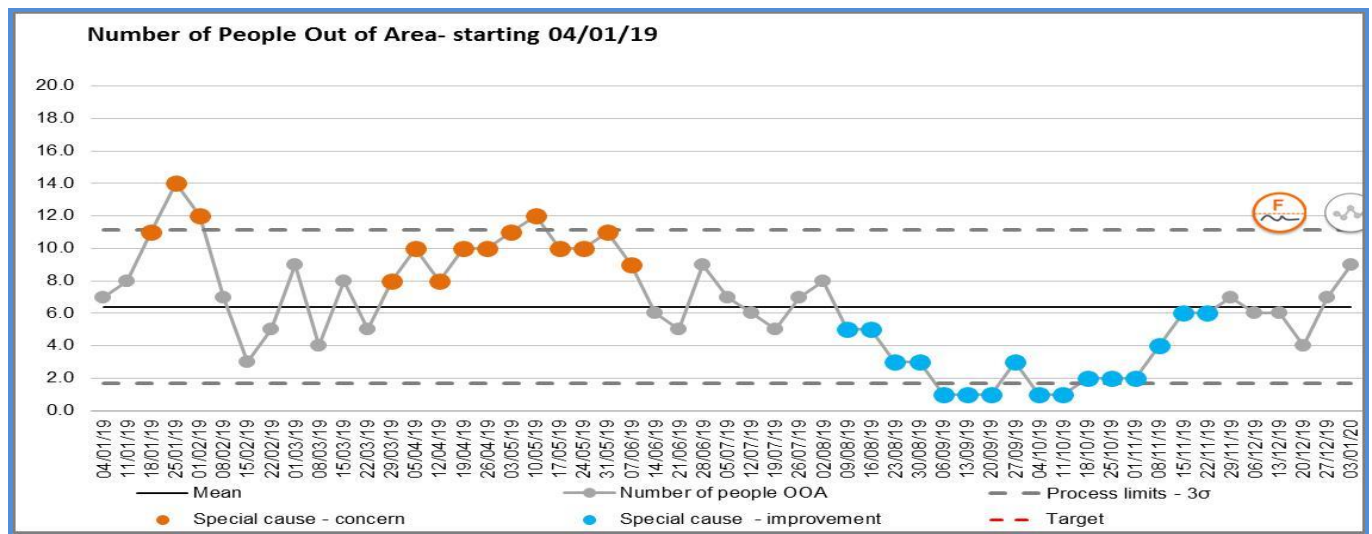
### **What benefits have we seen and how can we demonstrate this?**

2019 saw a step change reduction in Out of Area Placements in line with the trajectory for hitting zero out of area placements by April 2021:

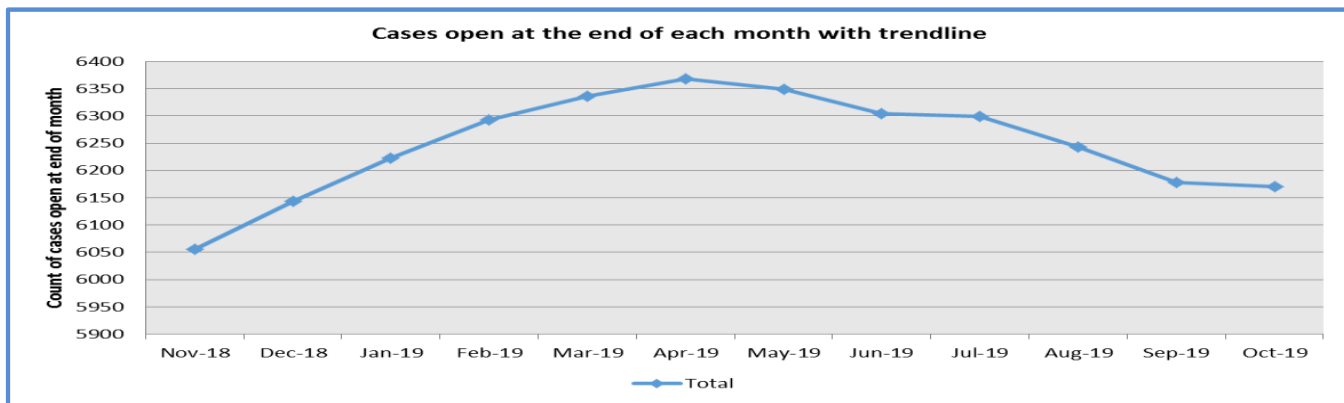




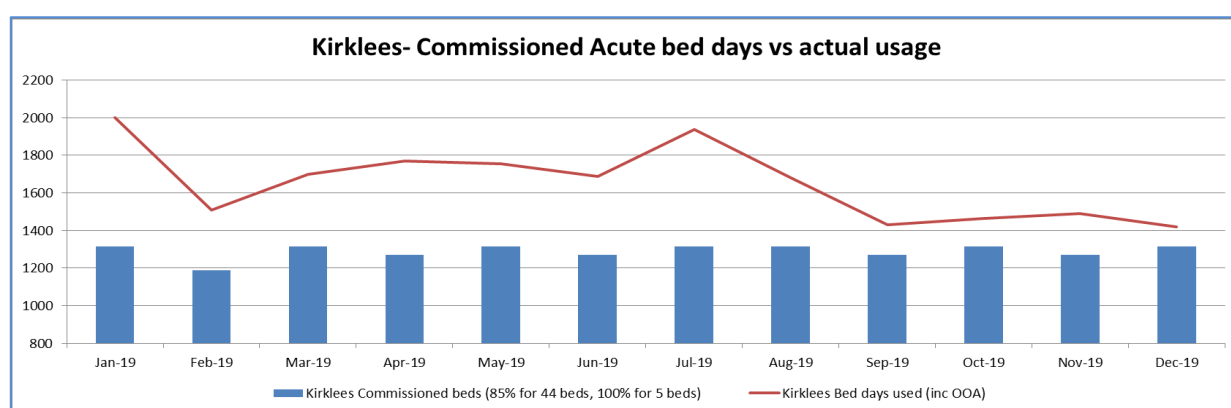
Step change in out of area placements:



At project level, individual projects were having an impact, with caseload reduction (see data below) having a positive impact on the Kirklees IHBT team being able to focus on their priority caseload:



An overall reduction in bed use in Kirklees (identified as a priority area to focus the work on) could be demonstrated through 2019:

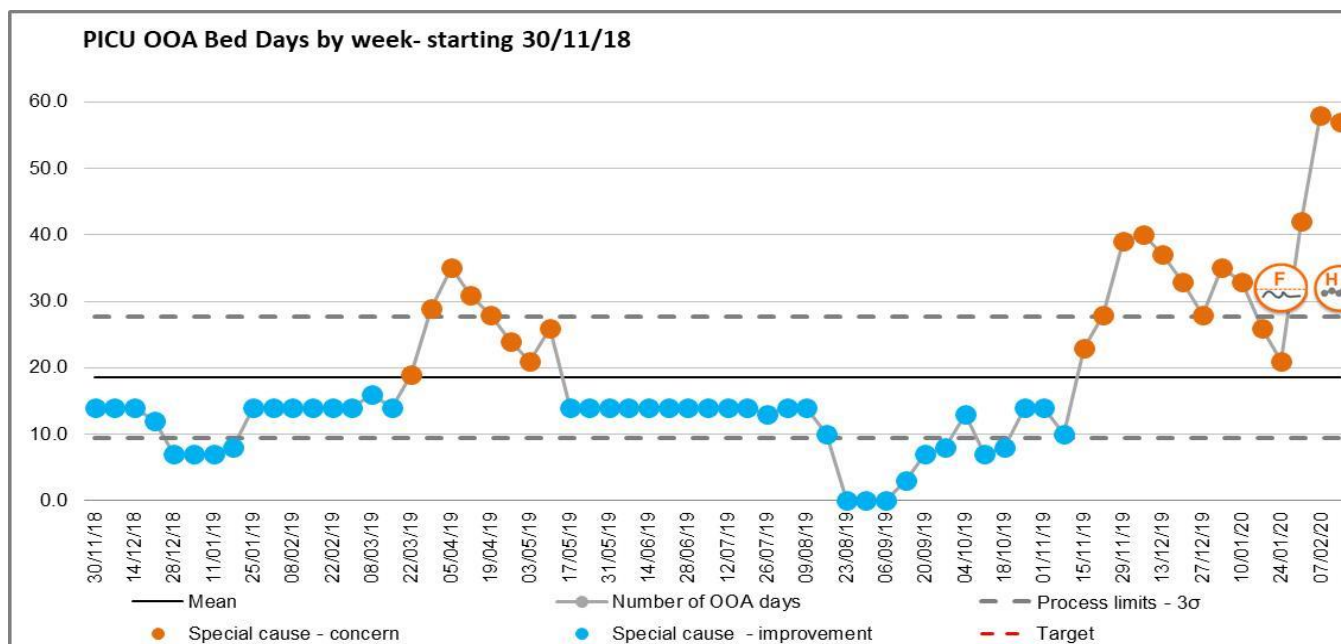


There are some projects within the programme that are still progressing towards achieving improvements:

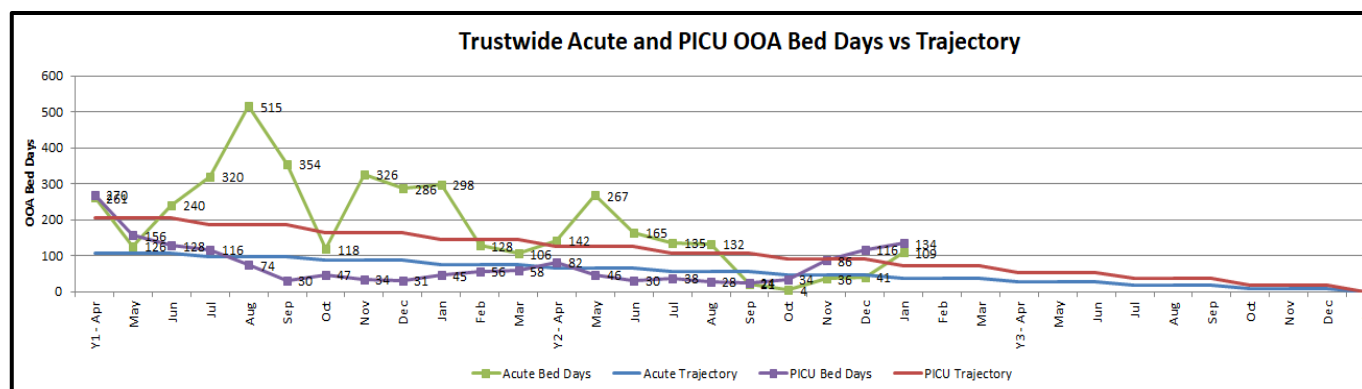
- SPA – we are working towards a system change in 2020 that should see improvements to referral pathways and triaging and assessment processes.
- Trauma Informed Personality Disorder (TIPD)– new collaborative care plans are being implemented but the Trust is still on a learning curve. Further training and support through 2020 will help embed these ways of working and performance measures to assess impact are being developed.
- Criteria led discharge has been refreshed in Calderdale and Kirklees and work is now being taken forward in Barnsley and Wakefield. This should soon be able to start demonstrating positive impact in terms of more appropriate inpatient stays.

### Recent challenges:

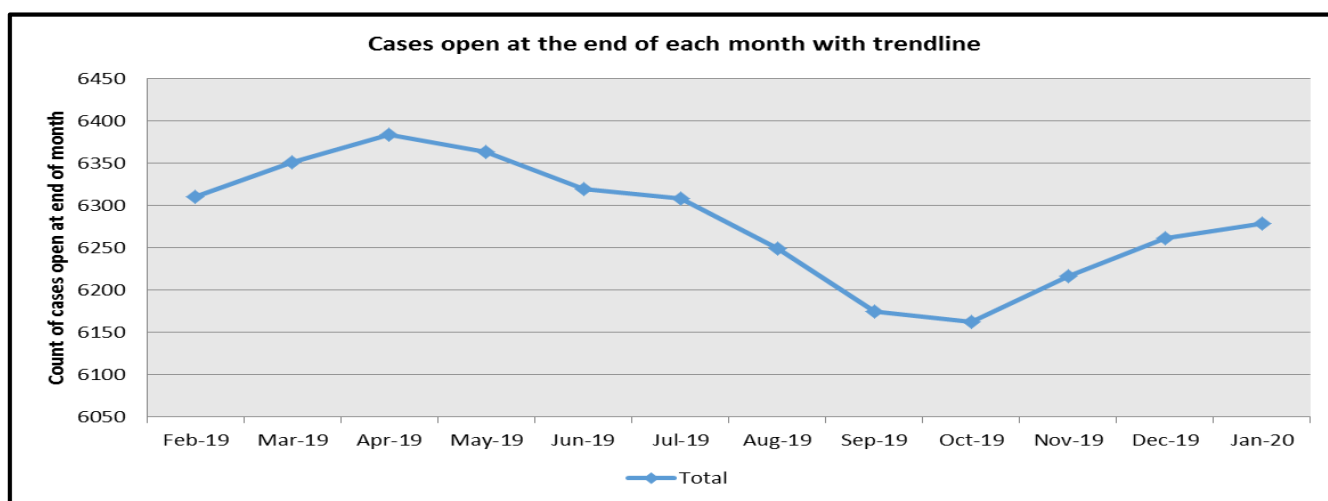
From late 2019 the programme has been aware of emerging challenges in the system. Pressures have been high across Psychiatric Intensive Care Unit (PICU) beds and this has led to an increase in out of area placements, although several of these have been appropriate gender specific placements.



The increase can be seen in the most recent monthly trajectory.



As well as this, in late 2018 and early 2019 caseload sizes in Calderdale and Kirklees have increased, which has led to renewed caseload focus, and referrals into the Calderdale and Kirklees SPA have also increased. Chart below showing increase in team caseload:



## **What has been the impact on patient care and quality of service?**

In the lowest out of area bed use period through late summer and autumn 2019, the Trust used 174 out of area beds days in a 12-week period compared with 1306 out of area bed days in the same period in 2018.

This alone was a saving of over 1000 bed days where people were placed outside the Trust bed base, often at the far side of the country, with a huge impact for them and their family/friends.

The aspiration to eventually adhere to 85% occupancy will have a positive impact on the quality of care that can be given when people need to access our beds.

However, we know that with recent pressures have meant that we've been unable to maintain the positive impact at these levels and a remedial programme is being put in place to address new challenges.

The final performance target has not yet been achieved - as part of the West Yorkshire Integrated Care System (ICS) work the Trust has agreed a planned trajectory for the reduction of inappropriate out of area beds to zero by April 2021.

## **What we will do in 2020/21**

A proposed programme to evolve performance management and reporting should help to establish further performance metrics through 2020 that can be tracked to ensure that the Trust maintains a healthy system and delivers a lower bed use model.

Due to pressures across services, the OOA steering group has assessed which are current key priority activities and need extra support and drive (critical projects), and which projects, whilst still being taken forward with oversight need less day to day steering group oversight (sustainability projects).

The following were assessed to be critical projects by the steering group currently:

- Appropriate inpatient stays (including Criteria Led Discharge and discharge processes)
- Patient Flow
- SPA and Primary Care
- PICU (new priority)
- Performance Managing and Visibility (new priority)

The following were assessed to be sustainability projects:

- IHBT
- Community
- TIPD

As well as this current activity an admission audit in February will help us to further understand where challenges remain in the system and support further practical changes that can be made to reduce admission pressures.

Project briefs and project team structure are being established for the new projects identified as 2020/21 priorities.

## What next?

The quality initiatives in the RESPONSIVE domain which we will undertake in 2020/21 to help us achieve our aim 'to improve and be outstanding' are:

- Complaint closure and resolution times
- Improve waiting times in Learning Disability and CAMHS services
- The reduction of inappropriate out of area beds to zero by April 2021
- Implement objectives from the Equality, Engagement, Communication and Membership Strategy

## Priority 5: WELL LED

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### Why did we focus on this?

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

### 'WELL- LED' quality initiatives in 2019/20

The following quality initiatives were prioritised for action in 2019/20 as part of the quality account process. A summary of our achievement against these initiatives can be found in the table on pages 14-15.

### W1. Quality assurance and improvement accreditation scheme

In previous quality reports we have detailed how we have developed a quality assurance and improvement 'self- governing' assessment model, which provides a philosophy, process, and a set of tools for improving results for clinical teams. As a philosophy and process, the model provides a context for a dialogue on self-governance and self-evaluation. As a series of methods and tools, it will help map the relationships between quality assurance and quality improvement and be a continual source of evidence for teams to inform them how well they are performing (in relation to quality).

During November and December 2019, we undertook 13 quality monitoring visits to a range of our inpatient services across the organisation. These were themed visits which focussed on two specific aspects of care, mainly person-centred care and dignity and respect. We chose these standards because of CQC findings earlier this year when they visited some of our core services. For the first time ever, we received a rating of requires improvements under the 'caring' domain for our acute mental health inpatient services and PICUs for working age adults due to concerns CQC had about staffing attitudes from their visits. We will be using the findings from these quality monitoring visits along with other information to help inform an Always Event around staff attitudes in 2020.

