Members' Council
09.30 – 12.30 on 30 October 2020

Virtual meeting via Microsoft Teams

Item	Approx. Time	Subject Matter	Lead	Action		Minutes allotted
	09:00	*Governors only pre-meet (25 minutes)*				
1.	09.30	Welcome, introductions and apologies	Angela Monaghan, Chair	**Verbal**	To receive	8
2.	09.38	Declarations of Interests	Angela Monaghan, Chair	**Verbal**	To receive	2
3.	09.40	Minutes of the previous meeting held on 31 July 2020	Angela Monaghan, Chair	**Paper**	To approve	5
4.	09.45	Action log of the previous meeting held on 31 July 2020	Angela Monaghan, Chair	**Paper**	To approve	5
5.	09.50	Chair's report– to include feedback from the Trust board meeting held on 27 October 2020	Angela Monaghan, Chair	**Paper**	To receive	5
6.	09.55	Chief Executive's update	Rob Webster, Chief Executive	**Verbal**	To receive	10
7.	10.05	**Members' Council business items**				
	10.05	7.1 Review of Members' Council objectives	John Laville, Lead Governor	**Paper**	To agree	30
	10.35	7.2 Governor engagement feedback	John Laville, Lead Governor	**Paper/Verbal**	To receive	10
	10.45	7.3 Assurance from Members' Council groups and Nominations' Committee	Angela Monaghan, Chair	**Paper**	To receive	5
	10.50	7.4 Quality report and accounts 2019/20	Charlotte Dyson, Non-Executive Director/Tim Breedon, Director of Nursing & Quality	**Paper**	To receive	5
	10.55	7.5 Members' Council elections 2021 (process)	Aimee Willet, Corporate Governance Manager	**Paper**	To receive	5
	11.00	7.6 Constitution Update	Angela Monaghan, Chair	**Paper**	To receive	5

	11.05	BREAK				10
	11.15	7.7 Integrated performance report	Mark Brooks, Director of Finance & Resources / Tim Breedon, Director of Nursing & Quality	**Presentation**	To receive	30
	11.45	7.8 Highlight report agreed by governors at MCCG: how demand for Mental Health and LD services will be changing in the light of Covid-19 and what that means for our services.	Sean Rayner, Director of Provider Development	**Presentation**	To receive	15
8.	12.00	**Trust Board appointments**				
	12.00	8.1 Review of Chair's remuneration	John Laville, Lead Governor	**Paper**	To approve	10
	12.10	8.2 Appointment of Deputy Chair and Senior Independent Director	Chair	**Paper**	To approve	10
9.	12.20	**Any other business**		**Verbal**	To receive	5
10.	12.25	**Closing remarks, work programme, and future meeting dates** - Work programme 2020/21 (attached) - Members' Council meetings 2020: ➢ 29 January 2021 – Virtual meeting	Angela Monaghan, Chair	**Paper and verbal item**	To receive	5
	12.30	*CLOSE*				

Minutes of the Members' Council meeting held on 31st July 2020

Meeting Held Virtually by Microsoft Teams

Present:	Angela Monaghan (AM)	Chair
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Paul Batty (PB)	Staff – Social care staff working in integrated teams
	Evelyn Beckley (EB)	Appointed – Staff side organisations
	Bob Clayden (BC)	Public – Wakefield
	Adrian Deakin (AD)	Staff – Nursing
	Dylan Degman (DDe)	Public – Wakefield
	Daz Dooler (DDo)	Public – Wakefield
	Lisa Hogarth (LH)	Staff – Allied Healthcare Professionals
	Carol Irving (CI)	Public – Kirklees
	Tony Jackson (TJ)	Staff – Non-Clinical Support Services
	Adam Jhugroo (AJ)	Public – Calderdale
	Trevor Lake (TL)	Appointed – Barnsley Hospital NHS Foundation Trust
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Ruth Mason (RM)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Debbie Newton (DN)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Tom Sheard (TS)	Public – Barnsley
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Cllr Nicola Sumner (NS)	Appointed – Barnsley Council
	Debs Teale (DT)	Staff – Nursing Support
	Tony Wilkinson (TW)	Public – Wakefield
In attendance:	Tim Breedon (TB)	Director of Nursing & Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance & Resources
	Laurence Campbell (LC)	Non-Executive Director
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Chris Jones (CJ)	Non-Executive Director
	Carol Harris (CH)	Director of Operations
	Kate Quail (KQ)	Non-Executive Director
	Sam Young (SYo)	Non-Executive Director
	Laura Arnold (LA)	Administrative Support (observer)
	Paul Hewitson (PH)	Director, Deloitte LLP (for item 7.6 only)
	Andy Lister (AL)	Company Secretary (author)
Apologies:	Members' Council	
	Marios Adamou (MA)	Staff – Medicine and Pharmacy
	Kate Amaral (KA)	Public – Wakefield
	Cllr Bill Armer (BA)	Appointed – Kirklees Council
	Jackie Craven (JC)	Public – Wakefield
	Cllr Ros Lund (RL)	Appointed – Wakefield Council
	Cllr Chris Pillai (CP)	Appointed – Calderdale Council
	Phil Shire (PS)	Public – Calderdale
	Jeremy Smith (JS)	Public – Kirklees
	Barry Tolchard (BT)	Appointed – University of Huddersfield
	Attendees	
	Erfana Mahmood (EM)	Non-Executive Director

Sean Rayner (SR)	Director of Provider Development
Subha Thiyagesh (ST)	Medical Director
Rob Webster (RW)	Chief Executive
Salma Yasmeen (SYa)	Director of Strategy

MC/20/21   Chairs re-appraisal (to be held in private) (agenda item 1)

For confidentiality purposes the minutes relating to this item have been recorded separately.

It was RESOLVED to APPROVE the Chair's interim appraisal. Based on the interim appraisal and approval of the Chair's reappointment, a recommendation for progression along the remuneration range identified by NHS Improvement will be made at the next Nominations' Committee. A recommendation will then be made to the Members' Council for approval in October 2020.

MC/20/22   Welcome, introductions and apologies (agenda item 2)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

AM noted it was Eid and this was the reason why some apologies had been received. Steps would be taken in future to try and avoid Members' Council meetings being held on dates of major religious festivals.

AM explained the logistics of how the meeting would be run due to it being conducted virtually through Microsoft Teams.

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 be destroyed. 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.

MC/20/23   Declarations of Interests (agenda item 3)

The following declarations were considered by the Members' Council for Bill Barkworth (BB) publicly elected governor for Barnsley and Deputy Lead Governor, and Adam Jhugroo (AJ) publicly elected governor for Calderdale.

Name	Declaration
BARKWORTH, Bill Publicly elected – Barnsley	Director, Barkworth Associates Limited.
	Senior Associate with Campbell Tickell, a management consultancy partnership specialising in social housing. The partnership does not work with the NHS but may do so at some stage in the future.
	Member – Healthwatch Barnsley.
JHUGROO, Adam Publicly elected – Calderdale	Self: Employed in Primary Care Diabetes Team, NAPP Pharmaceuticals.
	Currently in the process of joining Cygnet Healthcare as a Bank Registered Mental Health Nurse.
	Recently joined NHS Professionals as a Registered Mental Health Nurse in relation to the Coronavirus outbreak.

Name	Declaration
	Clinical Contact Caseworker (Tier 2 – Call Handler) within the NHS Track and Trace Program (NHS Professionals).
	Daughter: Student Nurse / Staff Bank, South West Yorkshire Partnership NHS Foundation Trust.

No further declarations were raised in addition to those noted above.

It was RESOLVED to NOTE the individual declarations from governors and CONFIRM the changes to the Register of Interests.

MC/20/24   Poem to be read by Carol Irving (agenda item 4)
AM introduced the item. Carol Irving (CI) reported that she helped run a charity called Serendipity which included writing groups to help people's wellbeing.

CI stated the poem reflected a moment in time and stepped into another world and reminded the group that mental health touches everyone.

A copy of the poem is appended to the minutes.

It was RESOLVED to NOTE the poem read by Carol Irving and thank Carol for her contribution.

MC/20/25   Minutes and actions of previous meetings held on 1 May 2020 (agenda item 5)
No amendments or corrections were noted.

It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 1 May 2020 as a true and accurate record.

AM pointed out that some of the action points had been deferred due to the Covid-19 pandemic and this had taken place to reduce the burden on the executive team.

MC/20/16 – AM reported the topic of recording meetings had been looked at in detail. This meeting was being recorded and the reasons had been explained. Any member wishing to record the meeting for inclusion purposes could contact the Trust to seek permission to record the meeting. This would be formalised within the Constitution review in October 2020.
Action: Andy Lister

MC/20/17 – This action involved discussions around recovery and restoration. There would be detailed discussion in Strategic Board in September. Governors should contact Salma Yasmeen or Dawn Pearson if they had anything to contribute. Bob Clayden (BC) and Debs Teale (DT) stated they had asked to be involved and hadn't heard anything. The communications team would be asked to confirm that governors had been offered inclusion in this process.
Action: Salma Yasmeen

MC/20/18a – This action related to elections and was on the agenda for this meeting.

MC/20/19b – This action related to the appointment of a new Deputy Chair and Senior Independent Director as Charlotte Dyson's (CD) term would be coming to an end in January 2021. This process was dependant on the appointment of a new Non-Executive Director which was on today's meeting agenda.

MC/20/03 – Action relating to monitoring visits and quality monitoring visits. These matters were ongoing.

MC/20/10 – Safer staffing had featured at the last quality group meeting and would be discussed further at the next quality group meeting. To remain on the action log.