## Headlines from the findings

- All the 13 teams visited received at least one rating of gold for either the 'Person Centred Care' or 'Dignity and Respect' standard.
- Nine of the 13 teams were awarded a gold rating for both standards assessed.
- The percentage score range for 'Person Centred Care' was 99% (highest) to 79% (lowest)
- For 'Dignity and Respect' scores ranged from 100% to 76%.
- The average mean scores for both 'Person Centred Care' and 'Dignity and Respect' standard were 89%.

A breakdown of the scores can be found in tables 1 and 2 below:

**Table 1**

Person centred care

Team	Person centred care	Rating
Horizon	98%	Gold
The Stroke Unit	96%	Gold
Willow	83%	Gold
The Poplars	99%	Gold
Johnson	87%	Gold
Thornhill	79%	Green
Beamshaw	88%	Gold
Ward 18	82%	Gold
Ward 19	93%	Gold
Ashdale	79%	Green
Nostell	85%	Gold
Enfield Down	94%	Gold
Beechdale	91%	Gold
<b>Mean score</b>	<b>89%</b>	

**Table 2**

Dignity and respect

Team	Dignity and respect	Rating
Horizon	97%	Gold
The Stroke Unit	96%	Gold
Willow	86%	Gold
The Poplars	100%	Gold
Johnson	84%	Gold
Thornhill	81%	Gold
Beamshaw	76%	Green
Ward 18	79%	Green
Ward 19	99%	Gold
Ashdale	87%	Gold
Nostell	87%	Gold
Enfield Down	95%	Gold
Beechdale	92%	Gold
<b>Mean score</b>	<b>89%</b>	

## Areas for improvement

We observed individual care practices where improvements were needed. These were as follows:

- In one area an agency member of staff was heard using the word 'bloody' when interacting with a service user.
- On another ward an agency Registered Nurse sat in a lounge for 10-15 minutes and was observed not attempting to engage with service users at any time during this period. They were also seen sitting down reading a newspaper on their own.
- In one ward a service user was making a private call in the ward office where there was personally identifiable information on the white board. We also observed that whilst the service user was on the call, several staff entered the office, some without knocking on the door first.

There were also some general issues that are Trust wide. For example, some teams have a high number of care plans for each service user. This has already been identified as ongoing work within the Trust wide care planning quality initiative.

An implementation plan for the full roll out of the quality assurance and improvement accreditation scheme was developed in February 2020 and presented to our clinical governance and clinical safety committee for approval. The schedule was due to commence in April 2020, which was delayed by COVID 19, however one of our wards for older adults commenced the scheme in July 2020 and the full implementation plan is being revised.

## W2. Quality dashboard development

Good quality information is a driver of performance for clinical teams and helps ensure the right services and best possible care is provided to service users.

A 'quality dashboard' is a toolset developed to provide clinicians with the relevant and timely information they need to support daily decision making that improves quality of service user care. A dashboard gives our clinicians easy access to the wealth of data that is being captured locally, in a visual and usable format, whenever they need it. In SWYPFT we have developed a range of dashboards that assist staff the monitor and improve quality.

The first step we took in the development of the quality dashboard was to identify metrics that we already collected, that could be reported monthly in the quality section of our integrated quality report. We aligned the metrics to the Trust objectives and CQC domains and allocated each metric a director level 'owner'. This ensures there is appropriate accountability for the delivery of all our metrics and helps identify how achievement of our objectives is being measured. A copy of our Trust board quality dashboard can be found at <https://www.southwestyorkshire.nhs.uk/about-us/performance/performance-reports>.

Over the past 3 years we have developed a range of business intelligence dashboards for our clinical teams to track and improve their performance. To complement these dashboards we have developed a quality dashboard that will be populated from a range of data sources and will provide a body of impartial evidence for teams to review when they undertake their quality scheme self – assessment.

## What next?

The quality initiatives in the WELL- LED domain which we will undertake in 2019/20 to help us achieve our aim 'to improve and be outstanding' are:

- Continue with implementation of quality assurance and improvement 'self-governing' assessment and accreditation model.
- Learning lessons- further development of systems to improve how we learn lessons from patient experience feedback, serious incidents, audits, safeguarding reviews and share the learning.



## Annex 1 Glossary

<b>AHSN</b>	<b>Academic Health Science Networks</b> are membership organisations within the NHS in England. They were created in May 2013 with the aim of bringing together health services, and academic and industry members
<b>BDU</b>	<b>Business Delivery Unit:</b> The Trust runs services on a district by district basis with support from a central core of support services. These district management units are called Business Delivery Units (BDUs). We have six BDUs; Barnsley, Calderdale, Kirklees, Wakefield and Forensics and Specialist Services.
<b>CAMHS</b>	<b>Child and adolescent mental health service:</b> Treatment for children and young people with emotional and psychological problems.
<b>CHPPD</b>	<b>Care hours per patient day:</b> a national programme of work that compares the care hours per patient day required to deliver safer care in a team..
<b>CMHT</b>	<b>Community mental health team:</b> A community based multi-disciplinary team who aim to help people with mental health problems receive an appropriate community environment for as long as possible, and in many cases preventing hospital admission.
<b>CQC</b>	<b>Care Quality Commission</b> The Care Quality Commission is the health and social care regulator for England. Their aim is to ensure better care for everyone in hospital, in a care home and at home
<b>CQUIN</b>	<b>Commissioning for Quality and Innovation.</b> A payment framework that makes a proportion of providers' income conditional on quality and innovation. Its aim is to support the vision set out in High Quality Care for All (the NHS next stage review report) of an NHS where quality is the organizing principle.
<b>DATIX</b>	<b>Datixweb</b> is the web based version of the Trust's risk management system. It enables staff to report incidents that happen at the Trust, electronically
<b>EMT</b>	Our <b>Executive Management Team</b> (EMT) put into action the strategic direction and priorities set by the Trust Board. They are responsible for the day to day running of the Trust, making sure that resources are in the right place to provide high quality care and achieve our mission and objectives. They are held to account by our Trust Board.
<b>FFT</b>	<b>Friends and Family Test:</b> a service user experience and quality improvement tool used across the NHS
<b>IAPT</b>	<b>Improving Access to Psychological Therapies</b> is a National Health Service initiative to provide more psychotherapy to the general population
<b>Key performance indicator</b>	A performance indicator or <b>key performance indicator</b> is a type of performance measurement. KPIs evaluate the success of an organization or of a particular activity in which it engages.
<b>NCISH</b>	The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) is an internationally unique project. The study has collected in-depth information on all suicides in the UK since 1996. Their recommendations have improved patient safety in mental health settings and reduced patient suicide rates, contributing to an overall reduction in suicide in the UK. Their evidence is cited in national policies and clinical guidance and regulation in all UK countries.
<b>NHSI</b>	<b>NHS Improvement</b> is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. It supports providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
<b>NICE</b>	<b>National Institute for Clinical Excellence:</b> a national group that works with the NHS to provide guidance to support healthcare professionals make sure that the care they provide is of the best possible quality and value for money
<b>SafeCare</b>	A daily staffing software tool that matches staffing levels to patient acuity, providing control and assurance from bedside to board. The tool allows Trusts to compare staff numbers and skill mix alongside actual patient demand in real time, allowing us to make informed decisions and create acuity driven staffing.
<b>Safety Huddles</b>	A safety huddle is a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk. Effective safety huddles involve agreed actions, are informed by visual feedback of data and provide the opportunity to celebrate success in reducing harm.
<b>SystmOne</b>	The electronic service user record system that is used in within our Trust.

## Annex 2: Statements from our stakeholders

### 1. Calderdale, Kirklees and Wakefield Clinical Commissioning Group

Thank you for providing the opportunity to comment on the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) Quality Account 2019/20. This statement is presented by NHS Calderdale Clinical Commissioning Group (CCG) as lead commissioner in conjunction with associate commissioners from NHS Greater Huddersfield CCG, NHS North Kirklees CCG and NHS Wakefield CCG.

We acknowledge the challenges faced by providers of services due to the coronavirus pandemic from quarter 4, 19/20, which remain ongoing whilst services are in the process of reset and recovery. We note the Regulations making revisions to quality account deadlines for 2019/20 recommending a revised publication date of 15 December 2020.

The Quality Account has been shared with CCG members of the joint SWYPFT Quality Board and CCG Quality Committees. Comments received have been incorporated into this statement.

To the best of our knowledge we believe that the information provided is accurate and has been fairly interpreted, recognising that there is no requirement this year under the revised legislation to obtain assurance from external auditors.

We welcome the quality priorities identified for 2020/21 including the continued focus on complaints, use of Always Events® methodology, and suicide prevention.

The quality account provides an open and transparent summary of the quality of service provision measured over the course of the previous year. The presentation utilising the structure of the five Care Quality Commission (CQC) domains of Safe, Effective, Caring, Responsive and Well-led provides clarity on the achievements during 2019/20 and identifies the areas for improvement as the Trust aims to move from an overall CQC rating of Good to Outstanding.

It is positive to see the Trust using robust Quality Improvement methodology in order improve risk assessment which has been identified as a recurring theme within serious incident investigations and by the CQC during their May 2019 inspection. We fully appreciate that the pause in quality improvement work has delayed this key piece of work and are pleased to see that it was recommenced in July. We look forward to seeing improvements in risk assessments following roll out of the FIRM risk assessment in September 2020 trialled in CAMHS (child and adolescent mental health services).

The improvement evidenced on the amount of time a person stays in prone restraint with a duration of 3 minutes or less is positive. However, this could have been better demonstrated as an overall average improvement over the year. The decrease in the number of out of area bed days is also positive and as commissioners, we have been assured to hear via the joint Quality Board that close scrutiny is ongoing on both indicators.

The work undertaken to review and redesign the complaints process is very positive and we are pleased to note the ongoing focus following a marked increase to 50% of complaints closed within 40 days in March 2020.

We recognise SWYPFT's lead role and strategic influence across West Yorkshire and Harrogate Integrated Care System (WYHICS) in suicide prevention and the commitment to ensure the Trust learns form, and is compliant with, NCISH (National Confidential Inquiry into Suicide and Safety in Mental Health) guidance.

The focus placed on the health and well-being of staff is vital and reflects the new NHS People Plan (2020/21). As commissioners we have been well briefed on this via the joint Quality Board as well as the additional support provided to staff in response to the coronavirus pandemic.

It is really good to see the work undertaken by the Trust on transition between children's and adult mental health services and the commitment to further prioritise this work and share learning throughout 2020/21. Also, the focus on waiting times for people with a learning disability to ensure there is equity of access.

It was disappointing that commissioners were not invited to be involved in the quality monitoring visits that took place in November and December 2019, as we had participated previously in 2018 and found these very useful. However, there is a commitment from the Trust to work together and develop a process to jointly undertake a new format of quality monitoring visits to ensure footfall is kept to a minimum and therefore not increasing the risk of coronavirus transmission.

In conclusion, this quality account contains some really good examples of partnership working across the sector and quality improvement initiatives in order to improve patient safety, effectiveness and experience with a focus on the health and well-being of staff. We recognise that there are challenges ahead for SWYPFT as with all providers as we approach winter in a global pandemic but we feel the key areas for improvement have been identified and we look forward to working closely with the Trust over the coming year to support the priorities identified and the journey from being a Good to Outstanding Trust.

Yours sincerely

Penny Woodhead

Chief Quality and Nursing Officer

Calderdale Clinical Commissioning Group

Greater Huddersfield Clinical Commissioning Group

North Kirklees Clinical Commissioning Group

## **2. Barnsley Overview & Scrutiny Committee**

**Further to your email regarding the SWYPFT Quality Account for 2019-20, please see the response below from Barnsley Council's Overview & Scrutiny Committee:**

SWYPFT are to be congratulated on achieving a rating of 'Good' overall at their most recent CQC inspection. However, there are still key services (CAMHS & Acute Wards for Adults of Working Ages & PICUs) that were inspected that require improvement. Work seems to be moving at pace to address the safety concerns and this needs to be a priority. We welcome the breakdown of information on services by locality seen in Section 4 where it is evident how services are performing in the Barnsley area and would welcome this being replicated in other sections of the report in future. This enables both Elected Members and members of the public to understand where services in their local area both excel and require improvement.

Within the Quality Account Report, it is of note that there are a number of mentions of good work being done by SWYPFT as part of the West Yorkshire and Harrogate ICS; however, there is no mention of SWYPFT's work as part of the South Yorkshire & Bassetlaw ICS. The committee would therefore hope to see this incorporated in future reports.

During 2019/20, one of our Overview & Scrutiny Committee Task and Finish Groups (TFGs) focused on Early Intervention & Prevention in relation to Adult Mental Health. This involved specific consideration of SWYPFT's IAPT Service. The TFG welcomed knowledge of the range of services on offer, including interventions for specific groups and others in development. The group were keen for the IAPT service to be better linked with Area Council arrangements in Barnsley as well as other local services so that they could further impact on local communities. The TFG particularly liked the IAPT Prescription Pad and made a specific recommendation for the list of contacts to be expanded to include the Council's Adult Skills & Community Learning Service and its Wellbeing Courses as well as for the pad to be used in local pharmacists. TFG Members discussed the performance of the IAPT service and how it has challenging targets to meet. It was evident that mental health services are in high demand in Barnsley and we expect this to increase further as a result of the Coronavirus Pandemic which has occurred since the group's investigation was concluded.

Elected Members in Barnsley continue to have concerns regarding Barnsley CAMHS Services, especially the long wait times to accessing treatment. The committee has maintained interest in the CAMHS improvement journey for several years now and is aware of recent improvements. The committee plans to review CAMHS again in future and continues to be mindful of work undertaken on local partnership boards such as the Children's Trust Executive Group as well as the Corporate Parenting Panel.

Kind regards,

Anna Marshall

Scrutiny Officer

Core Services

Barnsley Council

01226 775794

07741 702429

[annamarshall@barnsley.gov.uk](mailto:annamarshall@barnsley.gov.uk)

### 3. Wakefield Healthwatch



Healthwatch Wakefield on the Quality Account Report 2019-20 of South West Yorkshire Partnership NHS Foundation Trust

Healthwatch Wakefield was pleased to be involved with giving feedback on the latest Quality Account report. The trust is to be congratulated in putting this report together and answering our comments and questions despite the Covid-19 pandemic which must have impacted on managers' workloads. The effects of the pandemic on mental health should be apparent on next year's report. We look forward to seeing in that report that its quality was not lost because of altered working practices dictated by the Government to combat the spread of infection.

#### General comments

The report is well presented and the approach to quality improvement highly commendable. The CQC inspection this year noted the improvements required in its July 2018 inspection had been addressed to a large extent and now rated you as 'Good'.

Healthwatch Wakefield's Task and Finish Group was sent the draft report and I, as lead, put comments and questions forward on 9 September. I am grateful to Karen Batty, Associate Director of Nurses, Quality and Professions, for dealing with these queries comprehensively and speedily. I would also like to thank her and Safeen Rehman, Volunteer Officer and Young Healthwatch Coordinator, for managing this feedback process. The Task and Finish Group members are Healthwatch Wakefield volunteers.

The quality dashboard is an impressive tool involving a worthwhile significant increase on workload. It was designed by a clinician and it would be useful if there was an evaluation by fellow clinicians and others.

In 2017-18 Healthwatch Wakefield worked with partners on studying compassion in care. This trust was one of the partners on that work. It is good that priority 3, 'Caring', focused on treating people with "compassion, kindness, dignity and respect." Compassion is distilled down from top management.

## Quality Priorities

### Quality Risks

The links with universities and support of staff to undertake degrees must make the Trust attractive in this time of difficulty in recruiting. A university education should be life changing. That your Chief Executive is also an academic is a great asset. This report does not deal with the increased activity that might result from the pandemic. I have been personally involved with a major reorganising of a clinical record system. This must be managed carefully, as is outlined in the report.

### SAFE

This priority has green status. Safer staff, patients and suicide prevention are addressed comprehensively in the report. That you are the lead organisation for the West Yorkshire and Humberside strategy is sign of the respect other organisations have for the quality of your work in this area. Is it worth becoming a member of the National Suicide Prevention Alliance?

### EFFECTIVE

This priority has green status. There is no hard evidence or any example of improved clinical outcome measures. There is a proposal for a digital solution, and I have had a view of the spreadsheet that had been produced by CAMHS. Deficits in clinical record keeping are being addressed by risk assessment and care planning and it is hoped the expected improvement will be reported next year. The amount of protected time allowed for staff training is impressive.

### CARING

This has an amber status for first patient experience and then the friends and family test. Bullying by staff is very significant and continues at roughly the same level as 2018-19. This has been identified as a key priority. Not recommending the Trust as a place to work is at nearly 40%. This is a significant number. It would be useful to record the main reasons for this. One to one appraisal could address this view. The quality of the appraisal scheme could be described. However, despite the problems I have highlighted, staff should be proud of the friends and family test results especially considering that the targets are, in my opinion, ambitious. The introduction of Allied Health Professionals is admirable and should significantly improve clinical outcomes with time. The complaints procedure is improved significantly and has resulted in some service improvements.

### RESPONSIVE

#### CAMHS

CAMHS access and Learning disability times each have a status of amber. A huge amount of work has been done on these two problem areas. There has been a really good reduction for the CAMHS services in the numbers waiting over 18 weeks from referral to treatment. This is in each of the four localities because of a multitude of actions undertaken.

Access for assessments and interventions for people with learning disabilities

Referrals screened within 2 weeks were dramatically improved over the year in each of the four localities. Starting treatment within 18 weeks did not quite reach the ambitious target of 90% but was a respectable average of 88.25%.

Regarding intensive support, all referrals were responded to within 24 hours.

Placing patients outside the Trust's bed base is described as "wicked". The use of this word indicates a determination to eliminate this problem entirely. There was a reduction but not to the zero target. A programme to achieve this target for April 2021 is outlined.

## WELL LED

The visits to 13 inpatient services found that the scores for the themes of person-centred care, and then dignity and respect, averaged 89%. There were ratings of gold for 22 of the 26 assessments and green for the other four. This is outstanding quality. The support to clinicians of the dashboard is a great tool for improving quality. That the organisation is well led and with a culture of improving quality is illustrated by the style of this report and the contributions from those working at all levels.

## Conclusion

Healthwatch Wakefield again commends the Trust in delivering quality healthcare services to the population of Wakefield District of all ages with mental health problems. This report demonstrates an organisational philosophy of caring, compassion, self esteem, and an evidence base and continuous improvement in quality. Dealing with these mental health problems is probably the most challenging branch of health and social care. We hope that Healthwatch Wakefield can continue to contribute to the trust's work in the years to come.

Richard E G Sloan MBE, MB, BS, BSc, PGC, PhD, FRCGP

Healthwatch Wakefield Trustee and Lead for Quality Account Task and Finish Group

September 2020

## 4. Wakefield Overview & Scrutiny Committee

### **Statement from Wakefield MDC Adults Services, Public Health and the NHS Overview and Scrutiny Committee – South West Yorkshire Partnership NHS Foundation Trust Quality Account 2019/20**

Due to the Coronavirus Pandemic the Committee's activities have been limited and the number of meetings reduced throughout 2019/20. As a result, the Committee is not in a position to offer any detailed commentary on the Trust's Quality Account on this occasion. The Committee can however offer a few general comments on the layout and content of the Quality Account.

The Trust has sought the views of the Overview and Scrutiny Committee with the opportunity to provide pertinent feedback and comments.

The committee agrees with the Trust's decision to align its strategic objectives, priorities and programmes and quality initiatives within a framework of improvement and believes a consistent approach is useful to underpin the quality measures against which improvement can be measured. The Committee is assured that the identified priorities are in concert with those of the public and that these have been developed through wide consultation with service users and the public in the production of the Quality Account.

The Committee accepts that the content and format of the Quality Account is nationally prescribed. The Quality Account is therefore having to provide commentary to a broad range of audiences and is also attempting to meet two related, but different, goals of local quality improvement and public accountability. The Committee believes that the Trust has generally managed to achieve this process in the development and production of the Quality Account.

The Trust is to be commended for producing a narrative that makes sense to local citizens and that shows where the Trust is making progress but also identifies areas of required improvement.

The Committee welcomes the Trust's overall approach to quality improvement which occurs as near to service users as possible. The development of skills for improvement, robust quality assurance and strong clinical governance will underpin the approach to setting quality as the organising principle for the Trust's services.

In February 2020, the Committee had the opportunity to review the Trust's Suicide Prevention Strategy and welcomed the commitment to reducing suicide within the organisation. The Committee was pleased that the Trust had maintained its position as the lead organisation for the West Yorkshire and Harrogate ICS Suicide Prevention Strategy and believes that this will provide the necessary leadership and collaboration needed to deliver the required improvement in achieving the objectives of the strategy.

Overall, the Committee believes that the Quality Account presents a balanced and representative picture of the quality of services provided by the Trust.

The Committee is grateful for the opportunity to comment on the Quality Account and looks forward to working with the Trust in reviewing performance against the quality indicators over the coming year.

## 5. Barnsley Clinical Commissioning Group

Hilder House 49/51 Gawber Road  
Barnsley South Yorkshire  
S75 2PY

23 September 2020

Tim Breedon

Director of Nursing and Quality/ Deputy Chief Executive South West Yorkshire Partnership NHS Foundation Trust c/o tim.breedon@swyt.nhs.uk

Dear Tim

Re: SWYPFT Draft Quality Account 2019/20

Thank you for sending through the Trust's Quality Account 2019/20 for our comments. Please see below our feedback which I hope you will find valuable.

### General Comments

Barnsley Clinical Commissioning Group welcomes this report which demonstrates South West Yorkshire Partnership NHS Foundation Trust's ongoing commitment to quality improvement and addressing key issues. The contents of the report align with information we have received at the Clinical Quality Board.

The Quality Account is presented in a clear and easy to read format and appears to include all essential elements and covers the formal requirements for quality accounts. To the best of my knowledge, the report is factually correct.

## Performance 2019/20

The Quality Account evidences that the Trust has achieved positive results against its quality priorities for 2019/20. In terms of particular commendable achievements, we are pleased to see that:

- There has been a reduction in the use of restrictive interventions in the Trust.
- Response times for complaints have improved significantly.
- The implementation of transition clinics in Barnsley has led to a more seamless transition between Child and Adolescent Mental Health Services (CAMHS) and the Adult Attention Deficit Hyperactivity Disorder (ADHD) Service.
- Improvements have been made within the Barnsley CAMHS service including improved recruitment and retention of staff, the reduction of waiting times, and the CAMHS crisis and intensive home-based treatment team adopting 7 day working. These have all helped improve care for vulnerable children in crisis.

## Other Observations

We would welcome more information about how the Trust has used learning from patient complaints to improve patient safety and quality.

## Priorities for 2020/2021

We consider that the priorities that South West Yorkshire Partnership NHS Foundation Trust has identified for 2020/2021 are appropriate areas to target for continued improvement, and we look forward to working with the Trust to achieve these. We note that the Covid19 pandemic delayed the progress of some elements of the Trust's quality improvement measures in 2019/20. However, it is not clear in the Quality Account whether the priorities for 2020/2021 have been reviewed alongside the possible long term impact of Covid-19 on the Trust's activities.

We hope the above comments are useful and we look forward to working with the Trust over the coming year.

Yours sincerely

Jayne Sivakumar Chief Nurse



## Trust Board 27 October 2020

### Agenda item 11.2

<b>Title:</b>	<b>Annual Safety Services Report 2019/2020</b>
<b>Paper prepared by:</b>	Director of Human Resources, Organisational Development and Estates
<b>Purpose:</b>	The purpose of the paper is to provide assurance to the Trust Board that robust arrangements are in place around health and safety, security and emergency planning and to provide an overview of arrangements that take place within the Trust.
<b>Mission/values:</b>	The report demonstrates the Trust's commitment to delivering safe and effective services.
<b>Any background papers/ previously considered by:</b>	The Clinical Governance and Clinical Safety Committee have received regular reports from the Safety Trust Action Group (TAG) who meet quarterly to provide oversight to the workings of the safety services teams and their activity.
<b>Executive summary:</b>	<p>The Health &amp; Safety management arrangements across the Trust was subject to a stringent Health and Safety Executive (HSE) inspection which took place in January and February 2020. The inspection was a Board to Ward/Team review of how health and safety is managed within the Trust. The outcome of the inspection was that the Trust's Health and Safety management were felt by the HSE to be robust, collaborative and embedded at all levels of the organisation.</p> <p>Other highlights from the Annual Safety Services Report for 2019/2020 were:</p> <ul style="list-style-type: none"> <li>➤ The operational health and safety management across the Trust has continued to improve from analysis of the annual health and safety monitoring tool. A programme of audits has been established to ensure continued improvement is maintained.</li> <li>➤ Partnership working continues to be well established with third party Trusts, Local Authorities, the Health and Safety Executive (HSE), CCG's, Police forces and Fire &amp; Rescue Services.</li> <li>➤ The installation of a fire suppression system in the Melton PICU ward at Kendray.</li> <li>➤ The replacement and upgrade of the fire detection system at Kendray.</li> <li>➤ The continued support to Lockdown implementation across the Trust, with new procedures being implemented at Trust Hubs.</li> <li>➤ The successful delivery of the Flu campaign which has seen the Trust obtain full Flu CQUIN delivery for the third year running.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Achieving Substantial compliance against the NHS England Core Standards for Emergency Preparedness, Resilience and Response.</li> <li>➤ The instigation of a Brexit planning group to deal with operational issues which could yet affect the Trust.</li> </ul> <p>This report was obviously completed pre-COVID and therefore the proposed 2020/2021 action plans has been put on hold during the pandemic response. These plans will reviewed as part of the restoration and recovery process.</p> <p><b>Risk Appetite</b></p> <p>The safety and emergency planning arrangements are within and consistent with the Trust's risk appetite.</p>
<b>Recommendation:</b>	<b>The Trust Board is asked to APPROVE the Annual Safety Services Report 2019/2020.</b>
<b>Private session:</b>	Not applicable.

# Safety Services

## Annual Report 2019/20

**April 2020 Nick Phillips, Head of Estates & Facilities**

Produced in conjunction with Specialist Safety Service Advisers

## **Contents**

1. Executive Summary
2. Introduction
3. Health & Safety
4. Fire Safety
5. Security
6. Emergency Preparedness
7. Conclusion

## **Appendices**

1. Health & Safety Action Plan – 2019/2020 (Summary of Achievements)
2. Health & Safety Action Plan - 2020/2021
3. Fire Safety Action Plan - 2020/2021
4. Security Management Action Plan - 2020/2021
5. Emergency Preparedness, Resilience & Response Action Plan - 2020/2021
6. Incident Statistics

## 1. Executive Summary

This report has been produced in order to provide an overview of the activity within safety and security services in 2019/20 and to provide assurance to the Board on activity and progress in the year. Overall safety and security management has been in line with annual plans with the notable addition of leading on the operational response to Brexit. Overall the following points are of particular note:-

- The annual health & safety monitoring tool shows operational health & safety management across the Trust has continued to improve. A programme of audits has been established to ensure continued improvement is maintained.
- Partnership working continues to be well established with third party Trusts, Local Authorities, the Health & Safety Executive (HSE), CCG's, Police forces and Fire & Rescue Services.
- The successful outcome of a detailed HSE inspection of the Trust, with the HSE being particularly impressed with how the Trust discharges its responsibilities in this sphere. The strong partnership working with the Nursing Directorate team was intrinsic to achieving this result.
- The installation of a fire suppression system in the Melton PICU ward at Kendray.
- The replacement and upgrade of the fire detection system at Kendray.
- The continued support to Lockdown implementation across the Trust, with new procedures being implemented at Trust Hubs.
- The successful delivery of the Flu campaign which has seen the Trust obtain full Flu CQUIN delivery for the third year running.
- Achieving Substantial compliance against the NHS England Core Standards for Emergency Preparedness, Resilience and Response.
- The instigation of a Brexit planning group to deal with operational issues which could yet affect the Trust.

The 2020/2021 action plans build on the previous years and are designed to:-

- Continue to embed a robust risk based monitoring and audit programme across all areas;
- Review and implement all policies and procedures for safety and resilience, whilst ensuring they continue to be fit for purpose;
- Further strengthen fire training provisions to allow improvement of attendance from Ward based staff and also direct attention to reducing localised fire incidents;
- Review all risk assessments following building closures and departmental relocations;
- Continue to strengthen EPRR links and business continuity plans by way of table top exercises, audits and inspections.

## **2. Introduction**

This report is designed to provide an overview of the key achievements from all respective areas of health & safety, security, fire safety and emergency preparedness, during 2019/2020, and any areas of development within 2020/2021. Areas of development will be provided by way of action plans and added as appendices to this document.

The report provides the Executive Management Team (EMT) with an up to date summary on Trust activities during the previous financial year and also proposed work streams for 2020/2021.

All teams have worked throughout the year to achieve both internal and external targets and legislation, for instance, Fire Safety Legislation, Mandatory Training targets and the Care Quality Commission (CQC) standards; to name a few. Details of such achievements will be referenced throughout the report.

The team work consistently towards implementing national safety legislation into policy, procedure and practice, including the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999.

### 3. Health & Safety

2019/20 proved to be a particularly important and challenging year and was ultimately a successful year for the Health & Safety Team. The annual action plan provided a solid platform for the prioritisation of work from Q1 onwards.

Notification was received in December that the Trust were to host a formal two week inspection from a team of Health & Safety Executive inspectors concentrating on:-

- Management of violence and aggression towards staff
- Management of musculo-skeletal safety
- Trust occupational health offer.

The emphasis was broad based, including policies, incident management and mandatory training.

Whilst preparations for the Health & Safety Executive visit were being formulated, the world saw the beginnings of the Covid-19 outbreak in China that would ultimately have a global impact and dramatically influence delivery of Trust services in late Q4 and into Q1 of 2020/2021.

#### Achievements

- Health & Safety Executive Visit

Seven Health and Safety Executive inspectors were present on site for just over two weeks from 27 January - 7 February. They visited 14 services/teams (10 ward, 3 community teams, 1 rehab unit) and travelled across multiple sites in Barnsley, Dewsbury, Hebden Bridge, Wakefield and Honley.

Inspectors also attended the Safety & Resilience TAG and the Trust led 'Workplace Violence Risk Assessment Review' which itself was also supported by West Yorkshire Police & University of Manchester.

The HSE interviewed a wide range of people; including deputy directors, ward managers, matrons, RRPI staff, local security management specialists, nursing staff, housekeepers, domestics, care support workers, senior managers, staff side representatives from three different unions and occupational health specialists. Staff and services were all interviewed for up to 2 hours at a time.

Feedback from the experienced Health and Safety Executive inspection team was outstanding. They were impressed with the professionalism, knowledge and commitment from everyone they met and spoke to and could not have been more complimentary. This is not just a comment on health and safety management but reflects how the Trust works as a team with strong partnership values.

Fantastic support and hard work put in by everyone was acknowledged and commended by the lead inspector.

At the end of the visit the HSE confirmed they had not found any material breaches with no sanctions against the Trust required.

- Annual Health and Safety Monitoring

The annual audit of health and safety provisions, of all Trust premises and teams was undertaken in Q3 to assess safety provisions across the Trust including areas such as the completion and implementation of risk assessments, training and reporting of accidents/incidents.

A targeted, direct email approach to identified managers during the 2019-20 audit provided a response of 166 returns. Some managers provided a combined survey for a number of their teams, ensuring coverage of all services.

All Business Delivery Units achieved between 87% and 96% compliance, with a Trust wide compliance of 89% a slight increase from 2018.

This allowed the teams to undertake targeted assistance to the services as well as undertaking sense checking on responses received to ensure accuracy.

The Trust has a standard measure of percentage compliance scores as described below. Each standard in the survey was assessed against the compliance levels described below.

	91% - 100% compliance achieved (fully compliant)
	81% - 90% compliance achieved (partially compliant requires some improvement)
	Less than 81% compliance achieved (requires further work to achieve significant improvement)

A total of 166 responses were received in 2019 compared to 178 in 2018, these were split as follows;

- 49 (29.5%) Barnsley BDU
- 37 (22%) Calderdale and Kirklees BDU
- 15 (9%) Forensic BDU
- 11 (6.5%) Specialist Services BDU
- 21 (13%) Wakefield BDU
- 33 (20%) Corporate and Support Services



All Deputy Directors assisted with the process to ensure all services and teams were comprehensively covered.

The audit results were received and analysed by key specialist advisers with any gaps in assurances being addressed accordingly. Audit results are also shared with the Safety & Resilience TAG.

Surveys were answered openly and honestly by the services resulting in inevitable minor gaps in health & safety provision as services evolve. These are all being addressed by pro-active support and communication between the health & safety team and services concerned to aim for full compliance.

### **Other Key achievements included**

- Continued partnership working with third party organisations, maintaining robust working arrangements.
- Partnership working with internal functions, including Staff Side, Specialist Advisers and Trust Functions working effectively.
- Audited and reviewed numerous health & safety policies and guidance, identifying areas for further improvement and actions to update. This included:-
  - Revise & Update Trust Lone Worker Policy & Guidance
  - Implement procedure for use of Executive Level Risk Assessment
  - Revise & Update Working at Heights Policy & Guidance
  - Revise & Update Trust Control of Contractors Policy

### **Future Planning**

The following areas have been highlighted as priority for the financial year 2020/2021, many of which are listed in the Health & Safety Action Plan at Appendix 2.

- Update of the Trust Health & Safety Training offer. The Health & Safety Team are aware that with the low uptake of face to face Health & Safety Training additional training platforms could ease friction contributing to limited attendance. This work stream will include revised H&S/COSHH work books and an exploration of e-learning options.
- Revising and updating the Trust Lone Worker Device contract in order that the existing provision of Lone Working devices can be refined. This coincides with development of bespoke usage estimations from individual services/teams. This follows on from Trust wide work in 2019/2020 covering Lone Working procedures & risk assessments.
- Rolled over from 2019/2020, due adverse autumnal weather and the later Covid-19 outbreak, Hand, Arm Vibration and Noise Assessments for Estates & Facilities Staff are again scheduled for Q3. This Complies with current Health & Safety legislation, underpinned by the Trust HSE inspection from 2019/2020 and strengthens further effective risk management of Estates & Facilities Staff.
- Undertake audits and inspections, based on the outcomes of the 2019/2020 annual monitoring tool, providing support to teams where required.

- Update Health & Safety Intranet pages, ensuring policies & guidance along with all H&S Information are current with correct contact details. This will ensure Trust staff have continued reliable and pertinent access to accurate Health & Safety Information as the roll out of new services evolve and working practices modernise.

## 4. Fire Safety

The Annual Certificate of Fire Safety Compliance has been submitted to EMT for approval. The certificate confirmed that no fire safety enforcement action was taken against the Trust by the Fire Authority, and that fire safety risk assessments have been reviewed and remedial action taken where necessary.