MC/19/34 – This action was in today's meeting agenda at item 8.3

MC/20/26   Chair's / Chief Executive's Update to include feedback from the Trust Board meeting held on 28 July (agenda item 6)

- AM reported she and the other Non-Executive Directors (NEDs) had been working predominantly from home during Covid-19 and this had restricted them in terms of visibility i.e. going to meet teams, services and attending events. They had however maintained contact by attending meetings virtually.
- AM responded to a query and updated that the NEDs had not been part of the formal command structure meetings but had been kept updated in relation to actions and decisions taken through silver command. Initially this had been on a daily basis and then moved to three times a week and was currently twice weekly. There had also been a weekly meeting between the NEDs and Mark Brooks (MB) and Rob Webster (RW) to review risks and decisions taken during command meetings and identify if any required Trust Board sign off.
- Some of the NEDs had attended silver command meetings as observers.
- AM gave a breakdown of what had been to Tuesday's Board meeting , updated on the content of the private board meeting agenda and explained the context of the private meeting.
- AM advised members were able to view all public papers taken to the Trust Board on the Trust website.

No queries or questions were raised.

- Tim Breedon (TB) was representing Rob Webster (RW) in his role of Deputy Chief Executive in RW's absence.
- The Trust was currently spending a significant amount of time interpreting and acting on national guidance through the gold, silver and bronze command structure. This structure had proven to be a strong way of communicating through the Trust on new and emerging guidance.
- Outbreak management was being closely monitored by the Trust. Over 2000 swab tests had now been carried out for staff and their households, 1800 members of staff had received direct swab tests. The Infection Prevention and Control team had been analysing the test results to monitor the virus and its impact upon the organisation.
- Positive Covid-19 tests were very low for the Trust's inpatients.
- 130 staff members were either working at home or absent from work as a result of testing positive for the virus. These staff members were getting additional health and wellbeing support.
- The Trust had ensured the right level of risk assessment was being used for staff, especially those identified to be within vulnerable or high risk groups.
- TB identified that currently the Trust was monitoring and staying alert to the virus but was also ensuring planning was in place for the stabilisation and recovery work that would follow.
- Learning from the response stage was being coordinated through quality impact assessments and planning in relation to staffing and changes that may follow.

AM reported that governors should be receiving the daily Covid-19 updates, *The Headlines* every Monday, *The View* on a Friday and *The Brief* every month, and these should be keeping them informed on Trust business. Wellbeing packs were being distributed and should be on their way to governors soon.

- Alan Davis (AGD) responded to a query about the timing of Covid-19 risk assessments. He reported the Trust had just completed its return.
- This was being monitored nationally as a high priority. The Trust had been very proactive in completing risk assessments for high risk groups.
- BAME colleagues had all completed risk assessments in July. The risk assessments had then been rolled out to further 'at risk' groups.
- 83% of all staff across the Trust had now completed a risk assessment. In reference to at risk' groups (which included all males) 84% had completed a risk assessment.
- Regionally and nationally this put the Trust in a very strong position compared to other Trusts. Risk assessments were to be reviewed fortnightly or if any significant changes were identified.
- The correct percentages were probably higher than these figures as when the risk assessments began there was no requirement to record them, they were taking place between managers and staff.
- A self-assessment risk tool had also been developed and 3100 staff members had completed this.

BC reported it was good to receive the communications from the Trust but a lot of the information was embedded on the intranet which governors didn't have access to.

AM reported that *The Headlines* in particular were aimed at staff. Should governors require particular access to an item they could request it through the membership office. Dawn Pearson was looking at a potential 'governor intranet' as part of her inclusion work and AM would check what, if any progress had been made on this given the current situation with Covid-19.

Action: Angela Monaghan

Lisa Hogarth (LH) queried the testing numbers as there were two swabs per person. TB clarified that both swabs counted as one test per person. LH went on to query information governance in relation to testing. When she had been tested she had provided personal information to a private company and asked what control the Trust had over the information staff were providing.

TB reported that contracts had been set up nationally and any company being involved in track and trace work would need to meet the same information governance standards as any NHS organisation. LH suggested it may be useful to let staff know this as it had been anxiety provoking at the time of the drive-through test.

Tony Wilkinson (TW) asked when the Trust had been made aware of recent developments in Kirklees i.e. the localised lockdown.

TB reported that the Trust was notified early that morning. A Gold Command meeting had taken place at 8:30am to review the information and the information had been circulated Trust-wide in the Covid-19 update briefing that day. A further review would take place on Monday 3rd August.

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

MC/20/27 Members' Council Business Items (agenda item 7)
MC/20/27a Governor Appointment to Members' Council and Trust Board Groups and committees (agenda item 7.1)
- AM updated that the paper explained the process by which people are nominated to groups and committees.
- The Members' Council Coordination Group (MCCG) manages the process and had received a number of self-nominations.
- The MCCG had made recommendations that Keith Stuart-Clarke (KSC) should be appointed as the Barnsley representative to the MCCG and Daz Dooler (DDo) should be appointed as the representative governor on the Trust Board Equality and Inclusion Committee.

- AM confirmed these appointments were for three years.

It was RESOLVED to APPROVE the recommendations as outlined in the paper.

MC/20/27b   Governor Feedback (agenda item 7.2)
- John Laville (JL) presented two slides reporting that himself and BB had now met (virtually) with over half of the governors, 13/14 public governors, 3/6 staff governors, 0/8 appointed governors, and Members' Council currently held 5 vacancies.
- These meetings were aimed at JL and BB getting to know the governors but also what it meant to be a governor and each governor's thoughts and feelings on the Members' Council.
- Some key themes from public governors were that they would like to be more involved in local community groups. Some had already good established networks.
- Some members wanted to know more about Trust work in their local area. Many had also stated that they felt isolated due to only meeting once every three months and queried whether there were other opportunities to meet more regularly, possibly on a more local level.
- All staff governors agreed it would be of benefit to meet their fellow staff governors, especially through virtual means given their different work locations and disciplines.
- All governors agreed that becoming a new governor was not an easy process and perhaps a buddy system could be utilised to make this process easier.
- JL asked those governors who had not spoken to JL or BB to get in touch and also check the junk folders of their e-mails for correspondence from JL and BB.
- As part of the inclusion strategy a geographical map was being produced including key community groups for governor involvement. Governors would then get to know the key issues and good practice being shared within these meetings.
- Mechanisms for governors to witness the Trust at work, this would only be from an observational perspective to aid understanding of operational practice.

An improved process was required for governors to feedback issues and good practice.
Action: Members Council Co-ordination Group

- Public governors and staff governors reflected that it would be of great benefit to meet more locally outside of Members' Council. Virtual meetings could be a very efficient way of achieving this.
- JL reiterated he and BB were happy to speak to governors about progressing these items and they should get in touch by whatever means possible.
- A query was raised in relation to the extra meetings and restrictions to those governors who worked full time. JL stated that everything would be done to accommodate governors who wanted to be involved wherever possible.
- DDe reported he had not been cited in the feedback paper and asked if he could be included next time. It was noted that he had attended Nominations' Committee, Trust Board and governor Q and A sessions.
Action: Laura Arnold

It was RESOLVED to NOTE the Governor Feedback

MC/20/27c   Assurance from Members' Council groups and Nominations' Committee (agenda item 7.3)
AM reported she intended to take the item as read. AM reported that in future, for this item, a brief summary of each group would be provided to aid governor understanding.
Action: Laura Arnold

These items were not for focussed discussion but awareness and an opportunity to ask any questions. AM asked for any questions in relation to the Members' Council Groups or Nomimations' Committee. No questions were received.

BC noted that his name was spelt incorrectly in the Members' Council Coordination Group minutes. It was noted that this would be rectified in the notes.

Action: Laura Arnold

It was RESOLVED to RECEIVE the assurance from Members' Council groups and Nominations' Committee

MC/20/27d   Nominations' Committee annual report 2019/20, including update to terms of reference (agenda item 7.4)

AM explained that committees and groups should produce an annual report and review their terms of reference each year. AM reported this was to assure the Members' Council that the Nominations' Committee was performing its role effectively. The report was against each of the objectives set out in the terms of reference.

AM summarised the report contained the duties of the Committee, the work the Committee had completed over the previous year, the attendance of members followed by renewed terms of reference. The only changes were to the membership.

DDe, JL and BB had all been added to the group following approval at May's Members' Council meeting.

No comments or questions were raised.

It was RESOLVED to RECEIVE the annual report for 2019/20 and APPROVE the updated Terms of Reference for the Nominations' Committee.

MC/20/27e   Members' Council Co-ordination Group Terms of reference (agenda item 7.5)

AM reported the changes to the terms of reference were minor and related to membership. JL was now the chair, BB was a member as deputy lead governor, AJ had been appointed as a public member from Calderdale.

It was RESOLVED to APPROVE the updated Terms of Reference for the Members' Council Co-ordination Group

MC/20/27f   South West Yorkshire Partnership NHS Foundation Trust Annual Report and Accounts 2019/20 (agenda item 7.6)

MB introduced the item by explaining that the recommendation was to inform the Members' Council of what had been done this year as it had been slightly different due the impact of Covid-19. The annual report and accounts would be formally received at the Annual Members' Meeting in September. MB summarised the following points:

- The Trust had achieved all of its year-end targets.
- The Trust had a duty to submit an annual report, annual accounts and quality account.
- The Trust was the first in the country to lay its annual report and accounts before parliament.
- The quality account deadline had been extended and the account would not be subject to audit this year.
- The salient points of the annual report had been audited as required.
- The Members' Council was obliged to receive the annual report from the external auditor Deloitte.

Paul Hewitson (PH) from Deloitte:

- PH started by explaining as an external auditor he was answerable to the governing body of the Trust, the Members' Council.
- This was an annual presentation to the governing body of the Trust and the conclusions that the external auditors have reached about the Trust.