### Achievements

#### ▪ Fire Safety Training

Total attendance for all fire safety training during the year was 88.3% which exceeds the minimum Trust wide attendance requirement of 80%.

Attendance for ward-based staff (clinical and non-clinical) was 83.5% which is below the goal of 95%.

The Safety Team delivered 279 fire training sessions during the year with a total attendance for class based sessions at 2711.

In addition, 2061 staff completed the Fire Safety Level 1 E-Learning module.

All scheduled practical training sessions in the fire training unit at Fieldhead were cancelled as there were insufficient nominations to run any of the courses. How this unit will operate in the future is under consideration at the moment as it is an excellent resource.

#### ▪ Fire Incidents

There were no reportable fires during the year resulting in either damage to the building structure, or fire service intervention.

10 minor fires were reported on Datix, but were all quickly dealt with by staff; therefore fire service assistance was not required.

Fire reports exclude burn marks, damage to furniture and fabrics or smoke damage to decorations as a result of non-compliance with the Trust Smoke Free Policy.

#### ▪ Minor Fire Details

Date	Datix	Premises	Use of room	Details
04/04/19	102435	Unity	Outside entrance	Bin fire extinguished by staff
05/09/19	108161	Lundwood HC	Toilets in reception	Patients deliberately ignited own clothing
05/09/19	108249	Lyndhurst	Laundry	Electrical fault on tumble dryer

24/10/19		Thurnsoe LIFT (CHP)	SWYPFT staff room	Microwave left unattended
21/10/19	109839	Elmdale	Extra care room	Deliberate ignition of toilet roll using lighter
25/10/19	110058	Elmdale	Bedroom	Deliberate ignition of waste bin
02/02/20	113430	Elmdale	Bedroom	Deliberate ignition of bedding
11/02/20	113754	Elmdale	Bedroom	Deliberate ignition of clothing
24/02/20	114118	Clark	Bedroom	Deliberate ignition of clothing
28/03/20	115369	Elmdale	Courtyard	Deliberate ignition of towel by service user with lighter

▪ Fire alarms and Unwanted Fire Signals

False Alarms (no fire service attendance)

West	70
South	32
Total	102

Unwanted Fire Signals (fire service attended)

West	11
South	05
Total	16

▪ Fire Safety Activities

The fire safety team have continued to work extensively with the Capital Planning and Estates teams with regard to construction, adaption and maintenance of new and existing buildings.

Projects have included:

Integration of the new Crofton ward within the Unity Building together with the alterations of former Priory 2 ward to provide offices for the Wakefield BDU.

Upgrade of fire detection and replacement of site fire panels on the Kendray and Fieldhead sites.

Extension of the water mist fire suppression system on the Kendray site to protect the Clark and Beamshaw wards.

Review and update of all Trust fire risk assessments to incorporate a common and simplified format.

- Identified Significant Risk 2020-2021

There remains a continued significant risk to property and safety of service users as a result of deliberate ignition, together with non-compliance of the Smoke Free Policy, especially where service users have access to lighters or matches. The main fire risk is within patient bedrooms.

Reinstatement of external smoking facilities for service users (on a temporary basis) to support COVID 19 control measures may go some way to reduce the risk if managed adequately.

Risk of arson of unoccupied building prior to disposal (Keresforth site).

## **Future Planning**

- Fire Safety Objectives 2020-2021

Continue to provide sufficient fire training opportunities in order to meet Trust requirements for a minimum attendance of 80% (95% for ward based staff). This will require a future increase provision of class based sessions as to maintain services during the COVID 19 crisis, only e-learning fire training is available. The Fire and Training policies do not accept e-learning on consecutive years or any time for ward based staff. Promote and provide practical fire training in the fire training unit at Fieldhead (subject to COVID 19 restrictions and staff availability).

Initiate a programme of fire evacuations drill in ward and office areas in order to comply with the requirements of the Fire Safety Order and Firecode.

With the support of the Capital Planning team, continue the programme to extend the provision of water mist fire suppression systems to additional in-patient areas.

## 5. Security

The security team continues to grow from strength to strength, delivering targets throughout the year and providing support to staff and patients across the Trust.

### Achievements

- The successful update of the Bomb Threat and Suspect Packages Policy, On Site Traffic and Parking Policy, Procedure for Reporting of Violent Crime and Anti-social Offending.
- Continued relationship with the external security contractor Active Response Security Ltd who provides key holding, alarm response and patrol services to numerous properties across the Trust geographical footprint. Ongoing monitoring of Key Performance Indicators and monthly reviews indicate a successful partnership, and continuous meeting of targets.
- Supporting the Capital team with management and securing of unoccupied buildings and premises at Mount Vernon Hospital, Ossett Health Centre and Keresforth Centre. Mount Vernon and Ossett Health Centre have now been disposed of and handed over to contractors and new owners. We are continuously involved in the day to day management of the Keresforth site while it is still part occupied.
- Ongoing review of lockdown implementation across the Trust. A combination of communications, reviews and tests have been completed at Fieldhead, and Laura Mitchell with more tests planned Folly Hall, New Street and Kendray Hospital.
- Security assessments throughout the Trust had identified certain issues, notably environmental weaknesses within the Dales Unit, allowing ongoing Absent without Leave (AWOL's). Access control, CCTV, video entry system and interlocking air lock have now been installed.
- Completed and supported capital schemes for improvements at various receptions across the trust, improved and upgraded CCTV systems at Kendray Hospital, New Street and Newton Lodge.
- Focused on improving Police liaison relationships and the team has secured a named contact in each of the BDU's that will act as a partnership liaison at high level within the police.
- Completed 47 Crime Reduction Surveys across the organisation as per rolling program.

### Lessons Learned

- A number of Trust premises have either been sold or vacated. This has placed an increased pressure on parking availability on a number of Trust premises. A Car Parking Group has been established to look at various strategies to improve accessibility to car parking provision. As a result, a significant number of additional parking bays have been created in a number of car parks across the Trust so to alleviate this pressure notably, a further 40 at Kendray Hospital.
- Parking Notices placed on cars for inconsiderate parking seems to have taken affect and managers are now supporting this process, with support from the security team and in line with the On Site Traffic and Parking Policy.
- Continue to monitor AWOL's across the Trust and provide support where necessary.

## **Future Planning for 2020/21**

- Implementation and review of lockdown processes and procedures across various locations of the Trust; strengthening of relationships with departments is key to achieve this.
- Strengthen police liaison relationships.
- Focus resources to support Trust staff involved in violence and aggression incidents and also a review on how incidents are reported to the police and followed up in line with Secretary of State Directions 2018 “Assaults on Emergency Workers (Offences) Act 2018”.
- The review and support of AWOL’s from Trust locations.
- Ongoing support to community premises to address safety concerns when self-presenters attend sites and continued support for Lockdown procedures.
- Retender and renew the external security response and key holding contract, and the review and retender of the Cash Deliveries contract.

## 6. Emergency Preparedness

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) Framework 2019/2020 saw a number of additions to the Deep Dive standards relating to Sustainability and Adverse Weather Planning. The Deep Dive standards do not form part of the annual compliance; however responses to them inform future standard planning. Works to comply with this framework rolls over year on year, the Emergency Planning Team continue to monitor and review progression against all standards.

### Achievements

2019/20 was a successful year for EPRR with the following key achievements noted:

- The Trust declared Substantial compliance against the 2019/20 NHS England Core Standards for Emergency Preparedness, Resilience and Response, demonstrating a high level of compliance against the standards;
- The successful implementation and achievement of the annual Flu CQUIN. The target was 80% uptake of frontline staff, to which the Trust achieved 82%, meaning more staff, families and patients were protected from the annual influenza strain;
- The strengthening of excellent networks with EPRR colleagues across the geographical footprint of the Trust and wider Yorkshire and Humber area, including Barnsley Council, Public Health Barnsley, Wakefield Public Health, Calderdale CCG, Bradford District Care Trust (BDCT), which continues to improve understanding and involvement in partner plans. Exercise Panorama is such an example where BDCT, Leeds and York Partnership Trust, local CCG's and SWYPFT tested a response to closure of private Learning Disability facilities. This resulted in the formation of a Mutual Aid Agreement to support the sector should this occur;
- The continuation of centralised works by the EU Exit Working Group to mitigate risks identified in during the transition period;
- The support implemented in response to the COVID-19 Outbreak and establishment of command and control structures, working in partnership with the Nursing Directorate, Corporate Governance, IM&T, Deputy Directors and IPC, to name a few;
- The creation of Trust wide OPEL levels and subsequent trigger points within respective BDU's which will take into account bed management, staffing levels and localised pressures. Works continue to finalise this piece of work, which will also enable structured recovery based on mitigating actions to reduce OPEL levels;
- The delivery of a Trust Pandemic Influenza Outbreak Table Top exercise provided a fantastic learning opportunity for all in attendance, whilst providing the opportunity to test Business Continuity plans both operationally and strategically;
- The training of additional Decision Making Loggists. Works continue to develop a healthy bank of Loggists with the potential for 11 trained staff members by the end of April 2020.

### Lessons Learned

- Whilst the achievement of the Flu CQUIN target was an excellent fete, the 2020/21 target has increased to 85%. Discussions throughout the 2019/20 campaign identified the need for earlier training of peer to peer staff and more streamlined communications with staff members.



- The Trust Pandemic Flu Plan requires update to ensure it provides a comprehensive and clear framework for all staff to follow in the event of an outbreak.

### **Future Planning for 2020/21**

- Following the review and cataloguing of all Business Continuity Plans a programme of annual local testing needs to be established to ensure the continued review and update of plans.
- EU Exit (BREXIT) – although current reporting and contingency arrangements have been stood down now that the Transition period is underway, there is an expectation that all planning arrangements continue to be monitored and appropriately managed until the UK leaves the EU on 31 December 2020.
- The national Flu CQUIN target has increased to 85%; whilst there are strong networks in place to support the flu campaign, the increase of 5% is a challenge for all BDU's. Planning works will commence in May 2020 via the Influenza Working Group with a view to identify any new working solutions to meet the increased target.
- To continue to fulfil the NHS England Core Standards for Emergency Preparedness, Resilience and Response, the Emergency Planning and Safety team need to continue to monitor systems that are already in place. There is also a need to plan to implement any changes to core standards released in Summer 2020;
- Continue to work towards implementing a Shelter and Evacuation plan that encompasses whole site evacuation;
- Write and Implement an Industrial Action Business Continuity plan in liaison with HR colleagues;
- Write and implement a HAZMAT (Hazardous Materials)/CBRNe (Chemical, Biological, Radiological, Nuclear and Explosions) plan that support the current Trust procedures;
- Create a new Business Continuity Plan template that links into the Trust OPEL levels.

## **7. Conclusion**

2019/2020 has been a productive and challenging year across the Safety Service function, with a number of notable achievements recognised from each work stream. The success of the Health & Safety Monitoring Tool roll out; the Fire Safety Specialist Adviser involvement and input into the sprinkler system installations and works at the new Unity Centre; the strengthening of the external Security contract; and achieving the Trust Flu CQUIN target of 75%, are a number of key achievements discussed within this report.

2020/2021 will be just as challenging if not more for staff within the function, with need to redesign training packages to meet the changing workforce; the creation of suitable support mechanisms for community premise staff and service users and also the implementation of new standards to achieve compliance against. New targets will be implemented to enable the teams to meet the requirements of the Trust, its staff and external standards throughout the next reporting year.

## Appendix 1

### Health & Safety Action Plan – 2019/2020 – Summary of Achievements

Task/objective	Lead Director/ Senior Manager	Lead Officer(s)	Rationale	Target for Completion	Comments
1. Audit/Inspection spreadsheet held by Health & Safety Team to be updated from results of H&S 18/19 Monitoring programme. Visits To be planned for 19/20	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	To ensure support can be accurately and promptly targeted to services & teams	Q1	Planned audits, inspections and visits to teams are a fundamental element of the Trust's approach to HSG65. <b>Completed in full</b>
2. Revise & Update Trust Lone Worker Policy & Guidance	Alan Davis/Nick Phillips	Roland Webb	Recent audits have indicated this is an opportune time for a root & branch review of Lone Working	Q1	The revised policy & guidance will be split documents with a focus on addressing inertia in Lone Working Device Use. <b>Completed in full</b>
3. Implement procedure for use of Executive Level Risk Assessment	Alan Davis/Nick Phillips	Roland Webb	Taking Learning from elsewhere in the region, opportunity to strengthen & formalise existing practices	Q1	To ensure procedure is flexible, permitting effective two way communication across all levels of the Trust <b>Completed in full</b>
4. Revise & Update Working at Heights Policy & Guidance	Alan Davis/Nick Phillips	Roland Webb	The Working at Heights Policy & Guidance document is designed to ensure all staff involved in any working at height, activity conduct their activities in a safe manner. Includes managing either staff or contractors.	Q2	The revised Policy will reflect learning over the last three years and be in line with current HSE guidance <b>Completed in full</b>

5. Joint Working Protocols	Alan Davis/Nick Phillips	Roland Webb	Update three H&S Joint Working protocols, i.e. Calderdale, Kirklees & Wakefield	Q3	Ensures proof of joint cooperation with partner organisations in line with HSE expectations ( <b>ongoing</b> )
6. Noise & HAV Assessments	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	Opportunity has been identified to strengthen risk management of Estates & Facilities Staff	Q3	Complies with current Health & Safety legislation <b><i>Rolled over to 2020/2021 due to inclement autumn weather &amp; later Covid-19 outbreak</i></b>
7. Revise & Update Trust Control of Contractors Policy	Alan Davis/Nick Phillips	Roland Webb	The Trust Control of Contractors Policy supports a reasonable and pragmatic approach to ensure safe and effective working practices	Q3	The Trust Control of Contractors Policy details SWYPFT's approach to meeting its legal and moral and moral duties and is due for review in February 2020 <b><i>Completed in full</i></b>
8. Implement and complete audit/inspection programme by end of March and prepare for 2020/2021 monitoring programme	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	Ensure effective Trust wide approach to health & safety monitoring & inspections for Trust Board assurance.	Q4	The annual health & safety monitoring programme, including the audit and inspection schedule all underpin Trust Board re-assurance of effective health & safety measures within the Trust. <b><i>Completed in full</i></b>
9. Update Health & Safety Intranet pages and ensure policies and all H&S Information is current with correct contact details	Alan Davis/Nick Phillips	Roland Webb	To ensure Trust staff have reliable and pertinent access to Health & Safety Information	Q4	As the roll out of new services evolve and working practices modernised Health & Safety information will be updated as required. <b><i>Completed in full</i></b>

## Health &amp; Safety Action Plan – 2020/2021

Task/objective	Lead Director/ Senior Manager	Lead Officer(s)	Rationale	Target for Completion	Comments
1. Audit/Inspection spreadsheet held by Health & Safety Team to be updated from results of H&S 19/20 Monitoring programme. Visits To be planned for 20/21	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	To ensure support can be accurately and promptly targeted to services & teams	Q1	Planned audits, inspections and visits to teams are a fundamental element of the Trust's approach to HSG65.
2. Revise & Update Trust Health & Safety Policy	Alan Davis/Nick Phillips	Roland Webb	A written Health & policy is a legal requirement. – The present policy being due for formal review in May 2021, however, the Director of HR & OD in discussions with Nick & Roland has determined the policy would benefit from a mid-term review	Q1	Revised policy will take into account transformation and reflect Governance arrangements required for 2020 onwards
3. Update Health & Safety Training offer	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	With low uptake of face to face Health & Safety Training additional training platforms can ease friction contributing to limited attendance	Q1	To include revised H&S/COSHH workbooks and explore e-learning options.

4. Revise & Update Trust Lone Worker Device Contract	Alan Davis/Nick Phillips	Roland Webb	Following on from Trust wide work in 2019/2020 with Lone Working procedures & risk assessments, the existing provision of Lone Working devices can be refined	Q2	Revising & Updating the Trust Lone Worker Device Contract coincides with development of bespoke usage estimations with individual services/teams
5. HAV & Noise Assessments for Estates & Facilities Staff	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	Strengthening further risk management of Estates & Facilities Staff	Q3	Complies with current Health & Safety legislation, underpinned by the Trust HSE inspection from 2019/2020
6. Implement and complete audit/inspection programme by end of March and prepare for 2021/2022 monitoring programme	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	Ensure effective Trust wide approach to health & safety monitoring & inspections for Trust Board assurance.	Q4	The annual health & safety monitoring programme, including the audit and inspection schedule all underpin Trust Board re-assurance of effective health & safety measures within the Trust.
7 Update Health & Safety Intranet pages and ensure policies and all H&S Information is current with correct contact details	Alan Davis/Nick Phillips	Roland Webb/Alan Ryding/Steph Bates	To ensure Trust staff have reliable and pertinent access to Health & Safety Information	Q4	As the roll out of new services evolve and working practices modernised Health & Safety information will be updated as required.

#### Key

	Complete
	On Target
	In Progress, Some risks
	Not on target
	Not yet started

Fire Safety Action Plan 2020/2021

No.	Action	Lead	RAG Rating/ Progress	Target Date for Completion	Comments
1	Continue to provide sufficient training sessions in order to maintain and exceed the minimum target attendance of 80%;	IC/RM/SB		Ongoing	Mandatory sessions (organised by L&D) and Kendray/Fieldhead sessions (organised by facilities) are scheduled throughout the year.
2	Offer practical fire training sessions specifically for ward based staff in the Fire Training Unit at Fieldhead. Training includes practical demonstration of smoke behaviour, use of rescue equipment and practical use of fire extinguishers	IC/RM/SB		Quarter 2	Sessions scheduled and advertised on the Intranet. Publicity via weekly comms, supported by e-mails to ward managers and included on BDU agendas.
3	Review and update fire risk assessments to take account of re-location of staff following closure of premises	IC/RM/SB		Ongoing	Ongoing throughout the year.
4	Support the Capital Planning team with regard to the proposals to retro fit fire sprinklers in high risk patient areas	IC/RM/SB			Target premises for next phase to be identified, based on risk assessment.

Key

	Complete
	On Target
	In progress, some risks
	Not on target
	Not yet started

## Security Action Plan 2020/2021

No.	Action	Lead	RAG Rating/ Progress	Target Date for Completion	Comments
1	Focus resources to support trust staff involved in Violence and aggression incidents and also a review on how incidents are reported to the police and followed up in line with Secretary of State Directions 2018 "Assaults on Emergency Workers (Offences) Act 2018".	JS/JC		Ongoing	Continued liaison with Police Partnership Officers to establish external support for Procedure for Reporting of Violent and Anti-social Offending. .
2	The review and support of AWOL's from Trust locations	JS/JC		Ongoing	Supporting trust wide services to address and deter AWOLS from trust services.
3	Police liaison and partnership	JS/JC		Ongoing	Continued liaison with Police Partnership Officers to establish external support for Procedure for Reporting of Violent and Anti-social Offending.
4	Ongoing support to community premises to address safety concerns when self-presenters attend sites and continued support for Lockdown procedures. Develop rolling program for emergency and lockdown tests to be completed throughout the trust	JS/JC		Ongoing	A separate rolling program, similar to Crime Reduction Surveys program, will be developed for emergency response and lockdown tests and training.



5	Complete Self Review Tool to ensure we are in line with security standards	JS/JC		Nov 2020	Review current Security work plan in line with historic security Management Standards.
6	Complete Annual Audit on Reported Physical Assaults with support from Patient Safety Team	JS/JC		May 2020	

#### Key

	Complete
	On Target
	In progress, some risks
	Not on target
	Not yet started

### Emergency Preparedness, Resilience & Response Action Plan 2020/21

No.	Action	Lead	RAG Rating/ Progress	Target Date for Completion	Comments
1	<b>Shelter and Evacuation</b> Put in place an Evacuation Plan that includes whole site evacuation	Emma Hilton		March 2021	Plan in draft format, however awaiting guidance from Regional EPRR colleagues due to the complexities of implementation of such a document. Discussions underway to look at regional testing as opposed to plan implementation.
2	<b>Industrial Action Plan</b> To write/implement/update current Industrial Action BCP	Emma Hilton /Corporate Governance		March 2021	Liaise with HR to identify whether a plan is already in place and also look at BDCT plan to ensure plan is in line with CCA requirements.
3	<b>CBRN/HAZMAT Plan</b> Write plan to support current HAZMAT procedures	Ian Cass/Richard Melanaphy /Emma Hilton		September 2020	Fire Safety Advisers to assist in the creation of a CBRN/HAZMAT Business Continuity Plan in liaison with the Emergency Planning Adviser. Partner Trust documentation to be reviewed to guide the process.
4	<b>Business Continuity Plans</b> Review the Business Continuity Plan templates for services to ensure that they are easier to understand and work with, along with linking into OPEL levels	Emma Hilton/BDU Leads		December 2020	To set up a Business Continuity Plan Task and Finish Group, liaising with corporate services and Deputy Directors to ensure the reviewed document is user friendly and universal across all services. BDU Leads to be agreed.

5	<b>Business Continuity Plan Testing Schedule</b> Implement, monitor and maintain a testing schedule for all departmental Business Continuity Plans, so to ensure that they are tested on an annual basis	Stephanie Bates		October 2020	To liaise with Emergency Planning Adviser to provide series of scenarios for desktop testing purposes within teams, co-ordinating information flows and returns to enable annual testing reports to be written and lessons learned to implemented, where necessary across the Trust.
6	<b>COVID-19 Debrief &amp; Lessons Learned</b> Conduct a series of debrief and lessons learned exercises to ensure all strategic plans and localised systems are reviewed and relevant for any potential future outbreaks. This includes attending Regional and National post incident debrief exercises.	Emma Hilton /Mike Doyle			Deadline changeable based on outbreak progression
7	<b>Mutual Aid Arrangements</b> Liaise with partner organisations to review current Mutual Aid Arrangements and identify any gaps.	Emma Hilton		November 2020	Initially liaise with BDCT and LYPFT with a view to discuss with wider partners as necessary.

## Key

	Complete
	On Target
	In progress, some risks
	Not on target
	Not yet started

## Incident Statistics

### Safety Related Incidents

A total of **5942** of safety related incidents were recorded in 2019/2020, with **68%** of these relating to violence and aggression (**4106**) The Health & Safety and RPPI Teams continue to work closely together with excellent attendance at both the Safety & Resilience & RPPI TAG's, with active staff side involvement supporting the safety agenda

Health & Safety Related incidents showed an encouraging **9%** reduction to **750** from **822** the previous year, although the main category of reported staffing issues due to acuity, sickness etc. accounting for **29%** of this total during 19/20, which itself was up from 169 to 216

### The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

RIDDOR requires the Trust to report all over seven day injuries to the Health & Safety Executive; a total of 26 such incidents were reported during 2019/2020,

RIDDOR Report 1st April 2019 - 31st March 2020	Barnsley Mental Health	Barnsley General Community Services	Calderdale	Kirklees	Wakefield	Forensic Service	Specialist Services	Total
Health and Safety (including fire)	0	1	0	0	0	2	0	3
Slips, Trips and Falls	0	2	0	1	1	1	0	5
Violence and Aggression	5	0	3	1	1	4	4	18
Total	5	3	3	2	2	7	4	26

This was a 16% increase from the previous year, with 70% of RIDDOR notifications resulting from Violence and aggression related incidents, broadly reflecting the overall split in reported Safety Related Incidents as above

### Slips, Trips & Falls

A total of **648** reports of Slips, Trips and Falls reflected the continuing downward trend in recent years (719 in 17/18, 652 in 18/19) and is testament to joint working with Health & Safety/Clinical staff to ensure work environments and procedures continue to support safe working conditions as far as reasonably practicable.

The majority of reported Slips, Trips & Falls affected clients within the clinical setting, followed by staff members sustaining injury whilst undertaking their daily tasks, but did account for 19% of all over seven day RIDDOR notifications during the year

## **Security Related Incidents**

438 security related incidents were recorded during the financial year, with, broadly on a par with previous years

All incidents were investigated accordingly, support provided where necessary to affected staff members.

## Trust Board 27 October 2020 Agenda item 11.3

<b>Title:</b>	Appointment of Responsible Officer for Medical Staff Revalidation
<b>Paper prepared by:</b>	Medical Director/Director of HR, Organisational Development and Estates
<b>Purpose:</b>	This paper provides the Trust Board with an update and confirmation of the arrangements for the Responsible Officer for Medical Revalidation following Dr Berry's secondment appointment from 1 November 2020.
<b>Mission/values:</b>	The appointments of the Medical Director and Responsible Officer for medical staff revalidation are key to the delivery of the Trust's Mission, Vision and Values.
<b>Any background papers/ previously considered by:</b>	Previous paper to Board on 27 March 2018
<b>Executive summary:</b>	<p>This paper is to formalise the transfer of the Responsible Officer role from Dr Adrian Berry to Dr Subha Thiyagesh to cover the period of secondment between 1 November 2020 and 31 March 2021.</p> <p>Dr Thiyagesh has undertaken the appropriate Responsible Officer training and the plan is for Dr Thiyagesh to take on the additional role of Responsible Officer and to reduce her clinical caseload.</p>
<b>Recommendation:</b>	<b>The Trust Board is ASKED to confirm the appointment of Dr S Thiyagesh as Responsible Officer for Medical Revalidation from 1 November 2020 to 31 March 2021.</b>
<b>Private session:</b>	Not applicable.

**Trust Board 27 October 2020**

**Agenda item 12 – Assurance from Trust Board committees**

**Audit Committee**

<b>Date</b>	13 October 2020
<b>Presented by</b>	Mike Ford, Non-Executive Director (Chair of Committee)
<b>Key items to raise at Trust Board</b>	<ul style="list-style-type: none"> <li>• Triangulation process completed to provide assurance regarding Trust's risk management and performance reporting processes.</li> <li>• Internal Audit of "Service User's Monies and Property" provided "<b>Limited Assurance</b>". Management to take appropriate action.</li> <li>• 360 Assurance presented paper on how they will reach their annual Head of Internal Audit Opinion.</li> <li>• The January 2021 Audit Committee meeting will receive a specific paper on whether or not the full year's internal audit plan can be delivered.</li> <li>• Successful implementation of new finance ledger system.</li> <li>• The conclusion of the interim governance review.</li> <li>• Personal letters to be sent to those members of staff who have not responded to repeated requests for updated DOI declarations.</li> <li>• Main points on fraud relate to delivery of awareness and training sessions via Teams, numerous alerts provided relating to potential frauds during the pandemic, 3 cases at different stages of the process and implementation of the counter fraud functional standard planned for April 2021.</li> </ul>
<b>Approved Minutes of previous meeting/s for receiving</b>	Minutes of the Committee meeting held on 14 July 2020 attached.

**Finance, Investment & Performance Committee**

<b>Date</b>	26 October 2020
<b>Presented by</b>	Chris Jones, Non-Executive Director (Chair of Committee)
<b>Key items to raise at Trust Board</b>	<ul style="list-style-type: none"> <li>• Verbal update to be provided at the meeting.</li> </ul>
<b>Approved Minutes of previous meeting/s for receiving</b>	Minutes of the Committee 25 August 2020 attached, minutes from 22 September 2020 to follow.

### Workforce & Remuneration Committee

<b>Date</b>	13 October 2020
<b>Presented by</b>	Sam Young, Non-Executive Director (Chair of Committee)
<b>Key items to raise at Trust Board</b>	<ul style="list-style-type: none"> <li>• Review of the Workforce Risk Register.</li> <li>• Development Session on the Workforce and OD Strategy.</li> <li>• Reviewed Robertson Cooper Results and action plan.</li> <li>• Committee to move to bi-monthly from November 2020.</li> </ul>
<b>Approved Minutes of previous meeting/s for receiving</b>	Minutes of the Committee meeting held on 21 July 2020 attached.

### West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common

<b>Date</b>	22 October 2020
<b>Presented by</b>	Angela Monaghan, Chair (Chair of Committee)
<b>Key items to raise at Trust Board</b>	<ul style="list-style-type: none"> <li>• MoU review</li> <li>• ATU reconfiguration (for discussion in private board)</li> <li>• Provider collaboratives: CAMHS T4 (covered in WYH paper), forensics (for discussion in private board), future waves</li> <li>• Programme update: discussion around mental health support for all health and care staff</li> <li>• PICU transformation</li> <li>• Capital funding – Linfield Mount</li> <li>• NED / Governor event on Friday 27 November</li> </ul>
<b>Approved Minutes of previous meeting/s for receiving</b>	Minutes of the previous Committee meeting received at Trust Board 29 September 2020.

*Note, assurance from the Charitable Funds Committee is provided to the Corporate Trustee for charitable funds.*



**Minutes of the Audit Committee held on 14 July 2020  
(Virtual meeting, via Microsoft Teams)**

<b>Present:</b>	Laurence Campbell Chris Jones	Non-Executive Director (Chair of the Committee) Non-Executive Director
<b>Apologies:</b>	<u>Members</u> Sam Young	Non-Executive Director
<b>In attendance:</b>	Rob Adamson Mark Brooks Shaun Fleming Leanne Hawkes Paul Hewitson Lianne Richards Jane Wilson Salma Yasmeen	Deputy Director of Finance Director of Finance (lead Director) Local Counter Fraud Specialist, Audit Yorkshire Deputy Director, 360 Assurance Director, Deloitte Client Manager, 360 Assurance PA to the Director of Finance (author) Director of Strategy (item 7)

**AC/20/55 Welcome, introduction and apologies (agenda item 1)**

The Chair of the Committee, Laurence Campbell (LC) welcomed everyone to the meeting. Apologies were received from Sam Young (SYo).

It was noted that the meeting was quorate.

**AC/20/56 Declaration of interests (agenda item 2)**

There were no further declarations over and above those made in the annual return to Trust Board in March 2020 or subsequently.

**AC/20/57 Minutes from the meeting held on 14<sup>th</sup> April 2020 and 2<sup>nd</sup> June 2020 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the Minutes from the meetings held on 14<sup>th</sup> April 2020 and 2<sup>nd</sup> June 2020.

**AC/20/58 Matters arising from the meetings held on 14<sup>th</sup> April and 2<sup>nd</sup> June 2020 (agenda item 4)**

Action log

Progress against actions in the action log were noted.

**AC/20/59 Penetration test update (agenda item 4.1)**

MB advised that the pen test had to be stopped on 18 March 2020 due to the tester developing Covid-19 symptoms and having to leave site, as such it became necessary to rearrange the work. This work had now been able to be completed and the Trust was awaiting the formal output which was due towards the end of July.

MB stated the tester had confirmed verbally there were no critical vulnerabilities discovered, with only a relative small number of higher risk areas requiring attention. MB explained that given the Trust tests on an annual basis this was not an unexpected outcome. The tester had commented that it was clear the overall infrastructure was being proactively managed. MB advised that upon receipt of the final agreed written report it would be circulated to Audit Committee members. A summary report of the output of the test, the remediation activity and the status of the recommended actions would also be provided to the committee as part of the next cyber security update paper.

CJ raised the question of whether the scope of the PEN test for 20/21 needed to change, given changes to use of technology and ways of working.

**ACTION: Mark Brooks**

**It was resolved to NOTE this update.**

### **AC/20/60 Consideration of items from the organisational risk register relevant to the remit of the Audit Committee (agenda item 5)**

MB stated there had been a couple of updates to the cyber risk:

- Only 4 devices currently not updated with Windows 10, with their use now blocked.
- Zoom is blocked trust-wide

MB advised there had been an increased prevalence in IG incidents and that some of this was as a result of people having new working practices. For example where staff are working from home it has not always been possible to double check addresses on correspondence before sending and with the increase in staff absence it may be that staff less familiar with processes have been completing certain tasks. He stated there had been two incidents reported to ICO, the first of which had been downgraded. He noted that the second incident reported was of a similar type to the first, involving alleged discussions of personal information with third parties. MB stated there are challenges with new ways of working and that IG breaches were previously identified as a risk at the onset of the pandemic. He advised that incidents were being reviewed with a view to finding out how they have arisen, whilst also looking at new or additional ways of mitigating them.

MB advised that a blue light alert had been sent out across the Trust in relation to information governance, and advised other required actions would likely be identified during the remainder of July and August.

LC asked if there were any incidents that had come out of the new ways of working that could be extremely serious. MB stated yes as all incidents have the potential to be serious. He commented that so far during the pandemic incidents have been highlighted quickly and as a result work is taking place to identify further mitigations. He stated there had been approximately a 50% increase in IG incidents in May and June, compared to what had been seen in previous recent months. LC commented there was a need to encourage people to be open so that any damage could be mitigated quickly. MB advised that a number of breaches were still due to human error.

In relation to risk 1217 - Risk that the Trust has insufficient capacity for change to meet its own and system-wide objectives, CJ asked if EMT were taking a forward look on this as to what might be the position if there are local hotspots during the course of the year, i.e. Covid, winter flu etc.

MB replied there was no specific answer and that a lot of thought had been given to what a spike could look like. In terms of the impact on Trust priorities this would be discussed at the strategy session at the September Board. He added it was hard to say when the surge is going to come and it may well differ by service. He added there had been a recent increase in acuity leading to an increase in the use of out of area bed placements.

He commented that in relation to the work on risk relating to lead provider collaborative, the risk had not gone away although the work has largely been paused during the Covid-19 outbreak. The timescales for go-live have not changed and work is resuming during July.

CJ stated the committee needed to ensure the Board was aware of the wider risks and that prioritisation is key to managing risks.

**It was RESOLVED to NOTE the current Trust-wide Corporate/Organisational level risks relevant to this Committee and be ASSURED that the current risk level, although above the Trust risk appetite, given the current environment is appropriate.**

#### **AC/20/61     Triangulation of risk performance and governance report (agenda item 6)**

MB introduced this subject explaining that given some of the suspension of reporting this triangulation work would not be comprehensive if completed currently. He had discussed separately with LC and they both agreed to not provide a report for this meeting, but to have a discussion on if and how reporting should be re-introduced. He added that following agreement at Trust Board we are continuing with the 19/20 Board Assurance Framework (BAF) with a view to updating it after the September board strategy meeting. Similarly reporting within the integrated performance report (IPR) had changed to focus more on the response to Covid-19 and that reporting against a number of metrics has been suspended.

LC commented that all we can really do currently is compare the IPR with the risk register. LC added that he felt this was a very valuable report and that work on this needed to continue going forward. MB suggested that we look to re-introduce the report for the October meeting, with the knowledge it will take time to build up to the level it was at prior to the Covid-19 outbreak.