- This year it had only been an annual report and accounts audit, due to the quality account deadline being amended nationally and not requiring audit.
- PH explained that his responsibility was to perform an audit on the annual report and accounts to look at the key risk areas and test those risks to make sure the financial arrangements were true and fairly stated. There was also a review on whether the Trust was demonstrating value for money
- The audit also reviewed if the Trust was a 'going concern' and this could have been difficult due to the uncertainty around financial planning, but due to the financial position of the trust there were no issues in relation to this.
- Some initial work was carried out before the quality account audit was suspended. Some limited testing of early intervention in psychosis and inappropriate out of area placements had taken place, and, while this work was not concluded, no issues were identified in either.
- PH stated Deloitte submitted reports to the Department of Health & Social Care and the National Audit Office as all NHSTrust figures got added together nationally for the government accounts.
- PH explained that the statement "All opinions were unmodified" meant that no issues were identified and this was the best possible outcome from an external audit.
- The external auditor had to identify the areas most likely to give rise to a material misstatement in the financial statement. The ISO 260 report that had been circulated covered this in detail but PH stated he would give an overview summary.
- The first thing of note was the 'modern equivalent asset design' which meant had the Trust valued its estate correctly. The perspective on this was not looking at what a Trust had but what it would cost to replace it to get the same level of service using current building methods. The controls were deemed satisfactory. There was a 'material uncertainty' identified but this was in relation to the valuations having taken place 31st March 2020 and the Royal Institute of Chartered Surveyors reporting that any valuations at that time had a material uncertainty due to Covid-19. This has applied to every other trust across the board.
- The other identified risk was in relation to the management override of controls. This refers to management being in a strong positon to influence the financial statements to their own gains or to hide issues.
- PH reported they had found a weakness in the journals review mechanism. There had been one in place previously but because it had never highlighted any issues it had been replaced with other controls, which the external auditor was not totally satisfied with, but there was no evidence of management influence or nefarious activity in any way.
- PH summarised the audit findings. The draft report and accounts had been submitted to parliament within timescales.
- The Trust finance team had done an excellent job of preparing the accounts and engaging with the audit.
- There was one identified uncorrected mis-statement in relation to the value of plant and equipment. This would have increased net assets by £273,000 and could have increased reserves by the same amount. This was due to a difference in the valuation date and the year-end date which meant an estimate had to be made as to how much the value could have changed. This was a very small issue in the context of everything else.
- The Annual report and annual governance statements required very little adjustment from the first draft.
- Accounting policies were in line with what would be expected.

PH concluded his summary and offered to take any questions.

TW asked what Provider Sustainability Funding (PSF) was.

PH explained this was a sum of money that the Department of Health and Social Care (DHSE) made available to NHS Trusts if they met certain criteria. The reason this had been mentioned in the report was because if a Trust didn't meet the target for PSF they didn't get the money. Therefore there was the incentive for a financial director to manipulate the financial statements to

meet the targets to get the PSF monies, but there was no evidence of this whatsoever from the audit.

TW referred to PH's comments about the journals and queried whether this had been a considered decision by the Board or whether the system of considering journals had been allowed to drift?

PH responded by saying this was a query likely to be answered by Mark Brooks (MB) but from his perspective the finance team felt they weren't finding anything through this and their system of reconciliation, reviews and tight budget controls gave the finance team and the Board sufficient assurance, but from the auditors perspective this was not sufficient to mitigate the risk.

MB added that in reality the risk was seen to be low and there were a number of compensating controls, there were a lot of account reconciliations after the event and what PH was referring to was that the Trust was not doing this before the event, proactively, it was being completed after the journal had been entered.

The Trust had been comfortable with this historically but would soon be moving to a new accounting system in October / November 2020 and this system required approval before journals were entered on the system. MB also clarified that as an extra control he had no access whatsoever to the accounting system and that was intentional so that he could not input to the system.

BB queried as PH had made the observation did the Trust then make a recommendation about what should be done to resolve the issue?

MB confirmed this was the case and the new system in October would resolve the matter. In the interim any sensitive or unusual journals would be checked prior to being entered on the system.

It was RESOLVED to RECEIVE the Deloitte report on the Trust Annual Report and accounts for 2019/2020.

MC/20/27g   Quality report and accounts (agenda item 7.7)
TB clarified that the timescale for the quality account had been moved to December 2020 and as already discussed would not be subject to audit this year. A revised report was planned to go to Trust Board in September. The same process had remained in place in respect of consultation and discussion.

The Members' Council Quality Group was taking place on 10 August 2020 and this would have sight of the first draft of the report. Partners would also be consulted and asked to comment on the draft report.

BC queried whether completing this work later in the year increased any risks to the Trust. TB responded to say that there would be no increase in risks to the Trust as the report was retrospective.

It was RESOLVED to RECEIVE the update on the 2019/20 Quality Account.

MC/20/27h   Customer services annual report and accounts (agenda item 7.8)
TB reported that normally this report would have been reviewed by the Members' Council Quality Group (MCQG) but this was not the case due to Covid-19. The report would, however, be going to the next MCQG meeting.

TB continued that the Customer Services annual report contained some useful information on changes that had been made to the complaints process and improvements that had been made in relation to timescales.

DDe reported he had looked at the complaints report and queried if the process was differentiating between a formal complaint, an informal complaint and a comment. Was there anything that governors could be looking out for in their areas to try and help resolve issues?

TB reported that any issue reported to a governor should be reported in to the Trust so that it could be addressed. In terms of the report, any formal complaint that had been registered had been through the process of attempted informal resolution before it became a formal complaint. A local resolution was always the preferred process.

It was RESOLVED to RECEIVE the Customer services annual report and accounts

MC/20/27i   Serious Incident annual report 2019/20 (agenda item 7.9)
TB reported that this report showed the Trust's performance against incident reporting. A presentation had been attached to help break up the content of the report. This report would also go to the next MCQG meeting.

BC queried that in previous years the aim had been for zero suicides but from the paper the rate of suicide showed a very flat line and as such was a change of approach required to make more progress?

TB confirmed that the aim was to reduce the number of suicides and states that the report was for the previous year and so some of the work that was currently being undertaken should be reflected in next year's report. There was a strong piece of work linked to the West Yorkshire and Harrogate Integrated Care System (ICS), which featured in a separate report specifically about apparent suicide, and this came to MCQG and Members' Council.

AM reported that the zero suicide target relates to people in mental health care, whereas the national figure was to aim to reduce overall suicide by 10%. Not all people who die by suicide are in touch with mental health services.

BC asked if the figures in the report reflected people in Trust care? TB confirmed this to be the case.

TB reported that around 30% of people who took their own life would be known to services and 70% were not. The work with the West Yorkshire and Harrogate ICS focused on people both inside and outside of services.

CI raised a query in relation to suicide and the wording and language of letters that were sent to patients prior to them being discharged from services. Were allowances made for people with dementia, literacy problems, memory problems?

TB responded that the decision to discharge someone from services was not taken lightly. There were policies and procedures to be followed around discharge including sufficient attempts to make contact with a person and ensure the person was clear about what they were being asked.

TB continued that the engagement work going on in the Trust was looking at what was right for individuals, not just groups.

TB agreed that there was scope for work to be done in respect of letters and the language used. AM clarified that a previous meeting had been arranged for CI to meet with Mike Doyle to discuss this issue. Given governor absence and then recent events, this had been unable to take place. TB agreed to set up a meeting with CI and Mike Doyle to review language in letters to service users. AJ also reported he would like to be involved in this work.

Action: Tim Breedon

Debs Teale (DT) reported the issue was about clear communication with service users and their individual circumstances and needs. DT was involved in 'Project Hope' with Salma Yasmeen

which looked at communication with service users and staff. This looked for communication to be more open and honest. A trial was initially being carried out with Newhaven ward but this should look to improve service user communication.

TW asked about the relationship between the Trust and local Healthwatch groups. TB responded that the Trust had a good working relationship with local Healthwatch groups and sits with them on a number of meetings from a Board perspective. A meeting is taking place with Healthwatch in the next couple of weeks to discuss their customer services appraisal of Trust services. Healthwatch are also involved in the sign off of the Trust quality account.

Paul Batty (PB) commented that Assertive Outreach Teams (AOT) used to deal with service users who were likely to disengage. The FACT (Flexible Assertive Community Treatment) model currently in use had the potential to lose those service users that were disengaging, especially those that were quiet and made very little contact.

TB reported that when transitions were made in the models of care it was important not to lose sight of any gaps and continue to evaluate things. The development of community forensic teams across the system was an ongoing piece of work with the forensic commissioners. This would be a useful point of discussion in the MCQG.

Action: Tim Breedon

Carol Harris (CH) reported that funding had been received for the pilot of a new community forensic team that would be starting in Wakefield. At the same time a review of the current, very small, forensic community team was taking place to look at how that would fit into the new model. The Trust would be the new forensic lead provider going forward and as part of that work would be looking at developing support for high risk people in the community.

AJ had noted that the top themes in relation to complaints were communication and staff attitudes. AJ referenced an incident in a neighbouring Trust where a young woman had died and there were problems around her care. Staff had written on social media about feeling despondent and didn't get enough praise, which caused significant issues.

A young nurse was "scapegoated" and was made to apologise. AJ asked if we were sharing any lessons in relation to incidents such as this and were staff advised in any way about the use of social media. It caused a lot of upset.

TB reported he was familiar with the incident and there was a social media policy in the Trust and this was covered in the staff induction when people joined the Trust. It was also covered in the Information Governance Policy, but it may be prudent to give regular reminders about the use of social media and the associated risks.

Action: Tim Breedon

It was RESOLVED to RECEIVE the Serious Incident annual report

MC/20/27j   Consultation / review of Audit Committee terms of reference (agenda item 7.10)
LC updated that this item is something that was adopted some time ago having been cited as best practice by Deloitte. The Audit Committee terms of reference were therefore reviewed very twelve months and presented to the Members' Council.

Minor changes had been made to the names of NHS bodies and minor changes to wording.

AM noted it was LC's final Members' Council meeting and gave thanks for all his work and contributions to the Trust and Members' Council.

It was RESOLVED to APPROVE the updated Terms of Reference.

MC/20/27k   Recommendation of appointment of external auditors (agenda item 7.11)

LC updated that BB had been involved in the process with the evaluation team representing the governors. The current external auditor's appointment had come to an end, namely Deloitte. LC noted this had been a very thorough process with input from the procurement team to manage the process. There had been initial discussion with team members followed by interviews with the four organisations that tendered for the work.

The scoring process was very objective and resulted favourably for Deloitte, both including and excluding the charitable funds audit which was demonstrated in the paper.

BB reported he was involved as a governor and was particularly interested in what the prospective auditors understanding was of role of the Members' Council, how they proposed to engage and involve the council, and how they would meet with governors. There was also a focus on what they brought to the Trust from outside knowledge perspective and their benchmarking.

BB reported that he was positively assured that Deloitte were the right company for the job. BB thanked the procurement team for a smoothly run process.

It was RESOLVED that the Members' Council APPROVE the appointment of Deloitte LLP as the Trust's external auditor for a period of up to five years (an initial three years with the option of extending for a further two years).

MC/20/28   Trust Board Appointments (agenda item 8)
AM reported she need to vacate the chair. Items relating to the appointment or remuneration of the Chair or Non-Executive Directors had to be chaired by the lead governor, John Laville. AGD would remain to support John with any questions about process.

MC/20/28a   Re-appointment of Chair (agenda item 8.1) (confidential item)
It was agreed that Charlotte Dyson would remain for this item as she has been involved in the process.

JL outlined the recommendation that was being put to the Members' Council for consideration. JL explained that the background and the process was included in the paper. JL explained he had experienced some technical difficulties earlier when the private discussion had taken place regarding AM's re-appraisal but had joined the meeting in time to hear CD say that as a Trust we were very fortunate to have AM as our Chair and very fortunate that she had considered re-appointment and JL fully endorsed that. JL opened the meeting up to comments.

CD clarified that the appointment was for a three year term with a review after 12 months and AM's interim appraisal had been very positive and this had been agreed by all governors in the earlier meeting.

It was resolved to CONSIDER and AGREE to the recommendation from the Nominations' Committee of re-appointment of Angela Monaghan as Chair from 1 December 2020 for a three year term (with a review after 12 months from both sides). In the initial period she will remain on her current remuneration.

It was resolved to CONSIDER and AGREE to the recommendation that a remuneration review takes place at the Nomination Committee following approval of the interim appraisal. Any recommendation for progression to the top of the pay range will be made to the Members Council for approval in October 2020 with a view to being implemented on 1st December 2020.

MC/20/28b   Non-Executive Director appointment (agenda item 8.2)
JL introduced the item to consider the appointment of a Non-Executive Director. The purpose and the format was clear and JL stated the recommendation to the Members' Council was to approve the appointment of Mike Ford. The Nominations' Committee had to ensure the right composition

and balance to the Trust Board. Mike Ford's (MF) background was financial and he met the candidate requirements and he had the relevant financial qualifications. The process was outlined in the paper and was conducted virtually.

JL reiterated that MF was the stand out candidate from his perspective, this view was supported by BB who agreed and stated that all four candidates were strong but MF stood out for his transformational work that he had carried out with the BBC. AJ agreed with this assertion.

BC asked if MF's biography and photograph could be circulated to the governors prior to the next Members' Council meeting.

Action: Andy Lister

It was RESOLVED to APPROVE the recommendation from the Nominations' Committee to appoint Mike Ford as a new Non-Executive Director from 1 September 2020 for a period of three years.

MC/20/28c   Review of Chair and Non-Executive Directors remuneration (process and timescales) (agenda item 8.3)
JL explained where the Trust was paying Non-Executive Directors more than NHSE recommended remuneration it had been agreed these rates be frozen until they fell in line with the NHSE pay scales or on re-appointment.

AGD explained for the NED's there was a flat rate and Members' Council agreed we would hold rate until it fell in line with NHSE recommendations. The Chair's pay was slightly more complex. It had previously been on incremental scale and NHSE had now stipulated pay ranges.

The Chair's remuneration would be considered at the next Nominations' Committee and then the recommendation would come to Members' Council for approval.

It was RESOLVED to REVIEW and SUPPORT the process for the review of the Chair remuneration, and NOTE the changes to Non-Executive Director (NED) remuneration agreed in November 2019.

MC/20/29 Members' Council business items (presentations) (agenda item 9)
MC/20/29a   Integrated Performance Report (IPR) (agenda item 9.1)
MB provided an update of headlines since the end of the last financial year and the first quarter of this year. MB presented the summary performance metrics and explained that anything highlighted in grey had stopped being recorded during Covid-19.

There were two reasons for this; nationally, recording had stopped to allow the response to Covid-19 and secondly, locally, metrics recording had been paused to allow for other priority work to take place during the pandemic.
- The Trust had been able to maintain good performance against a number of the metrics despite Covid-19.
- MB reported that admission of children and young people to adult inpatient wards had a target of zero, but there were occasions when this action was the least worst option for the individual concerned. There was a high level of safeguarding input in these circumstances to make sure it was as safe as it could be.
- MB noted the increase in information governance breaches. Some work into this had established that staff redeployment as a result of Covid-19 meant staff were not always performing familiar tasks, and the majority of breaches were incorrect addresses. This was taken very seriously by the Trust and messages around the importance of information governance were being reiterated through the communications team.
- There were some temporary financial arrangements in place that were allowing the Trust to break even every month at the moment.
- The core level of sickness absence had decreased over the pandemic.

- The staff turnover rate had also decreased.

TB introduced the Covid-19 response and Quality sections of the IPR:
- A great deal of work had taken place in relation to the testing of both staff and patients.
- TB clarified that the Trust was in a very similar position to other mental health and community trusts in relation to positive tests for staff. This demonstrated that trusts responding in these areas of work had done so in a broadly similar way.
- There had been notable numbers of positive staff tests in acute trusts.
- Staff absence as result of Covid-19 had made an impact on staffing numbers. At the time of the report 138 were off work due to symptoms, household symptoms or shielding.
- 29 service users (inpatients) had tested positive for Covid-19.
- TB reported that Trust staff had carried out huge numbers of tests for other organisations and care homes, particularly in the Barnsley district where they had made a significant contribution to the Barnsley health system as a well as support around infection prevention and control.
- 884 calls had been received into the occupational health helpline.
- 1600 video consultations had taken place each week but it was accepted that this was not a suitable medium for everyone and more face to face contacts would be reintroduced as the pandemic continued to decline.
- Gold, Silver and Bronze command structure had been in place.
- Sufficient personal protective equipment (PPE) had been available to staff throughout the pandemic. Mutual aid arrangements were in place across the system and work with partners.
- There had been a very effective digital response to the pandemic, enhanced by investment in the digital estate that had taken place prior to the pandemic.
- The Family and Friends Test (FFT) had been relaunched on 15th June and the responses from this had been positive.
- Safer staffing numbers (inpatients) had been positive during the pandemic, this was due to people continuing to work hard, employment of students to help fill absence and people returning to work who had recently retired.
- TB reported the weekly risk panel now included Covid-19 incident reviews. Early indications suggest that there was a rise in the level of self-harm but otherwise reporting levels remained similar to previous years. Self-harm incidents were being monitored closely.

MB introduced the NHS Improvement metrics section of the IPR:
- MB updated that in relation to NHS Improvement metrics where numbers were highlighted in red these were as a result of the Covid-19 response. As an example, the maximum six-week wait for diagnostic procedures related to one service only which was reliant on our acute colleagues who had restrictions in what they could provide currently.

- CH added that during Covid-19 Improving Access to Psychological Therapies (IAPT) had seen a reduction in clients who had completed treatment and were moving into recovery. This was as a result of the service becoming virtual and telephone based. Some clients did not want to work virtually and so wanted to wait until face to face meetings were available and others recovery scores had been affected by Covid-19 itself. There was a lot of work going on to restore services back to how they were prior to Covid-19 but the impact on recovery scores was expected to be seen for some time.

AGD provided some headlines in relation to workforce:
- Some focussed work had taken place around the reasons for sickness and absence and what had been identified was that there was increased sickness due to stress and anxiety, which the occupational health unit is monitoring.
- The health and wellbeing offer had been updated to include virtual contact and remote consultation. A health and wellbeing survey had been sent out to all staff and at the time of the meeting over 1800 responses had been received.

- AGD clarified that 123% staff fill rate related to the acuity of service users on the wards and demands on staff, and did not mean that there was overstaffing taking place.

  MB provided headlines in relation to finances and explained that there was a current artificial financial environment.
- Since Covid-19 had occurred previous planning arrangements and processes had been paused and normal financial arrangements had been paused.
- There was a current four-stage process of how the Trust was funded. This was originally in place from April until July but had now been extended until August.
- This gave every Trust the mechanism to break even. The Trust had also been paid a month's income early and so it had more cash available, and this had been put in place to allow Trusts to pay suppliers within seven days if possible. Compared to other Trusts we are in a strong position, paying 83% of suppliers within 7 days, whereas the national level was 36%.
- The Finance, Investment and Performance Committee was reviewing, according to guidance, what Trust money could be spent on and what could be reclaimed in response to the pandemic.
- The Trust continued to break-even at present but the second half of the year was more uncertain as the details of the financial arrangements going forward had not yet been made available.

LH asked if the cost of remote working was being considered and if staff working from home were being compensated for increased energy bills.