CJ commented that on balance he was less concerned about this report than some other Board colleagues.

It was agreed to reinstate the risk triangulation report for the next meeting.

**ACTION: Mark Brooks**

**It was RESOLVED to NOTE the update and reinstate the risk triangulation report for the October meeting**

#### **AC/20/62     Approval of Draft Charitable Funds annual report and accounts (agenda item 7)**

Salma Yasmeen (SY) provided the update on the draft Charitable Funds annual report and accounts stating there had been a considerable amount of work in the charity during the year. With regard to the report this included clarifying Trust contribution to linked charities and EyUp!. In addition, governance had been strengthened with a review of the model of the Linked charity and EyUp! being carried out. Funding streams have also been diversified with the impact of Covid-19.

SYa stated there had been a huge amount of work undertaken this last year with 38 projects being funded, 33 of which were through Creative Minds. She commented that an additional patron had been secured who was very supportive of the charity. There is also a strong presence on twitter and SYa advised this would only increase.

SYa advised they would continue to strengthen strands of fund-raising activities and they would be starting to do targeted work with communities once they gain a greater understanding of Covid-19.

SYa asked the committee if they had any questions they would like to raise in relation to the draft report. The following specific points were raised

LC - page 29 separate the 2020 for 2019, if not continuous columns are hard to read

LC - page 38 unrestricted funds, does this include designated funds

LC - page 45 does analysis include salaries?

LC - page 49 independent examiner's remuneration, it states for 2018 nil, please check if this is correct

CJ - page 3 objectives EY benefit to service users

MB - page 26 statement of trustee responsibilities, - he suggested that in practice to ensure the trustees are meeting this obligation a paper go to the next corporate trustee meeting to cover it off.

MB - page 16 - he suggested that the numbers needs checking as considering there has been expenditure of £72k this seems to be quite a lot of money being spent to raise £20k for charitable causes.

MB added he also had some fairly minor changes he would send through to Susan Baines and SYa.

CJ stated it was an excellent report with really good texture.

LC commented it is such an improvement from what has gone before and thanked the team for compiling the report and accounts.

SYa advised that feedback had been received from Deloitte with only very minor tweaks, she requested that any further comments be emailed to her by the end of the week.

**It was RESOLVED to RECEIVE the draft report which subject to minor changes will be approved by the Corporate Trustee in October.**

**ACTION: Salma Yasmeen/All**

## **AC/20/63      Declarations of interest for staff (agenda item 8)**

Andy Lister (AL) presented a brief update to the Audit Committee on the processes in place in relation to staff declarations of interest as assurance that the Trust is meeting the requirements of NHS England guidance and that there are no current staff conflicts that present a risk to the Trust.

AL confirmed that 235 of 302 (78%) staff who have decision making capabilities in the Trust have updated their declarations since April 2019. He explained that the papers provided comparative figures to previous years, stating that he felt the figure of 235 would have been higher had we not been hit by the Covid-19 pandemic, which had slowed the process down considerably. He advised that all staff who had not responded would be followed up by the end of July.

MB commented it would be useful to check who had had not responded within the last two years.

LC stated this was encouraging progress given the current conditions and good to see we are keen to get to a good position.

**ACTION: Andrew Lister**

**It was RESOLVED to NOTE the processes in place in relation to declarations of interest and be ASSURED that the Trust is meeting the requirements of the NHS England guidance and there are no current staff conflicts that present a risk to the Trust.**

**AC/20/64 Trust response and action taken to issues raised in the ISA 260 (agenda item 9)**

RA stated that as part of internal/external audit for last financial year, risks were flagged relating to management override of controls. Specifically, this related to the approval of journals. He confirmed that a process had been implemented for prior approval of journals before being actioned in the ledger. RA added that this will be required within the new SBS system so finance are treating this as preparation. He stated that because of the current ways of working, physical signatures of journals are not able to be obtained, and a log has been set up to monitor this. RA confirmed that following the review of month 3 journals the control seemed workable, and the team have said this has not caused too many problems in terms of pace. He reported this will continue in the new system electronically.

LC asked LH, 360 Assurance & PH, Deloitte if they had any comments in relation to this.

LH advised she was absolutely fine with this approach.

PH stated he had nothing further to add.

**It was resolved to NOTE the actions taken by the finance team in response to both the internal and external audit findings and recommendations.**

**AC/20/65 Interim governance arrangements (agenda item 10)**

AL presented the update, confirming that a number of changes had taken place to the Trust's governance arrangements since Covid 19 had taken effect. He confirmed that there had been a return to a full agenda for the June Board. Also, that the forthcoming Members' Council meeting in July would have a full agenda.

AL advised that he would be meeting with committee chairs to look at agenda and work plans for the remainder of the year as things start to return back to business as usual.

AL confirmed that the workforce and remuneration committee (WRC) meeting had actually been suspended during this period but would be reconvening this month. He advised that any items requiring attention or decision during this period had been going to the Trust Board.

LC commented that the audit committee had been the least affected, largely following the previously agreed workplan and agendas. In part this was due to year-end audit and reporting requirements. AL advised that Rob Webster (RW) had suggested at the June Board the need for chairs & executive director leads to check that what we are planning for committee meetings remains relevant and takes into account any learning from the interim arrangements during the Covid-19 pandemic.

**It was RESOLVED to NOTE the update to the interim governance arrangements as outlined in the paper**

**AC/20/66 Finance ledger system implementation – update and governance (agenda item 11)**

RA presented the update stating the paper outlined the project timelines and structure being followed. He advised that there would be a formal project board that MB would chair, and that Internal Audit would also be invited to the meetings. He advised the paper also outlined the risks associated with this project.

RA advised that the first project board is due to take place later this month and that future updates would be presented to the Finance, Investment and Performance Committee (FIP) on a monthly basis. He advised the project would have a quick turn around with a go live date initially planned for October. He added that in discussion with MB if this date was felt to be too tight a November go-live could apply instead.

CJ raised the question of whether this was purely a finance project. RA responded that it is equally a stakeholder project for stakeholders across the Trust, and also procurement. He added that people within our services had already been involved at the design stage. He stated that he was looking for it to be an engaging piece of work which will help finance deliver the services and information the rest of the Trust needs.

CJ also queried the timescale around the project, given other current pressures and demands, and the fact we may have to remain reasonably flexible. RA replied that if other risks/additional issues did emerge and there was a need to delay then that is what will happen.

**It was RESOLVED to NOTE the process and governance arrangements in place in respect of the SBS finance ledger system implementation**  
**It was RESOLVED to NOTE the update**

**AC/20/67 Procurement report (agenda item 12)**

MB presented a progress update with key highlights as follows:

- Nine major contracts let with a value of just over £10m including a contract for temporary nurses, temporary AHP/HSS staff and a finance and procurement ledger system.
- Four contracts are currently in progress including homecare pharmacy services, external audit services, commercial & healthcare waste services.
- A total of £14k CIP savings with a further £30k cost avoidance savings have been recorded and achieved within the first quarter of 2020-21.
- Implementation of the new multi-functional device contract which had been deferred for 3 months has now commenced.
- A new contract with PlusUs for their direct engagement service has been agreed and signed.
- High focus has been applied to the response to Covid-19 including that of managing PPE deliveries and distribution.

LC commented that procurement has performed really well in light of the high level of Covid-19 sickness within the team. MB advised that four members of staff had been off with Covid-19 for a period of up to a month, and that there had been bolstered support in managing PPE from some

of the contracting and business development team to understand the demand across the Trust and whether deliveries are adequate to meet that demand.

LC asked if there had been a hiatus in Service Level Agreements (SLA) given other priorities. MB confirmed that typically these were still being signed with just a small backlog given the impact of Covid-19 on resources.

CJ asked if there was a possibility that some key data on PPE could appear in future reports. MB advised that Annette Taylor (AT) and Tony Cooper (TC), Head of Contracting had put a very helpful weekly report together and that this could provide the basis for updating the Audit Committee.

**It was RESOLVED to NOTE the Procurement Report**

**ACTION: Mark Brooks**

### **AC/20/68 Treasury management (agenda item 13)**

RA confirmed that all funds remain within the Government Banking Service (GBS) unless invested with the National Loan Fund. Unless external investment rates exceed 3.5% plus GBS rate this will continue to be the case. We currently have no funds invested.

In the draft Trust operational plan for 2020/21 an estimate of interest receivable was included at £100k. Subsequent national documentation has confirmed that GBS interest rates have reduced; initially from 0.64% to 0.14% (12<sup>th</sup> March 2020) and then to 0% (23<sup>rd</sup> March 2020). This will mean that no interest should now be expected in 2020/21.

LC commented that on page two it referred to a revised base rate of 0.75 and was this correct. RA responded that it was correct at the time of the report being written, but that he would check the numbers again.

**It was RESOLVED to NOTE the update.**

**ACTION: Rob Adamson**

### **AC/20/69 Internal audit progress report (agenda item 14)**

Leanne Hawkes (LH) provided the update stating that 360 Assurance were reviewing how their 2020/21 audit plans might require changing to reflect the key risks the Trust is currently facing due to Covid 19. A list of possible areas of focus had been shared with MB ahead of the meeting and were included in the report.

Items suggested for Covid consideration were:

- MB explained that the audit planned for the forensics lead provider collaborative work is still required as whilst the work on the programme was paused it is due to re-start and the timescale for go-live has not changed from April 2021. MB added that given some of the risks that have emerged due to the Covid-19 pandemic there may be better uses of internal audit time than the work originally scheduled for the mental health committee in common this year. LC and CJ both agreed with this.
- MB stated that we should focus any new audit work on these areas where processes are not necessarily well defined or where there are known risks. One such area is that of the management of PPE. One area 360 suggested some trusts were asking for audit activity on was that of emergency planning. MB stated that he felt the Trust's emergency planning processes had worked well, but the committee members may wish to have a review to identify if there are any opportunities to further improve.

- Other possible areas for consideration included Covid-19 costs, reset of Trust objectives, planning to step up clinical services and infection prevention and control. LC felt a review of the effectiveness of video and telephone consultations could be helpful.

It was agreed that MB and LH agreed would discuss the suggestions over the next few days and then circulate further details to committee members following this.

MB advised that with regard to Covid-19 costs a comprehensive and thorough process is in place to identify these costs and ensure they have been reasonably incurred in the Trust response to Covid-19 and the cost reclaim submission was approved by both him and the Chief Executive.

LH reported there had been three reports issued since the last Audit Committee meeting and that these reports concluded the 2019/20 internal audit plan.

- Planning process provided significant assurance.  
LH confirmed there were two medium risk actions which have been agreed by the Trust and will be incorporated in the plan for 20/21.  
LC asked about the recommendation regarding closing the loop between financial and workforce plans.  
LH confirmed that based on interviews that had taken place as part of the audit it was clear that conversations had taken place, but being able to evidence this was not strong.
- Data quality framework phase 2 provided significant assurance  
LH confirmed there were 2 medium risk actions in here which were agreed by the Trust.
- Patient safety provided significant assurance.  
LH confirmed there were 3 medium risk actions identified.  
LC asked as a point in principle who decides the degree of harm, is it the Trust's decision to identify how it compares to others.

CJ commented that the incident report that comes to Board quarterly and annually always seem to have similar lessons as a priority. He questioned whether we are genuinely learning from lessons. LH agreed to take this back as an action.

LH advised that 360 Assurance had also completed an additional review for the Trust, and this would be presented at the private session of the Audit Committee.

Terms of reference for the digital strategy review had also been issued.

LH confirmed the Trust had requested that the data quality review which was originally scheduled for quarter 1 was deferred until late quarter 2 given the impact of Covid-19 on both reporting and resource.

### **Action tracking**

LH stated that 360 Assurance had acknowledged that COVID-19 would have an impact upon the organisation's ability to respond to and implement internal audit actions. It had therefore been agreed with LC & MB to extend the implementation dates of some actions falling due between 31 March & 31 July 2020. LH advised that actions had been assessed on an individual basis and revised implementation dates provided by the Trust Of those that have fallen due for completion so far in 2020/21 (five actions in total), all (100%) have been implemented.

MB commented that there seemed to be a challenge with the system as people were getting reminders for actions that have been extended. Lianne Richards (LR) 360 Assurance advised that there had been a glitch in the system, but this was hopefully sorted now. LH to check.



LH advised that the Trust was participating in a benchmarking exercise in relation to committee governance arrangements and that this was currently underway. She advised that there were a couple of briefings attached to the progress report,

**It was RESOLVED to APPROVE the changes made to the Internal Audit Plan in response to Covid 19 and NOTE the update provided.**

**AC/20/70 Counter fraud progress report (agenda item 15)**

Shaun Fleming (SF) presented the progress report which included the following key highlights:

There have been two fraud alerts issued to the Trust since the last Audit Committee.

No formal fraud referrals have been received since the last Audit Committee although information has been received concerning alleged theft of PPE and also an allegation concerning a member of staff who has received a 'phishing' blackmail style email on a personal account. Both matters were discussed with the local security management specialist (LSMS) and identified primarily as security matters and as such counter fraud is not pursuing further. It is understood the Trust is pursuing further action.

There are currently 3 investigations ongoing:

- Passport investigation
- Agency timesheets
- Working elsewhere whilst on sick leave

These have all been temporarily suspended pending delayed interviews or court dates due the Covid-19 pandemic. SF will continue to update the audit committee with progress.

SF stated that the main area of focus continues to be on awareness, and effective communication to staff. He reported there had been a number of newsletters sent out, particularly in relation to an increasing number of frauds being seen regionally and nationally that take advantage of the Covid-19 situation. The awareness programme will be resumed with SF currently developing virtual awareness sessions for staff, whilst face to face methods of promoting awareness are on hold.

New guidance for Functional Standards for Fraud, Bribery and Corruption has been released by the government which will adopt a consistent approach to tackling fraud across all public sector and governmental bodies. SF summarised the main points and principles from the guidance with further details expected in the months ahead. The NHS Counter Fraud Authority has set up a working group and Steve Moss, Audit Yorkshire Head of anti-crime services, has been nominated as a member of that group going forward.

**ACTION: Shaun Fleming**

**It was RESOLVED to RECEIVE the update.**

**AC/20/71 External audit update (agenda item 16)**

Paul Hewitson (PH) provided the external audit update stating that given the recent conclusion of the external audit and annual reporting process there was little to update. He reported that the charitable funds audit was progressing well, and that Deloitte are looking at a final completion date during September. He advised that he would be attending the members' council meeting at the end of the month to present the annual audit report

**It was RESOLVED to RECEIVE the update.**

**AC/20/72      Losses and special payments (agenda item 17)**

RA confirmed the report provided details of the payments made since the last report to the Committee on 14<sup>th</sup> April 2020 and covers payments made to 26<sup>th</sup> June 2020.

In total the Trust has made payments of £760 since the last report to Audit Committee.

The service user property policy has been updated and is currently going through its final approval, at which time it will be promoted and shared. This will be subject to an internal audit in 2020/21.

**It was RESOLVED to NOTE the contents of the report.**

**AC/20/73      Breaches of standing financial instructions (agenda item 18)**

RA provided the update, he explained this is the first report provided to the Audit Committee of this type and he expects the report to evolve. He explained one issue is the ability to capture breaches and that the intent is to use the information as an opportunity to learn and improve. Initial findings have shown that on a small number of occasions processes are not being followed and that commitments are being made prior to a formal tendering or quotation process being followed. LC asked how these had been spotted and if they could be retracted. RA replied that possibly they could be, but the procurement team should have been contacted much earlier in the process.

RA advised he would continue to use SFIs to promote active engagement with finance, and highlighted the need to ensure invoices came directly to creditor payments. He commented that this was a good opportunity as part of the new system to freshen awareness and be clear on how the new system will work. He added that a simplified version of the SFIs has been developed to aid staff understanding of what they need to do.

CJ asked about specific issues raised in the report. He asked about the timings of the incidents and how do we pick up on recurrent behaviours if it was the same individual in breach. MB advised the two most notable issues were in effect part of the same process and therefore occurred at the same time. RA advised the occurrences were all in Q4 2019/20 and over a three-month period.

**It was RESOLVED to NOTE this report relating to identified breaches of standing financial instructions and to recognize future actions being taken to capture such occurrences**

**AC/20/74      Any other business (agenda item 19)**

No other business was raised.

**AC/20/75      Items to report to Trust Board (agenda item 20)**

The following items were agreed as being reportable to the Trust Board:

- Potential impact of change during the pandemic on Information Governance breaches;
- Risk around need to prioritise activity;
- Support for approval of the Charitable Funds annual report and accounts;

- New process re approval of general ledger entries as raised in ISA 260;
- New finance and procurement system - need for broad engagement;
- Consideration of impact of Covid-19 on the internal audit workplan.