MB responded that the cost incurred by NHS Trusts to enable staff to work from home was substantial. 3000 licences had been provided to allow home working, laptops had been made available, Microsoft Teams and other consultation tools had been provided.

AGD reported the conversations had been taking place with staff side in relation to the additional cost of working at home. The long-term arrangements, including chairs and equipment to be used to work from home were being reviewed. There were also tax allowances available for working from home.

LH asked if there was a target percentage of remote consultations that the Trust would like to continue with?

CH agreed that remote consultations would continue where it was the most appropriate option for the service user. A change process was in place including a quality impact assessment which would look at the impact of any changes made, but the focus would remain on what was best for the individual service user.

JL clarified that the staffing ratio of 123% was dictated by demand on the ward, therefore if the demand was 23% greater than anticipated the staffing was in place to support this.

TB confirmed that this was the case but also added that a Covid-19 cohort ward had been opened during this period which had to be staffed which had a significant impact on the numbers.

JL noted from previous meeting that the staffing rate figures always seemed to be over 100% and asked if there was a financial implication to this? MB confirmed this to be the case.

AM reported there were occasions when service users required two or three members of staff to support them, dependant on their level of acuity. Sometimes therefore extra staff were required to manage the acuity of a ward and the service users within it.
TB clarified that the planned staffing rates were reviewed on a regular basis and if there was a continued requirement that extra staff were needed the planned staffing levels would be reviewed.

DDo reported that a number of employees were beginning to struggle working from home due to the lack of work space available and asked if there were any plans to consider a rota to enable people to come in to work one or two days on a rotational basis?

CH responded that work was ongoing reviewing buildings and looking at what changes could be made to facilitate Covid-19 safe working environments. If people were struggling, efforts would be taken to make use of available space and facilitate people coming into work wherever possible. AGD added that working from home did not just present musculoskeletal issues but also wellbeing issues, and a working from home risk assessment was being developed to assess this.

LH asked whether patients detained under the Mental Health Act were being monitored in terms of the profiles of those patients being detained or restrained and their protected characteristics.

TB reported that the Mental Health Act Committee was monitoring protected characteristics through reports being brought into the Committee.

AM updated that the Equality and Inclusion Committee had a focus on groups with protected characteristics and how to improve data in this area.

It was RESOLVED to RECEIVE the update in relation to the IPR

MC/20/29b   Care Quality Commission (CQC) – action plan update and update on our inspection and annual report unannounced / planned visits (agenda item 9.2)
- TB introduced the item and reported that the Trust rating from the CQC was currently 'good'.
- An action plan was in place with some 'should do' and 'must do' actions.
- Four main themes were in the improvement plan; risk assessment, medications, care planning and record keeping.
- A collaborative improvement plan was in place using quality improvement methods.
- Five priorities within the plan which focus on risk assessment, care plans, reduction of incidents of violence and aggression against staff, safe medicines and treating service users with dignity and respect.
- Although some aspects had been paused during Covid-19 some of the improvement work had continued.
- TB referenced the Plan, Do, Study, Act (PDSA) quality improvement approach.
- The Trust was receiving monthly updates again and these would go through the Clinical Governance and Clinical Safety (CGCS) Committee in line with the usual process.
- 100% of our 'must do' actions were on track at the end of March 2020.
- 97% of 'should do' actions were on track at the end of March 2020.
- There would be oversight of the report and updates in the next Members' Council Quality Group.
- In summary, the Trust had seen some improvements and the work had been picked up again.
- TB reported that the quality monitoring visits had been paused as a result of Covid-19 but these would be starting again in due course. The quality monitoring visits included an accreditation rating and this was going to be linked to the quality monitoring visit report for the future.

LH queried how as a Trust we were in the position where contemporaneous notes weren't being done, as this was basic care and putting the person in the centre. Were lessons being learned before we got to the position of using the PDSA cycle?

TB noted that one of the key themes during the CQC assessment was they couldn't always see where things had been recorded; they weren't on the right place in the system. TB clarified that this wasn't an issue across the system but an issue that had been identified in a couple of areas. On closer inspection it had been established internally that the records had been made but weren't in the right place. There was a piece of work continuing in relation to this.

It was RESOLVED to RECEIVE the update in relation to the CQC action plan update

MC/20/30 Any other business (agenda item 10)
MC/20/30a   Annual Members' Meeting (agenda item 10.1)
- AL updated that the Annual Members' Meeting would go ahead as a virtual meeting on the 28th September 2020.
- The annual report and accounts would be presented as per normal practice. AL asked what the Members' Council would like to see or be included.
- One suggestion was for members to complete videos that could be presented to share their experience of Covid-19?
- The team were open to suggestions of what governors would like the day to include.

DDe reported as a new governor he had never attended an Annual Members' Meeting. DDe stated he was a former service user, volunteer and now employee of the NHS and had made a personal story/video on YouTube and would be happy to provide this.

BC asked about breakout rooms and whether this would be an option. Themes in rooms could be poetry, washing hands or what is like to be a governor. Would it be possible to have smaller groups facilitated within the meeting?

Action: Andy Lister

Ruth Mason (RM) suggested a gallery of artwork from Creative Minds. AM reported there had always been a performance in the past and this would be considered.

MC/20/31 Closing remarks, work programme, and future meeting dates (agenda item 11)
AM highlighted the Members' Council work programme needed reviewing to make sure any items highlighted as deferred by Covid-19 were picked back up and given a new date.

AM explained that the next meeting was on 30th October and was likely to be virtual. This would be also be the annual joint meeting with the Trust Board.

The Annual Members' Meeting would take place on 28th September 2020.

DDo wished everyone a good weekend and praised everyone on the work currently being undertaken.

IHI quality improvement programme was available to be completed by governors and there were some places still available. Governors to contact the membership office if they were interested.

It was RESOLVED to RECEIVE the work programme for 2020/21

Members' Council Meetings 2020/21
The dates for the Members' Council meetings in 2020/21 held in public were noted as follows:
- 30 October 2020 – 9.30am-14.30pm
- 29 January 2021, afternoon meeting

Signed: **Date:**

Appendix

Poem by Carol Irving "A Moment in Time"

As she turns down the sheets, he is laughed at,

Screams, a waterfall, a cacophony of voices,

Blood ebbs and flows, sleep takes her leave.

Cries of men, abandoned to icy cold Atlantic waters

To God, to darkness, to lungs fill

Repeats and repeats echoing

She tries again to turn down the sheets

He is loading projectile words into five-inch guns on a war time destroyer

Someday man, sun downing, rejigs his suicide plan, locks himself in a bathroom

Yesterday he was the father, today I am not his daughter

Tomorrow he will hear his mother call his name from every cupboard door he opens

It is 3am, the world sleeps, she listens

Supplies him with mugs of hot sweet tea, Gary Baldy biscuits

A cold hand warmed lies into his, a strange yet familiar comforting confusion

Like a hand slipping into a glove and together, they try to turn down the sheets.

MEMBERS' COUNCIL 31 JULY 2020 – ACTION POINTS

= completed actions

Outstanding from 31 July 2020

Minute ref	Action	Lead	Timescale	Progress
MC/20/25	AM reported the topic of recording meetings had been looked at in detail. This meeting was being recorded and the reasons had been explained. Any member wishing to record the meeting for inclusion purposes could contact the Trust to seek permission to record the meeting. This would be formalised within the Constitution review in October 2020.	Andy Lister	April 2021	The constitution update has been deferred due to the second wave of Covid-19 to April 2021. Update paper on today's agenda.
MC/20/25	This action involved discussions around recovery and restoration. There would be detailed discussion in Strategic Board in September. Governors should contact Salma Yasmeen or Dawn Pearson if they had anything to contribute. Bob Clayden (BC) and Debs Teale (DT) stated they had asked to be involved and hadn't heard anything. The communications team would be asked to confirm that governors had been offered inclusion in this process.	Salma Yasmeen	October 2020	The approach to involving Governors will be picked up at a development session at the end of October. The session will include involvement in communities and internal conversations – including recovery and restoration and the E&I Task force.

With **all of us** in mind.

MC/20/26	AM reported that *The Headlines* in particular were aimed at staff. Should governors require particular access to an item they could request it through the membership office. Dawn Pearson was looking at a potential 'governor intranet' as part of her inclusion work and AM would check what, if any progress had been made on this given the current situation with Covid-19.	Angela Monaghan		Work on the governor intranet has been delayed due to Covid-19. Unable to provide a timescale at present.
MC/20/27b	An improved process was required for governors to feedback issues and good practice.	MCCG	October 2020	Involving Communities Workshop arranged for 26th October 2020 with Dawn Pearson
MC/20/27b	DDe reported he had not been cited in the feedback paper and asked if he could be included next time. It was noted that he had attended Nominations' Committee, Trust Board and governor Q and A sessions.	Laura Arnold	October 2020	Complete
MC/20/27c	AM reported she intended to take the item as read. AM reported that in future, for this item, a brief summary of each group would be provided to aid governor understanding.	Laura Arnold	October 2020	Complete.
MC/20/27c	BC noted that his name was spelt incorrectly in the Members' Council Coordination Group minutes. It was noted that this would be rectified in the notes.	Laura Arnold	October 2020	Complete.
MC/20/27i	TB agreed that there was scope for work to be done in respect of letters and the language used. AM clarified that a previous meeting had been arranged for CI to meet with Mike Doyle to discuss this issue. Given governor absence and then recent events, this had been unable to take place. TB agreed to set up a meeting with CI and Mike Doyle to review language in letters to service users. AJ also reported he would like to be involved in this work.	Tim Breedon	October 2020	TB to be update verbally in the Members' Council meeting.

MC/20/27i	Paul Batty (PB) commented that Assertive Outreach Teams (AOT) used to deal with service users who were likely to disengage. The FACT (Flexible Assertive Community Treatment) model currently in use had the potential to lose those service users that were disengaging, especially those that were quiet and made very little contact. TB reported that when transitions were made in the models of care it was important not to lose sight of any gaps and continue to evaluate things. The development of community forensic teams across the system was an ongoing piece of work with the forensic commissioners. This would be a useful point of discussion in the MCQG.	**Tim Breedon**		**To be included on a future Members' Council Quality Group agenda.**
MC/20/27i	AJ had noted that the top themes in relation to complaints were communication and staff attitudes. AJ referenced an incident in a neighbouring Trust where a young woman had died and there were problems around her care. Staff had written on social media about feeling despondent and didn't get enough praise, which caused significant issues. A young nurse was "scapegoated" and was made to apologise. AJ asked if we were sharing any lessons in relation to incidents such as this and were staff advised in any way about the use of social media. It caused a lot of upset. TB reported he was familiar with the incident and there was a social media policy in the Trust and this was covered in the staff induction when people joined the Trust. It was also covered in the Information Governance Policy, but it may be prudent to give regular reminders about the use of social media and the associated risks.	**Tim Breedon**	**October 2020**	**This has been raised by the Assistant Director who is responsible for Information Governance who has stated that the Trust does have a policy in place and that as well as staff induction, regular reminders are given through the Headlines and the Trust Information Governance campaign to remind staff of their professional and personal responsibilities in their use of social media. In addition, for those with professional qualifications e.g. registered nurse, there are also strict professional guidelines on the use of social media (national nursing and midwifery council).**
MC/20/28b	BC asked if MF's biography and photograph could be circulated to the governors prior to the next Members' Council meeting.	**Andy Lister**	**October**	**Complete.**

		2020	
MC/20/30a	BC asked about breakout rooms and whether this would be an option. Themes in rooms could be poetry, washing hands or what is like to be a governor. Would it be possible to have smaller groups facilitated within the meeting?	**Andy Lister**	**October 2020**	**AMM meeting held on 28.09.20 break out rooms could not be accommodated due to the requirement of internal e-mail addresses.**

Outstanding from 1 May 2020

Minute ref	Action	Lead	Timescale	Progress
MC/20/16	Bob Clayden (BC) asked about this action and the use of recording devices for meetings. He had noticed that one of the meetings earlier this week had been recorded and asked if today's meeting was being recorded. Andy Lister (AL) and LA confirmed the meeting was not being recorded. AM stated that when meetings were going to be recorded it would be made clear at the outset of the meeting.	AM / AL	**October 2020**	**AL to look at recording and update in the Constitution.** **If any meeting is to be recorded, it will be declared at the beginning of a meeting.** **Superseded by action MC/20/25**
MC/20/17	[Recovery and restoration] Debs Teale (DT) asked if there was any way that governors could become involved in this process? RW responded that he would be very happy for governors to be involved and that Salma Yasmeen (SY) was looking to involve as many public viewpoints as possible.	SY / Dawn Pearson	**June 2020**	**The approach to involving Governors will be picked up at a development session at the end of October. The session will include involvement in communities and internal conversations – including recovery and restoration and the E&I Task force.**
MC/20/18a	AM advised there would be a further election later in the year after Covid-19 next steps had been established. A further update would be provided at the next Members' Council meeting in July.	AL / AW	**September 2020**	**Review after Covid-19 pandemic, update on progress to July Members' Council**

Minute ref	Action	Lead	Timescale	Progress
				meeting. **Update: To now be discussed at Septembers MC Coordination Group Meeting**
MC/20/19b	[Appointment of Deputy Chair / Senior Independent Director] PS queried if the Trust were therefore waiting for a full NED compliment before this process commenced AGD confirmed that once all NED's were in place the matter would be progressed. A progress update will be provided at the Members' Council meeting in July.	AL / AW	**July 2020**	**An update will be brought to the July Members' Council meeting, dependent upon the NED recruitment process.**

Outstanding actions from 31 January 2020

Minute ref	Action	Lead	Timescale	Progress
MC/20/03Minutes and actions of previous meetings held on 11 November 2019 (agenda item 4)	PS added that he had been involved in some of the quality monitoring visits that were held in December, and that there were wider issues raised. He questioned whether more feedback should be provided from the findings of those visits, which were just a sample, together with any action points. AM advised that discussions had begun with the Trust engagement team, and she would report back via the Members' Council Co-ordination Group with a proposal with regard to a process for raising, addressing and issues raised by governors.	Angela Monaghan / Co-ordination Group	**July 2020**	**This has been picked up by Dawn Pearson and our Involving People team, who are developing a supported mechanism for governors to raise issues and comments, and will feedback at a future meeting.** **Timescale deferred due to Covid-19 (Coronavirus) pandemic.** **Proposal agreed at the Members' Council Coordination Group meeting on 14 September.**

	JL advised that he had attended a quality monitoring visit, the previous day. It was part of the new process. He felt that, potentially, more could have come out of the process, eg, more involvement from the staff would provide richer discussions (which tended to be at "arms-length"), and potentially reduce some of the bureaucracy. AM advised that this new process was a pilot, linked to the quality improvement framework, and was being developed. TB would know more about the process. She suggested that this be discussed further with the Members' Council Quality Group.	Tim Breedon / Quality Group	**August 2020**	**Quality monitoring visits have been on hold due to Covid-19. This will be on the agenda for the Members' Council Quality Group once the process is reinstated.**
MC/20/10 Performance Report Quarter 3 (agenda item 8.1)	With regard to safer staffing, Adrian Deakin (AD) had concerns that quality could be compromised by using bank and agency staff. He was assured that safety to patients was always the top priority. Deep dive investigations were carried out, as required, to ensure the correct skill mix was in place. AM suggested that this subject could be discussed further by the Quality Group, if required.	Tim Breedon	**August 2020**	**Update received at the Members' Council Quality Group on 26 June 2020.**

Outstanding actions from 1 November 2019

Minute ref	Action	Lead	Timescale	Progress
MC/19/34	In respect of the recommendation relating to fixing the chair's salary for three years upon appointment it was agreed to ask the nominations committee to re-look at the flexibility of this approach and to recommend a modified proposal. This recommendation is to be brought back to the members' council. TL noted he was abstaining from voting on this proposal as he is conflicted.	Nominations Committee	**July 2020**	**Process and timescale to be agreed at July Members Council meeting.**

Agenda item:	**5**
Report Title:	**Chair's Report**
Report By:	**Chair of the Trust and Members' Council**
Action:	**For information**

Purpose

The papers and presentations provided to the Members' Council, plus the weekly *Headlines,* and *The View,* and the monthly *The Brief*, which are circulated to Governors, provide comprehensive and up-to-date information on Trust performance and activity. This report aims to supplement these by highlighting:

1. Chair and NED activity since the previous Members' Council meeting;
2. issues discussed at Board meetings in the last quarter; and
3. any other current issues of relevance and interest to Governors not covered elsewhere in the agenda.

Recommendation
Governors are recommended to note the contents of this report and raise any items for clarification or discussion, either at or outside of the Members' Council meeting.

Chair and Non-executive Director activity since 1 August 2020

To support governors in their role of holding the Chair and Non-executive directors (NEDs) to account, this section of the report highlights the range of activity in which they have been engaged since the previous Members' Council meeting held on 31 July 2020. Please note that NEDs are expected to work around <u>3 days a month</u> and the Chair around <u>3 days a week,</u> although in practice all work considerably longer.

Response to Covid-19:
Prior to the previous Members' Council meeting, all governance activity had been focused on Covid-19. Since August, work has been taking place to restore services across the NHS and respond to changing demands, and governance arrangements have largely returned to pre-Covid levels, with enhanced reporting around Covid-19.

With **all of us** in mind.

In line with Trust policy, the Chair and NEDs are continuing to work largely from home and almost all meetings are conducted virtually. This means they have been able to carry out the core part of their roles, using digital technology, including attending development and training events, but have had limited opportunity to engage directly with service users, carers and staff outside of governance meetings.

The Chair and NEDs have attended numerous webinars and virtual meetings to keep up-to-date on policy and governance matters, both nationally and regionally.

Question and answer sessions for governors have continued to take place monthly with the Chair and Chief executive, and governors have received the Chief executive's *Coronavirus Update*, now produced weekly (103 editions to date).

Governance meetings – Chair and NEDs:

Mike Ford was appointed as a new NED to the Board at the last Members' Council meeting and started on 1 September, replacing Laurence Campbell. Since then he has undertaken a comprehensive induction programme including numerous 1:1 meetings (including with the Lead and Deputy Lead Governors), attended various Board committees and the Annual Members' Meeting, and joined the NHS Providers national conference (3 days). At the Board meeting on 29 September, Mike was appointed as Chair of the Audit Committee, and also appointed to the Equality & Inclusion Committee and Charitable Funds Committee.

Charlotte Dyson was stood down from the Charitable Funds Committee and appointed to the Mental Health Act Committee.