**AC/20/47     Date of next meeting (agenda item 27)**

The next meeting of the Committee will be held on Tuesday 13<sup>th</sup> October 2020 at 14:00

DRAFT

**Finance, Investment & Performance Committee (FIPC) – Tuesday 25<sup>th</sup> August 2020**  
**Virtual meeting, via Microsoft Teams**

<b><u>Present Members</u></b> Tim Breedon (TB) Mark Brooks (MB) Carol Harris (CH) Chris Jones (CJ) (Chair) Kate Quail (KQ) Rob Webster (RW) Sam Young (SY)  <b><u>Attendees</u></b> Angela Monaghan (AM)	Jane Wilson (JW) (Note taker)	<b><u>Apologies</u></b> None
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Item no.	Item/area	Progress and actions/decisions	Lead	Action
1	Introductions and apologies	Chris Jones (CJ) welcomed everyone to the meeting. Angela Monaghan (AM) also joined the meeting. No apologies were received. 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 27 <sup>th</sup> July were approved subject to one typographical error, an omission in the minutes that SY attended the meeting.	CJ	Action - JW
4.	Review of progress against agreed actions	It was noted that progress against agreed actions was taking place and there was nothing further to update	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 normally significant change compared to the previous month. He stated there were three main headlines to note, two of which will be covered in the agenda items that follow.	MB	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> <li>The forensic lead provider work re-started in July.</li> <li>We have good working relationships with Bradford District Care Trust and Leeds &amp; Yorkshire Partnership and are working well together on the financial due diligence.</li> <li>Having received financial information for each of the providers, we have now completed a reconciliation which highlights two key issues:- <ul style="list-style-type: none"> <li>The first issue is that each provider makes a deficit. Each deputy director of finance will meet next week to run through assumptions for each organisation to ensure consistency in approach.</li> <li>The second issue is a difference between patient level costing compared to income received in the block contract, particularly for SWYPFT.</li> <li>The stated financial envelope is £52m based on patient level costing. For NHS providers this is lower than the amounts included in current block contracts. The exact reasons for this are being determined but are likely to include levels of occupancy and income attributed to non-West Yorkshire service users.</li> <li>A sub-group has been established to review risk share options and the first meeting has taken place. MB considers it will be challenge to gain support for a risk share on services that operate with a sizeable deficit.</li> <li>In order to understand potential financial benefits within the collaborative the clinical model which leads to change needs to be confirmed. Both Sean Rayner and Dr Adrian Berry are directly involved in this work.</li> <li>MB added there potentially three main means to achieving financial; benefits within the collaborative. These are a) revised clinical model b) repatriation of out of area beds service users and c) the use of a community model, which is the subject of a current pilot.</li> </ul> </li> <li>RW stated the description of risks from MB is pretty striking and recognised there is much work to do on the financial due diligence to come up with a financial model suitable to all parties</li> <li>CJ asked MB if he could see a sensible outcome. MB responded that there is much work to do in a relatively short space of time and the loss of time to enable focus on the Covid-19 response has clearly been a factor. He felt that capacity to complete the work was becoming a greater issue. He also added that more work needs to be carried out on commissioning arrangements as each provider collaborative needs to take responsibility for the commissioning function from NHS England (NHSE).</li> <li>CJ stated he presumed a paper on this will come to board in the future. MB noted that Sean Rayner will be providing a full update to the September Board and that an updated business case will need to be submitted by the end of October.</li> <li>SY raised question of whether 1<sup>st</sup> April 2021 is an absolute date. MB replied at this stage it is the deadline that has been provided.</li> </ul>		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
6.	Current year financial performance	<p>MB provided month 4 key highlights:-</p> <ul style="list-style-type: none"> <li>• A break-even position has been reported for month 4.</li> <li>• Covid-19 costs were much higher in July. This was due to additional non-pay requirements such as £75k on sanitisation stations across the Trust along with support for agile working.</li> <li>• Another key cost is student nurse placements to support the Covid-19 response. The number of these will reduce as placements end.</li> <li>• Retrospective top up payment was £354k.</li> <li>• There was a very notable spike in out of area bed placements with £342k costs incurred during July. This compares to total spend of £284k in all of quarter 1.</li> <li>• Agency staffing costs £0.6m in July, which is a modest increase compared to the first three months of the year.</li> <li>• The cash balance remains healthy at £55.0m. Committee members were asked to note that one extra month's income has actually been paid in advance.</li> <li>• Pay costs are higher than last year. This is, in part, due to planned service expansions relating to the mental health investment standard and also lower turnover of staff and focus on the Covid-19 response.</li> <li>• Capital expenditure remains low at the moment at £0.3m. MB stated he considered it unlikely the full year plan will be spent, and he has asked for a robust forecast by the half year.</li> <li>• Payment within 7 days remains good with 86% of all third-party invoices being paid within 7 days of receipt of goods or services, with 97% paid within 30 days.</li> </ul> <p>MB asked if anyone had any questions on the month 4 finance report.</p> <ul style="list-style-type: none"> <li>• SY commented that the month 4 Covid-19 reclaimed costs for staffing backfill in July are higher than other months and asked if there is a particular reason for this. MB referred to the costs incurred on sanitisation stations and to enable home working. He also added that it is partly down to existing staff that had been re-deployed into other areas to respond to Covid-19, and who are now back in their core roles.</li> <li>• CJ asked if this included overtime. MB replied that it did as well as including bank and agency staffing costs.</li> <li>• CH asked if student nurses still counted against vacancies for July. MB replied that these are the agreed rules until the end of September.</li> </ul> <p>Financial forecast key highlights:-</p> <ul style="list-style-type: none"> <li>• We do not currently know the financial arrangements for rest of the year beyond the end of September. MB stated that irrespective of this as an organisation we need to forecast and control our own costs. As such a detailed financial forecasting process has taken place.</li> </ul>		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> <li>We have provided high level forecasting information to the West Yorkshire &amp; Harrogate ICS.</li> <li>Each BDU and corporate service has been asked to complete a forecast for the full year and each director and deputy director has been asked to formally approve these forecasts and the assumptions behind them.</li> <li>CJ asked if income was to stay the same given cost assumptions what would it mean. MB confirmed that without the ability to reclaim costs incurred as part of our response to Covid-19 and retrospective top up payments the Trust would be £11m short of breaking even. He added that he does not expect income to stay the same as it currently is.</li> <li>MB noted a significant increase in costs in Barnsley relating to locked rehab placements. We are on track to overspend compared to our original plan by £1.6m on this alone. This will be discussed with the commissioner as the Trust has relatively little influence or control over much of this expenditure.</li> <li>CJ agreed with the approach the Trust is taking to forecasting its costs for the remainder of the year.</li> <li>RW asked for point of clarification regarding the mental health investment standard. MB explained assumptions have been made about income and costs in the base forecast, and that we need to confirm exactly what the funding flows will be with each commissioner. RW stated he felt there is a significant risk that the ICS will not be given additional money to cover everyone's asks and we are expecting communication of the financial envelope on the 8<sup>th</sup> September.</li> <li>MB explained that it is reasonable for the Trust to expect the £11m or a similar number to be made available in the second half of the year based on known income shortfalls on the existing block contract, agreed service investments and likely Covid-19 response cost. This does not mean to say that level of income will be forthcoming.</li> <li>CJ noted there are additional costs of close to £5m identified by MB attributable to different scenarios. He asked for the level of confidence of receiving this income and incurring that level of cost. MB stated this was more risky as it related to higher overspends on items such as locked rehab and other out of area bed costs as well as new service provision e.g. enhanced support into care homes.</li> <li>CJ asked about the increase in the use of out of area beds in August. CH stated there was continuous pressure in PICU adding that intensive care has also seen a significant rise in demand. We are continually looking at working across the ICS, which includes looking at shared resource as well as reinforcing the improvements to processes we have implemented over the past 18 months. CH explained that PICU places do increase with acuity increases and we are working hard on all pathways to ensure people are treated in the most appropriate environment.</li> <li>RW added it is worth noting that on weekly calls with Claire Murdoch, the anecdote is this is a pattern seen across the country.</li> </ul>		
7.	SBS Finance ledger system implementation update	<p>MB provided the key headlines:-</p> <ul style="list-style-type: none"> <li>Edge 4 Health is classified as amber. It was a little late starting given resource challenges and supplier engagement is due to start mid-August.</li> <li>There is a technical challenge relating to Office 365 and flash player. Our IT team are confident we will find a solution.</li> <li>Broadly speaking the programme is on track, although it was highlighted there are only 5 weeks to go live.</li> </ul>		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> <li>The finance leads are confident with progress made and striving to the October 1<sup>st</sup> go-live target. MB explained that if we are not confident on progress in the next couple of weeks we can defer go-live for a month. He explained the project is highly dependent on two members of staff and this is a risk in the project risk register without any real mitigation.</li> </ul> <p>In general, good process is still being made with work streams now undertaking solution designs which are being signed off.</p> <ul style="list-style-type: none"> <li>Next project board meeting is due to take place on Friday 28th August and there is a further project board on September 21<sup>st</sup>, which is the day before the next FIP committee meeting.</li> </ul> <p>CJ stated it is good news in terms of targets met so far and he looked forward to the update at the next meeting.</p> <p>RW commented that after just looking at the project risk register, he did not recognise the risk rating format. MB explained that we are using the SBS format, which is used for all of their implementation programmes, which is well tried and tested. RW stated that this is useful to know.</p> <p>The committee noted the progress made to date against the project, whilst also noting the risk log and associated mitigations</p>		
8.	July IPR headlines	<p>MB advised that the July IPR was not available yet given the date of this meeting. Based on what information he has to date he provided the following headlines and explained that the full IPR would be circulated to all Trust Board members.</p> <p>Current headlines:-</p> <ul style="list-style-type: none"> <li>Sickness absence reduced, 26 staff off with Covid-19 symptoms</li> <li>Vacancy rate down to 6.9%</li> <li>Core sickness absence (excluding Covid-19) 3.9%.</li> <li>Staff off work with stress and anxiety has increased compared to last year</li> <li>Increase in the use of out of area beds</li> <li>IAPT provision impacted by Covid-19 and therefore typically below target</li> <li>Concern over the number of IG breaches with 25 reported in the month</li> <li>Sufficient PPE remains in place although the amount of surgical masks in stock has reduced through increased demand and some product being quarantined. There are also lower levels of medium sized gloves in stock compared to other sizes</li> <li>Well above historical average number of compliments received</li> <li>No young people under the age of eighteen were admitted to an adult ward in July</li> <li>Notable increase in reported incidents</li> <li>Increase in number of restraints</li> </ul>		



Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<p>MB asked if the committee had any comments:-</p> <ul style="list-style-type: none"> <li>• TB commented that the increase in the use of restraint will be reviewed in more detail. He also noted that it is good to see compliments increase.</li> <li>• In relation to no admission of young people into adult beds, TB stated to achieve this was a result of hard work in what is a very challenging and demanding environment.</li> <li>• CH commented there was a need to do some more work around the increase in anxiety. We need to ensure we are not causing stress due to acuity in services.</li> <li>• CJ asked if the anxiety and stress sickness is more common with newer colleagues than experienced staff. CH will follow this up.</li> <li>• RW - some suggestions where we might want to have more insight and information are:- <ul style="list-style-type: none"> <li>- CAMHS provision in terms of demand, supply rating, when we receive IPR we might need to review this</li> <li>- IAPT - there are some things for us to pick up around performance and it is pleasing to see innovation being applied to service delivery. He posed the question of what else needs to be done to restore IAPT services in line with the guidance in the phase 3 response letter.</li> <li>- Learning disability, provision still not very good on LeDeR report. It would be good to probe this within IPR with a more information.</li> <li>- Physical community services - National guidance is for full restoration of services. It would be good for the IPR to have charts, and trends, e.g. digital, face to face, telephone contact etc.</li> </ul> </li> <li>• CJ agreed and stated that following this we can decide if any of these issues need to form topics for deep dives on future agendas.</li> <li>• CJ suggested that on receipt of the full IPR for the month any emerging questions are be raised with MB.</li> <li>• SY asked if physical community health services are covered fully in the risk register, CH will review the risk register for this</li> <li>• CH explained that waiting lists and IAPT are on agenda for the next CG&amp;CSC meeting.</li> <li>• SY asked MB if he wanted to elaborate on IG breaches. MB replied that there had been 25 confidentiality breaches in one month, continuing a trend of increases in incidents since April. He stated the biggest cause is consistently human error with individuals appearing to be taking shortcuts, possibly as a result of different working practices during the period of the pandemic. He explained that typically they have been low harm, but that one breach had been referred to the ICO. He suggested that in addition to the current regular communications there is an intention for a brainstorm at a future extended EMT. He also advised there will be two real life anonymised examples in the next 'Brief' which show the affect these breaches can have on individuals.</li> <li>• SY suggested in future it might be worth looking at IG breaches as a committee. MB suggested that the Audit Committee already has oversight of this topic.</li> <li>• CJ asked if it is a case of the system not working in the home environment is this something we need to look at.</li> </ul>		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> <li>MB replied we need to utilise some of the learning from working from home over the last 4 months.</li> <li>RW commented the simple message is think and check what you do and make sure what you do is shared safely.</li> <li>RW asked if there is an opportunity to look at in the information on the SWIFT dashboard and the really positive work taking place on internal benchmarking.</li> <li>CH stated that Rebecca Thorne had provided an update at the previous meeting. An action from the previous meeting was that this item would return to the agenda in October.</li> <li>AM raised the question of whether NEDs can have full access to Swift. MB confirmed that everyone should have high level access to it and if they have things they are unable to see to let him know. He added that access to patient information is controlled to ensure only those who have a clinical need to see it have access.</li> </ul>		
9.	Operational plan update	<p>Key headlines:-</p> <ul style="list-style-type: none"> <li>Draft plan to be submitted to the West Yorkshire ICS on Thursday 27<sup>th</sup> August. Templates for submission are activity and workforce.</li> <li>We have already submitted some information relating to unfunded mental health cost pressures. The latest update on financial planning guidance is expected on 7/8<sup>th</sup> September.</li> <li>MB reminded committee members that all plans to be completed nationally are aggregated ICS plans built up by plans for each place. We are required to provide some core templates and contribute to narrative.</li> <li>MB suggested it was likely a submission would need to be made to the ICS between 15-17<sup>th</sup> September</li> <li>The governance process to approve the plan may need to be flexible. An update will be provided to the strategy board meeting on 8<sup>th</sup> September. An additional board meeting has been pencilled in for September 15<sup>th</sup> to review and approve the financial plan. This is dependent on the financial guidance and envelope being received in sufficient time to enable us to interpret and complete the plan.</li> <li>NHSE&amp;I will be carrying out a deep dive for each place.</li> <li>Some further guidance has been received in terms of likely principles that will be used in the financial arrangements. This reinforced the fact block contracts will be updated, retrospective top ups will cease and monies for Covid-19 costs will be provided prospectively and for each system to prioritise and allocate as opposed to individual organisation. Acute trusts have received guidance relating to the financial arrangements for elective surgery. This provides financial incentives and potentially penalties relating to activity.</li> <li>There has been no guidance on transformation monies as yet.</li> </ul> <p>MB asked the committee if they had any questions following the update.</p> <ul style="list-style-type: none"> <li>SY noted the emphasis on plans being built up by place.</li> <li>MB expressed his concern for trusts like ourselves that provide services across more than one ICS and how system wide funding will be prioritised and allocated. This is an emerging risk and we need to engage appropriately with ICSs.</li> <li>RW stated that positive things have happened in the past building up place-based plans. The role of CCGs in financial prioritisation is as yet unclear and their local knowledge of each place is helpful.</li> </ul>		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> <li>• MB stated that our Covid-19 claims have not been particularly high when compared to some other trusts. If the claim value to date is used as the basis for future allocations this may not be sufficient as costs in mental health in particular are currently increasing month on month.</li> <li>• MB added that we are engaging very well in the process, Izzy Worswick has been involved in 2 place-based meetings to date with further meetings planned. This does put pressure on resource having to attend so many different place-based meetings.</li> <li>• MB explained that within the West Yorkshire ICS a peer review will be conducted on finance submissions to enable checks for consistency in approach and to identify any particular issues.</li> <li>• AM suggested that in relation to the internal governance process we have two committee meetings coming up between now and the finance submission and do we want to make use of these committees. MB agreed these could be taken into account if the timings proved right. All depends on the timescales associated with the provision of national guidance and the financial envelope.</li> </ul> <p>CJ thanked MB for an insightful update.</p> <p>CJ stated that the committee note the main risk which is around uncertainty and that we are well placed in terms of the process at multiple levels. He asked for his thanks to be passed on to colleagues who are fronting this work, which must be difficult when the full guidance is not available. He stated the committee look forward to having something to review when further guidance is available.</p>		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
10.	Financial sustainability plan update	<p>In relation to the financial sustainability plan MB stated that he had a clear view in his own mind of what needs doing currently but that it may differ from the view of others, so it was important to gather everyone's thoughts.</p> <ul style="list-style-type: none"> <li>• For context MB stated it is inevitable at some stage we have to return to productivity and efficiency and so the Trust will need an updated financial sustainability plan.</li> <li>• MB suggested that currently it is not 100% clear what the impact of Covid-19 has been or will be and similarly what the impact of new financial arrangements will be on the Trust and the need for savings.</li> <li>• As examples MB commented that with the need for social distancing MSK and IAPT are not able to operate in the way they have in the past, i.e. group therapy and personal level of contact.</li> <li>• MB also stated that within corporate services there are different requirements now which render previous benchmarking less applicable e.g. the use of increased digital solutions adds to IT costs, requests for more staff in infection prevention &amp; control, more support for staff health &amp; wellbeing.</li> <li>• RW felt there is a one-off opportunity available for a short period of time as we look at bringing services back to do so in the most efficient and productive manner. We need a process to enable us to benchmark what expectations are, i.e. do we stick with digital approach, and how do we understand differences between different teams.</li> <li>• TB felt that it is really difficult to do anything until we know what our income is going to be and highlighted that this is a very unusual situation. He suggested that further guidance on September 8<sup>th</sup> might give us a better understanding of what is coming next.</li> <li>• SY stated that looking back the detail of the Trust's financial sustainability plans feels a long way from where we are now. She added there are two things we must not lose sight on and these are the productivity agenda and improvement methodology. We need to ensure these are culturally embedded in what we are doing.</li> <li>• RW stated that CH co-chairs the re-set and recovery group with Salma Yasmeen and is in apposition to consider, how we build this into this piece of work and restore services safely and productively. This can be reported back through the committee.</li> <li>• CJ highlighted that he has reviewed the SWIFT dashboards in some detail and noted there is a huge amount of data in there which is interesting. CJ will speak with CH separately to see how this is used within the organisation. CH to identify themes from SWIFT that her teams are using to generate better understanding and improvement.</li> <li>• CJ agreed that the current financial sustainability plan is put aside until such time it becomes clearer what level of saving needs to be made and recognising some of the original areas for financial improvement may have changed due to the impact of the pandemic.</li> </ul>		