In the last period, the Chair and NEDs have prepared for and attended four Board meetings (see below for further details), plus the following committees and governance groups:

- Audit Committee (13 October 2020) – Mike Ford (chair), Sam Young, Chris Jones
- Clinical Governance and Clinical Safety Committee (15 September 2020) – Charlotte Dyson (chair), Angela Monaghan, Kate Quail
- Finance, Investment and Performance Committee (25 August, 22 September 2020) – Chris Jones (chair), Sam Young, Kate Quail + Angela Monaghan in attendance in August

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- Workforce and Remuneration Committee (13 October 2020) – Sam Young (chair), Charlotte Dyson, Angela Monaghan
- Mental Health Act Committee (25 August 2020) – Kate Quail (chair), Laurence Campbell, Erfana Mahmood
- Equality and Inclusion Committee (22 September 2020) – Angela Monaghan (chair), Erfana Mahmood, Chris Jones
- Charitable Funds Committee (15 September 2020) – Erfana Mahmood (chair), Charlotte Dyson, Angela Monaghan
- West Yorkshire & Harrogate Mental Health, Learning Disability & Autism Services Collaborative Committees in Common (9 September, 22 October 2020) – Angela Monaghan + Mike Ford in attendance in October
- Nominations' committee (2 October 2020) – Angela Monaghan (chair)
- Barnsley Integrated Care Partnership Group (27 August, 9 September, 24 September 2020) – Angela Monaghan
- West Yorkshire & Harrogate Health & Care Partnership Board (1 September 2020) – Angela Monaghan
- Members' Council Coordination Group (14 September 2020) – Angela Monaghan
- Interim Clinical Ethics Advisory Group (28 August 2020) – Angela Monaghan
- West Yorkshire & Harrogate Health and Care Partnership Climate Change Steering Group (13 October) – Angela Monaghan

The following gives a high-level summary of the type of additional activity undertaken by the Chair and NEDs:

Chair engagement with SWYPFT staff, governors, NEDs, volunteers, service users and carers:
- monthly meetings with the Lead Governor and Deputy Lead Governor.
- monthly Trust Welcome Events for new staff and volunteers (virtual)
- 1:1 meetings with chief executive, Rob Webster (weekly)
- 1:1 meetings with Deputy Chair (monthly)
- Governor review meetings
- NED annual appraisals
- Mike Ford induction meetings
- Reciprocal mentoring programme
- SWYPFT Improvement Network launch (virtual)
- FIRM risk training
- Annual Members' Meeting (virtual)
- Extended Executive Management Team
- BAME celebration event

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Chair external activity:

- Chair monthly health and care system meetings with MPs from North Kirklees and Wakefield
- Regular meetings with other NHS provider chairs in region
- NHS Confederation Mental Health Network weekly governance webinars for NHS Trust chairs
- NHSE/I Covid-19 briefings
- Kirklees Health and Wellbeing Board (observer)
- West Yorkshire & Harrogate Climate Change Summit
- Barnsley CCG accountable officer introductory meeting

Additional NED activity (to be updated verbally at the meeting):

- Trust Board engagement event with the LGBT+ staff network to hear the lived experience of staff - all
- NEDs' monthly meeting - all
- NHS Providers national conference – Mike Ford, Kate Quail
- Annual Members' Meeting – Charlotte Dyson, Chris Jones, Mike Ford, Kate Quail, Erfana Mahmood
- Kate Quail:
  - 1:1 annual reviews with Independent Hospital Managers
  - Consultant interview panel
  - NHS Providers Board development training
- Erfana Mahmood:
  - 1:1 annual reviews with Independent Hospital Managers
- Chris Jones:
  - NHSE/I Regional Roadshow on Covid-19 recovery
  - Chaired appeal panel against dismissal
  - 1:1s with IAPT service manager, and various executive directors
- Charlotte Dyson:
  - Yorkshire Chairs' Network meeting
  - Meeting and interview panel for Freedom to Speak Up Guardians
  - Consultant interview panel

Issues discussed at Board meetings

Since the previous Chair's report, the Board has met four times (virtually) and the key items discussed are highlighted below.

Governors are welcome and encouraged to attend all public Board meetings (virtually at present) and there is the opportunity to raise questions and comments at the end of each meeting, which are recorded in the minutes. Papers are available on our website a week before at

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www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting and for all previous meetings.

Standing items:
There are 8 public board meetings a year. At every public board meeting, we start the meeting with a **service user, carer or staff story**, receive a report from the Chief Executive setting out the current context and relevant national developments, discuss the monthly **Integrated Performance Report (IPR)** including the finance report, receive updates on **business developmen**ts in our two integrated care systems (West Yorkshire & Harrogate and South Yorkshire & Bassetlaw), and receive **assurance from our board committees**.

In addition, at every *business and risk* meeting (quarterly), we discuss the **board assurance framework** (which sets out the key risks to our strategic objectives plus corresponding controls and assurance), and the **corporate risk register**. And at every *performance and monitoring* meeting (quarterly), we discuss the quarterly **serious incident report.**

Additional items at each meeting are as set out in the annual board work programme, which is received at every board meeting.

8 September - strategic meeting:
Strategic board meetings take place in private and enable the board to discuss and develop policy and strategy, as well as undertake board development.

At this meeting, the board discussed planning for Covid-19 recovery and restoration; reviewed the Trust's values, strategic objectives, ambitions and priorities; and considered the strategic and operational risks for 2020/21. These will be presented to the October board meeting for approval.

29 September – performance and monitoring meeting:
In addition to the standing items, the public Board:
- received the results of the Robertson Cooper staff wellbeing survey;
- received an update on the development of the new Equality, Involvement, Communication and Membership Strategy. The final version wil come to the October board for approval;
- received a report on our emergency preparedness, resilience and response (EPRR) compliance;
- received the Medical Director's annual report on appraisal and revalidation of doctors;
- received the Annual Patient Experience report;
- approved the annual Workforce Race Equality Standards and Workforce Disability Standards summary reports and action plans;

- approved revised terms of reference and membership for several Board committees;
- agreed a new board development programme.

There were no questions from members of the public at this meeting.

In **private session,** the board received a verbal update on serious incident investigations; discussed the draft financial plan submission for 2020/21, commercially confidential business developments including integrated care developments in Barnsley and provider collaborative developments in West Yorkshire; and approved the Quality Accounts prior to publication.

There was also a meeting of the **Corporate Trustee** in September. This is the governing body for SWYPFT's four linked charities – EyUp!, Creative Minds, Spirit in Mind, and Mental Health Museum.

20 October – extraordinary private Board meeting:
The board held an additional extraordinary meeting in October to approve the financial plan for the remainder of 2020/21, for submission to the West Yorkshire & Harrogate ICS. The national financial planning process for 2020/21 has been radically altered due to Covid-19 and planning guidance was only issued relatively recently, leaving insufficient time to take plans through our normal board cycle.

27 October – business and risk meeting
The October meeting is taking place just prior to the Members' Council on 27 October, and papers are now available on the Trust website. I will be able provide a verbal update at the Members' Council meeting.

Angela Monaghan
Chair

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Members' Council
30 October 2020

Agenda item:	7.1
Report Title:	**Members' Council objectives**
Report By:	Lead Governor Corporate Governance team
Action:	To approve

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to review the progress against the Members' Council objectives in 2018-2020 and consider the objectives for 2021-2023.

Recommendation
The Members' Council is asked to REVIEW the progress against their objectives in 2018-2020 and APPROVE their objectives for 2021 - 2023. Subject to any changes agreed through discussion at the Members' Council meeting.

Underpinning actions will be included in the development actions which are reviewed by the Members' Council Co-ordination Group and updated annually to the Members' Council.

Background

The Members' Council last reviewed their objectives in November 2018 and approved them through until November 2020. These objectives are now due for review.

A number of objectives are statutory duties and are a given, others originated from Members' Council meetings and development sessions. The attached paper shows the draft objectives for 2021 – 2023 and outlines the progress against the objectives for 2018-2020.

Current objectives
1. Fulfil and comply with statutory duties (see below).
2. Contribute to the induction of new members.
3. Use connections to promote the Trust and its services.
4. Provide support to improve the engagement and involvement of members.
5. Contribute to the Trust's governance and assurance processes to improve the quality of its services.
6. Promote the role of the Members' Council to staff and ensure the view / feelings of staff are communicated.
7. Inform the preparation of the Trust's forward plan.
8. Engage in wider partnership working.

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Statutory duties

- To appoint and, if appropriate, remove the chair.
- To appoint and, if appropriate, remove the other non-executive directors.
- To decide the remuneration and allowances and other terms and conditions of office of the chair and other non-executive directors.
- To approve (or not) any new appointment of a chief executive.
- To appoint and, if appropriate, remove the NHS foundation trust's auditor.
- To receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors.
- To hold the non-executive directors, individually and collectively, to account for the performance of the board of directors.
- To represent the interests of the members of the trust as a whole and the interests of the public.
- To approve "significant transactions".
- To approve an application by the trust to enter into a merger, acquisition, separation or dissolution.
- To decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England or performing its other functions.
- To approve amendments to the trust's constitution.

Members' Council 30 October 2020

Members' Council Objectives

Purpose of the report
This report provides the Members' Council with an update on the progress made against their objectives in 2018 – 2020. The Members' Council should then consider the proposed objectives for 2021 – 2023.

Background
Good practice suggests that the Members' Council should develop and work to a set of objectives to measure and evaluate its effectiveness. A number of objectives are statutory duties and are a given, others originated from Members' Council meetings and development sessions since objectives were first agreed by the Members' Council in 2010.

The Members' Council last reviewed their objectives in November 2018 and approved them through until 2020. This report provides progress against the objectives.

Progress against objectives in 2018 – 2020
The activities from November 2018 to date have been cross-referenced to the objectives and statutory duties below:

Current Objectives	Progress
1. Fulfil and comply with statutory duties (see below).	See below.
2. Contribute to the induction of new members.	Induction programme followed for new governors and the Governor induction pack reviewed and updated in 2020. This is reviewed annually to include any changes.
3. Use connections to promote the Trust and its services.	Governors should use their connections to promote the Trust and its services as part of their role as a governor. Examples include: • Governor representation at West Yorkshire & Harrogate Health Care Partnership events during 2018 – 2020. • NHS Providers Governor Focus Conference attendance 2018 and 2019 (2020 deferred due to Covid-19). • Attendance at Kirklees Mental Health Partnership Board, North Kirklees Primacy Care Commissioning Committee, Men's Mental Health Kirklees workstream, Kirklees Time to Change and Kirklees Mental Health Carers Forum in 2019.