11.	New risks identified	<ul style="list-style-type: none"> <li>There were no new risks identified, only existing risks, some of which are increasing during this period of uncertainty</li> </ul>		
12.	Annual work plan	<p>Key highlights:-</p> <ul style="list-style-type: none"> <li>MB advised this was the interim work plan given the impact of Covid-19. He personally felt it remained relevant</li> <li>CJ noted that during the period of the pandemic the committee has been less rigorous with some agenda items such as deep dives in the IPR and the focus on productivity and efficiency.</li> <li>RW asked if in the benchmarking work plan, we could also extend to include community services and learning disabilities reports.</li> <li>RW asked if the frequency of meetings need to change as there is typically not significant movement between meetings and servicing of meetings is a resource intensive task. He suggested we look at meeting every two months.</li> <li>SY responded by stating the original reasoning for meeting monthly was to keep track of progress against the financial sustainability plan. Based on discussions today she felt quite comfortable with holding meetings less frequently.</li> <li>CJ reinforced the point that initially the precursor to the committee was meeting every two weeks. He was happy to move to every other month providing the committee was still meeting its terms of reference and able to meet what the organisation expected of it.</li> <li>A proposal will be put to Trust Board to change the committee terms of reference with regard to meeting frequency, considering the publication of the financial framework and planning guidance. FIP is likely to have a key role on behalf of the Board in regard to our operating plan, so we should understand the timescales and deadlines before changing or removing any meetings. In addition, he expected a paper on the SBS go live to be considered at the September meeting.</li> <li>CJ &amp; MB to revisit the work plan.</li> </ul>		Action MB
15.	Items to be brought to the attention of Trust Board/Committees	<ul style="list-style-type: none"> <li>Update on lead provider risk has been clarified and the planning and finances for this major change are complex.</li> <li>Financial performance update on surge in the use of out of area beds and increase in acuity.</li> <li>Updated financial forecasting showing we need £10m which are not as clear in terms of likelihood of being incurred.</li> <li>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.</li> </ul>		
13	Any other business Financial governance	<p><u>Financial governance</u></p> <ul style="list-style-type: none"> <li>The committee agreed that all papers received at today's meeting demonstrated appropriate financial governance is in place and being followed.</li> <li>RW thanked MB for producing all papers for today's meeting.</li> </ul>		
14.	Date and time of next meeting	The next meeting of the Committee will be held on Tuesday 22 September 2020, 9:30-11:30. This will be a virtual meeting, via Microsoft Teams.		

**Minutes of the Workforce and Remuneration Committee  
held on 21 July 2020**

<b>Present:</b>	Sam Young Angela Monaghan Charlotte Dyson Rob Webster	Non-Executive Director (Chair) Chair of the Trust Non-Executive Director (Vice-Chair) Chief Executive
<b>In attendance:</b>	Alan Davis Janice White	Director of HR, OD and Estates PA to Director of HR, OD and Estates (author)

**WRC/20/17 Welcome, Introductions and Apologies (agenda item 1)**

The Chair, Sam Young (SY) welcomed everyone to the meeting. No apologies were received.

It was noted that the meeting was quorate and could proceed.

**WRC/20/18 Declaration of Interests (verbal item) (agenda item 2)**

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

**WRC/20/19 Minutes of the meeting held on 11 February 2020 (agenda item 3)**

The Committee confirmed that these are an accurate reflection.

**The Committee RESOLVED to APPROVE the minutes of the meeting held on 11 February 2020.**

**WRC/20/20 Matters arising (agenda item 4)**

The Committee discussed the schedule of actions from the previous meeting.

**(a) WRC/20/5 Making SWYPFT A Great Place to Work (GPTW): Prototype Integrated Performance Report (IPR)**

The GPTW IPR will be updated for the next meeting following feedback.

Action: Alan Davis

**(b) WRC/20/6 Staff Survey 2019**

It was agreed that the Robertson-Cooper Survey would support the development of the revised Workforce Strategy.

**(c) WRC/20/7 Equality Pay Audits**

It was agreed that this remains an important agenda item and will be revisited at the next meeting.

**(d) WRC/20/8 Clinical Excellence Awards**

Clinical Excellence Awards is on the agenda.

**(e) WRC /20/10 Employment Tribunals**

AGD confirmed that Appeals Panels are not formal sub-committees of the Trust Board.

**(f) WRC/20/12 Workforce Risk Register**

It was agreed that Andrew Cribbis would attend a future meeting to discuss Succession Planning and Talent Management.

**Action: Alan Davis**

**WRC/20/21 Integrated Workforce Performance Report: Review of Workforce Performance Indicators during the pandemic (agenda item 5)**

AGD said that this Workforce Integrated Performance Report (IPR) was focused on the impact of the pandemic on staff and it was hoped that at the next meeting we can return to a much broader based performance report. In support of the IPR was a presentation on the impact of COVID-19 on the workforce and the key actions taken.

The headlines from the IPR were:

- There had been a growth in the workforce over April to the present date due mainly to Student Nurses being deployed and the introduction of additional Trainee Nursing Associates.
- There had been a significant fall in turnover rates across the board.
- Non-COVID related absence has shown a significant decrease, however, absence due to stress and anxiety. There is further analysis of this going to the Organisational Management Group (OMG).
- There were positive signs in terms of recent recruitment.

The Committee reviewed the IPR in detail and discussed a number of key areas.

AGD confirmed that work on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) continues to be an important area of focus and the report and action plans will go to the next meeting of the Equality and Inclusion Committee. AGD updated the Committee on a new post of WRES Organisational Development Lead which was developed in order to accelerate the achievement of WRES targets. The post is currently advertised and is aimed at someone with lived experience and it will also be a development opportunity for the successful candidate.

AM asked when the results of the Robertson-Cooper survey will be received. AGD confirmed it closes on the 31<sup>st</sup> July and the results will be received two or three weeks after that.

AM asked when the Workforce Strategy will be finalised. AGD said that following receipt of the Robertson-Cooper survey results there will be a series of engage and listen events which will support the development of a new strategy for sign off at the November Board. AGD also said that the NHS People Plan is expected to be published shortly and this will also inform the development of the Trust's Workforce Strategy.

CD asked what do we need to do to look at the new context and what is the process we are looking to take. AGD said that Salma's work on the restoration and recovery would feed into the learning from the pandemic response, the Robertson-Cooper Survey and follow up events would also be an important part of learning from staffs' experience and alignment with the NHS People Plan will also be key. AGD said it was also important that last year's engage and listen process which led to the development of the five Great Place to Work (GPTW) themes is also used to develop the new strategy.

AM said that some of the feedback she is receiving is that staff are feeling more connected. RW supported this and said that the daily communications, regular service bronze meetings and silver command had led to staff feeling better engaged in what was happening.

CD said if there is a second surge, how do we manage it and how is the Trust making sure we are prepared. It was confirmed that business continuity plans were being updated with the learning from the first wave and these will be stress tested.

AM asked how is the new approach to Middleground playing into both of the Workforce and OD strategies. AGD said Middleground has been replaced by A Great Place to Work programme and that this would recommence later in the year, subject to a second wave of the Coronavirus. AGD said that Ashley Hambling and Andrew Cribbis are developing a revised approach with Forensic Services and the new programme will have a strong focus on both local Robertson Cooper results and actions as well as the five themes from the engage and listen events.

SY felt that it was important to ensure that "all of us improve" was central to the OD Strategy.

AGD confirmed he will be bringing draft Workforce and Organisational Development strategies to the October meeting.

**Action: Alan Davis**

CD asked for an update on training and development given the current situation. AGD said there has been a lot of work around how we adapt our programmes and provide them virtually. He also mentioned re-introducing the welcome event on line through the Teams approach.

AM mentioned that the Welcome event has been run using Microsoft Teams and there were pluses and minuses. She felt that it was early days and there were some technical difficulties and that things would improve.

AM asked about the BAME Health and Wellbeing Task Force. AGD said that the initial focus of the Task Force was the risk assessment but they are now starting to look at the wider health and wellbeing offer for BAME colleagues. An Equality Inclusion Assessment (EIA) for the health and wellbeing service has been signed off by the task force and this has supported the development of the BAME Health and Wellbeing Practitioner.

SY said she would want to see in future reports details of leavers by protected characteristics. RW supported that and suggested including regularly any key themes from the exit interviews.

The Committee felt that the equality pay audits needed to be picked up in the Workforce Strategy.

AM said there are a few items on the agenda that overlap with the Equality and Inclusion Committee and suggested having a joint committee.

**Action: Alan Davis**

**The Committee NOTED and COMMENTED on the Performance Report and presentation.**



### **WRC/20/22: Staff Risk Assessments (agenda item 6)**

AGD updated the Committee on the roll out plan of risk assessments to the whole workforce in response to the COVID-19 pandemic. A self-risk assessment tool has been developed and will be rolled out to all staff in the Trust over the coming weeks.

The Committee felt that this was a positive development.

**The Committee NOTED and COMMENTED on the Staff Risk Assessment roll out plan.**

### **WRC/20/23 Development of Workforce Strategy and Organisational Development Strategy (agenda item 7)**

It was agreed that a large part of this item had already been covered in the earlier discussions.

RW gave the Committee an update on the NHS People Plan. RW confirmed that the plan is due to be published soon and it will be an interim plan to cover the rest of the financial year.

**The Committee NOTED the update.**

### **WRC/20/25 Employment Law Update (agenda item 9)**

AGD confirmed there was no update to report to the Committee.

**The Committee RESOLVED to NOTE that there was no update to report to the Committee.**

### **WRC/20/26 Clinical Excellence Awards 2019/20 (agenda item 10)**

AGD updated the Committee on the national agreement between NHS Employers and the British Medical Association (BMA). NHS Employers and the BMA have reached an agreement on the Clinical Excellence Award process for 2020 in light of the current pandemic which is not to run the process but to give an equal share of the total awards to each eligible consultant. It was designed to enable clinicians and managers to focus on immediate priorities of responding to the pandemic. The existing funding (including any money rolled over from the last two years or from award rounds that may not yet have been run or completed) will be distributed equally among eligible consultants as a one-off, non-consolidated payment in place of normal Local Clinical Excellence Award rounds.

RW said he wondered if there was anything about the national arrangement that we could locally vary to award clinical excellence to include temporary and acting up Consultants. AGD said he would be happy to go back to the BMA but felt it was unlikely they would change their position.

**Action: Alan Davis**

**The Committee AGREED to RATIFY the payments of the clinical excellence awards in line with the agreement between NHS Employers and the BMA but would have preferred it to be a more equal distribution of resources.**

## **WRC/20/28 Workforce Risk Register (agenda item 12)**

The Committee discussed and reviewed the Risk Register and commented that:

- There is lack of actions in the Covid risk and asked for this to be reviewed for the next meeting.
- **1526:** Scoring of 12 – risk appetite of 1-6 – but no specific target dates for actions and asked for this to be reviewed.
- **1533 Workforce Activities:** The Committee asked what activities have stopped that are causing that risk. It was mentioned that this is particularly around training and development.

**Action: Alan Davis**

**The Committee RESOLVED to NOTE the Workforce Risk Register and the comments stated above.**

## **WRC/20/29 Annual Work Programme 2020/21 (agenda item 13)**

The Committee agreed that SY and AGD would have a meeting to discuss the Annual Work Programme and would look at anything that had been missed.

**Action: Sam Young/Alan Davis**

It was also agreed to invite the Equality and Inclusion Committee for a discussion around strategy.

**Action: Alan Davis**

## **WRC/20/30 Matters to report to the Trust Board and other Committees (agenda item 14)**

These were agreed as:

- Integrated Workforce Performance Report – noted that whilst non coronavirus sickness has reduced overall there has been an increase around stress and anxiety.
- Staff Risk Assessments – positive work – recognised the importance of ensuring actions are followed through.
- Workforce Strategy and Organisational Development Strategy – Scheduled to come back to the November Trust Board.
- Ratified approval for Clinical Excellence Awards – agreed to review the eligibility criteria with the BMA.
- Workforce Risk Register – reviewed.
- Discussed joint items that might want to share with the Equality and Inclusion Committee- agreed invite the Equality and Inclusion Committee to a future WRC meeting.

## **WRC/20/31 Any other Business (agenda item 18)** **The Committee NOTED there were no further items.**

## **WRC/20/32 Date and Time of next meeting**

The next meeting will be held on the 13<sup>th</sup> October 2020 at 10.30am by Microsoft Teams.

## 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
	<b>Standing items</b>													
	Declarations of interest	x	x	x	x		x	x	x		x		x	
	Minutes of previous meeting	x		x	x		x	x	x		x		x	
	Chair and Chief Executive's report	!		!	x		x	x	x		x		x	
	Business developments	!		!	x		x	x	x		x		x	
	STP / ICS developments	!		!	x		x	x	x		x		x	
	Integrated performance report (IPR)	!		!	x		x	x	x		x		x	
	Serious Incidents (private session) - verbal	x		x	x		x	x	x		x		x	
	Assurance from Trust Board committees	x		x	x		x	x	x		x		x	
	Receipt of minutes of partnership boards	x		x	x		x	x	x		x		x	
	Questions from the public_(to receive in writing during Covid-19 pandemic)	x		x	x		x	x	x		x		x	

SO	Agenda item / issue	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Deferred Covid-19
	<b>Quarterly items</b>													
	Corporate / organisational risk register	!	!	x update	x			x			x			
	Board assurance framework	!	x		x			x			x	x		
	Serious incidents quarterly report			x			x		x				x	
	Emergency Preparedness, Resilience & Response (EPRR) Compliance – Covid-19 response update?			!			x		x				x	
	Use of Trust Seal			x			x		x				x	
	Corporate Trustees for Charitable Funds# (annual accounts presented in July)			!			x		x				x	
	<b>Half yearly items</b>													
	Strategic overview of business and associated risks	#						x						
	Investment appraisal framework (private session)	#						x						
	Safer staffing report	x!							x					
	Digital strategy (including IMT) update	#			x									
	Estates strategy update				#				x					
	<b>Annual items</b>													
	Draft Annual Governance Statement	x												
	Audit Committee annual report including committee annual reports	x												
	Compliance with NHS provider licence conditions and code of governance - self-certifications <i>(date to be confirmed by NHS Improvement)</i>	x												
	Guardian of safe work hours	x												

SO	Agenda item / issue	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Deferred Covid-19
	Risk assessment of performance targets, CQUINs and Single Oversight Framework and agreement of KPIs	#							x KPI's					
	Review of Risk Appetite Statement	#									x			
	Annual report, accounts and quality accounts - update on submission		x	x?			x (QA)	x (QA)						
	Health and safety annual report			#?				x						
	Patient Experience annual report			#			x							
	Serious incidents annual report			x										
	Equality and diversity annual report (included in new strategy)				x?				x					
	Medical appraisal / revalidation annual report				#		x							
	Sustainability annual report						#		x					
	Workforce Equality Standards						x							
	Assessment against NHS Constitution								x					
	Eliminating mixed sex accommodation (EMSA) declaration												x	
	Data Security and Protection toolkit												x	
	Strategic objectives												x	
	Trust Board annual work programme	x!	x!									x (draft)	x	
	Operational plan										x (draft / private)	x (draft / private)	x (draft / private)	
	Five year plan													
	<b>Board development</b>													
	TBC		x			x				x		x		

SO	Agenda item / issue	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Deferred Covid-19
	<b>Policies and strategies</b>													
	Constitution (including Standing Orders) and Scheme of Delegation ( <i>January 2020</i> ) ( <i>deferred to April 2021</i> )	# (if req'd)						x			x SOD			
	Digital Strategy ( <i>January 2021</i> )										x			
	Customer Services policy ( <i>June 2020</i> )			#						x				
	Estates strategy ( <i>July 2022</i> )			#					x?					
	Equality, Involvement, Communication and Membership Strategy ( <i>NEW – will replace Communication, Engagement and Involvement, Equality and Membership strategies</i> )	# (if req'd)					x (update)		x					
	Sustainability strategy ( <i>June 2020</i> )			#					x					
	Organisational Development Strategy ( <i>June 2020</i> )			#					x					
	Workforce strategy								x					
	Quality strategy ( <i>March 2021</i> )												x	
	Trust Board declaration and register of fit and proper persons, interests and independence policy ( <i>March 2021</i> )												x	

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*)(*also to be taken as E and D annual report*)
- 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 February 2023)*
- 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))*