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Current Objectives	Progress
	Governor only virtual meetings have commenced in 2020 to discuss engagement opportunities to promote the role of the Trust and of the governors and Members' Council.
4. Provide support to improve the engagement and involvement of members.	Governors represent the interests of the members of the trust as a whole and the interests of the public as part of their role as a governor. Examples include: • Attendance at arts events across West Yorkshire – Arts in Health Leeds symposium (2018), West Yorkshire History Centre event (2018), Arts Café Pontefract exhibition opening (2018). • Creative Minds Collective meetings during 2018 and 2019. Ways the Trust can further support governors in engagement with members and the public is being discussed by the full Members' Council in the Involving Communities Workshop to support the Equality, Involvement, Communication and Membership strategy.
5. Contribute to the Trust's governance and assurance processes to improve the quality of its services.	The Members' Council and Trust Board hold a joint meeting each year to discuss future plans. An integrated performance report forms a standing agenda item at each Members' Council meeting along with highlight reports requested by governors through the Members' Council Coordination Group. The Members' Council receives Care Quality Commission (CQC) action plan updates, and the Members' Council Quality Group maintains a focus on quality. Governors attend Trust Board meetings and can raise questions; sit on the Nominations Committee, and Trust Board Equality and Inclusion Committee; take part in NED and Chair recruitment panels. They are also invited to attend engagement events for specific programmes, such as the West Yorkshire Mental Health, Learning Disability & Autism Collaborative, and contribute to future direction. Governors have supported a review of the Trust Constitution during 2019/20.
6. Promote the role of the Members' Council to staff and ensure the view / feelings of staff are communicated.	Staff governors should promote the role of Members' Council to staff and ensure the view / feelings of staff are communicated as part of their role as a staff governor. Governors attended Trust Welcome Events across 2018 – 2020 to support new staff members and promote the role of governors and the Members' Council. Staff governors are invited to become Freedom To Speak Up Guardians and promote this role across the Trust, training and meetings attended by governors during 2018 –

Current Objectives	Progress
	2020.
7. Inform the preparation of the Trust's forward plan.	Annual joint Members' Council / Trust Board meeting held in November 2018, November 2019 and October 2020 to discuss and inform the Trust's forward plan. Governors are also invited to attend engagement events for specific programmes, such as the West Yorkshire Mental Health, Learning Disability & Autism Collaborative, to inform future direction.
8. Engage in wider partnership working.	Governor representation at West Yorkshire & Harrogate Health Care Partnership events during 2018 – 2020.

Statutory duties	Progress
To appoint and, if appropriate, remove the chair.	Chair reappointed 1 December 2020.
To appoint and, if appropriate, remove the other non-executive directors.	New Non-Executive Directors appointed in August 2019 and July 2020. Non-Executive Directors reappointed in August 2020.
To decide the remuneration and allowances and other terms and conditions of office of the chair and other non-executive directors.	Chair and Non-Executive Directors remuneration reviewed in line with national framework in November 2019.
To approve (or not) any new appointment of a chief executive.	*Not applicable between November 2018-November 2020.*
To appoint and, if appropriate, remove the NHS foundation trust's auditor.	The Members' Council appointed external auditors for the Trust at their meeting in July 2020.
To receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors.	Annual report and accounts received in 2018, 2019 and 2020 at the Trust Annual Members' Meetings.
To hold the non-executive directors, individually and collectively, to account for the performance of the board of directors.	Specific holding Non-Executive Director to account sessions held in June 2019 and session to be held in late 2020 (delayed due to Covid-19).
To represent the interests of the members of the trust as a whole and the interests of the public.	Governors represent the interests of the members of the trust as a whole and the interests of the public as part of their role as a governor. Examples of this include: • Governor representation at West Yorkshire & Harrogate Health Care Partnership events during 018 – 2020. • Creative Minds Collective meetings during 2018 and 2019.

Statutory duties	Progress
	• Attendance at arts events across West Yorkshire – Arts in Health Leeds symposium (2018), West Yorkshire History Centre event (2018), Arts Café Pontefract exhibition opening (2018). • NHS Providers Governor Focus Conference attendance 2018 and 2019 (2020 deferred due to Covid-19). • Attendance at Kirklees Mental Health Partnership Board, North Kirklees Primacy Care Commissioning Committee, Men's Mental Health Kirklees workstream, Kirklees Time to Change and Kirklees Mental Health Carers Forum in 2019. Governor only virtual meetings have commenced in 2020 to discuss engagement opportunities to promote the role of the Trust and of the governors and Members' Council. Ways the Trust can further support governors in engagement with members and the public is being discussed by the full Members' Council in the Involving Communities Workshop to support the Equality, Involvement, Communication and Membership strategy.
To approve "significant transactions".	*Not applicable between November 2018-November 2020.*
To approve an application by the trust to enter into a merger, acquisition, separation or dissolution.	*Not applicable between November 2018-November 2020.*
To decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England or performing its other functions.	*Not applicable between November 2018-November 2020.*
To approve amendments to the trust's constitution.	Involvement group for the review of the Constitution attended by governors in December 2019. Minor amendments to the Trust Constitution approved in January 2020, and further areas of review agreed.

Recommendation

The Members' Council is asked to review the progress against their objectives in 2018 – 2020 and approve their objectives for 2021 – 2023. Subject to any changes agreed through discussion / debate at the Members' Council meeting.

Underpinning actions will be included in the development actions which are reviewed by the Members' Council Co-ordination Group and updated annually to the Members' Council.

Members' Council Objectives 2021 – 2023
To be approved at Members' Council 30 October 2020

The Members' Council and the Governors will strive to represent the views and opinions of the communities that they serve and help South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) to achieve the Vision, Mission and Values and in doing so help improve the health and well-being of the people that SWYPFT serves.

1. Involvement

The Members' Council will work with the Communication, Equality and Engagement teams to publicise the Trust throughout the population of the area they represent and work to increase the membership of the Trust and increase enthusiastic engagement at all levels.
Specifically:
- To promote the voice of service users, carers, families, friends, staff and Freedom to Speak Up Guardians to ensure that the Trust is fully aware of how service delivery impacts on their daily lives, improving well-being and reducing health inequalities.
- Hold area Governor meetings every six weeks between Members' Council meetings to help Governors work together and share information about the diverse communities they serve.
- Encourage active Governor engagement in key community groups in their area in order to understand the issues and challenges faced by their communities and how Trust's services are being delivered to meet those needs.
- Together with the Communication, Equality and Engagement teams help raise awareness of Trust's activities throughout the areas that it serves by being involved in community groups and public events hosted by the Trust.

2. Quality

Quality is at the heart of delivering an outstanding service to the Trust's service users, carers, families, friends, other partners and stakeholders. The Members' Council will endeavour to ensure continuous improvement throughout the Trust by providing feedback and constructive challenge from the communities that they serve.
Specifically:
- Increase Governor opportunities to see the Trust at work through planned visits to services, Quality Improvement and Business Delivery Unit (BDU) visits in order to gain a wider perspective, understanding and knowledge of the Trust's services and that they are appraised of actions and follow up.
- Have access to patient experience intelligence and insight and to understand corrective action and follow up.
- Ensure full Members' Council representation on and appoint a Governor as co-chair of the Members' Council Quality Group to provide the opportunity to scrutinise and challenge the Quality Performance Report.

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3. Effectiveness

The Members' Council has a legal requirement to support the work of SWYPFT. It can only fulfil this role if the Governors are well trained, informed, committed and active within the Trust and the wider communities that they represent.
Specifically:

- Carry out all statutory duties as required by the SWYPFT Constitution and Monitor (now NHS Improvement). Please see **Appendix 1**
- To strive to ensure the Members' Council is fully inclusive and diverse and representative of the community it serves.
- Members' Council representatives to meet Non-Executive Directors (NEDs) to understand their roles within the Trust and hold the NEDs to account both individually and collectively for the performance of the Executive Directors.
- To ensure that Members' Council representatives are always in attendance at Trust Board meetings which are held in public to further understand the key issues faced by the Trust. Those in attendance to report back key points to the Members' Council.
- To redevelop and implement the Governor training programme in light of the Members' Council Objectives to give Governors "the tools to do the job". Ensure that the Governor Induction pack is kept updated and relevant.
- Formalise the "Buddying" system for new Governors.

NB. Achievement of the above objectives and timings may well be affected adversely by the Covid-19 pandemic especially Governors accessing key community groups. During this time Governors should use connections to promote national guidance and advise relating infection prevention and control. They should also promote awareness of the options service users have to engage with services and promote the fact that services continue to be available for access.

Appendix 1

Governors' roles, responsibilities and powers under the legislation

	Statutory roles and responsibilities of the council of governors	Additional powers
2006 Act	˅ Appoint and, if appropriate, remove the chair; ˅ Appoint and, if appropriate, remove the other non-executive directors; ˅ Decide the remuneration and allowances and other terms and conditions of office of the chair and the other non-executive directors; ˅ Approve (or not) any new appointment of a chief executive; ˅ Appoint and, if appropriate, remove the NHS foundation trust's auditor; and ˅ Receive the NHS foundation trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the council of governors.	˅ In preparing the NHS foundation trust's forward plan, the board of directors must have regard to the views of the council of governors.
Amendments to the 2006 Act made by the 2012 Act	• Hold the non-executive directors, individually and collectively, to account for the performance of the board of directors (see Chapter 4).4 • Represent the interests of the members of the	• The council of governors may require one or more of the directors to attend a governors' meeting to obtain

4This makes explicit a duty to hold the board to account which was already a requirement of Monitor's *Code of Governance.* The subtle difference is that in the Health and Social Care Act 2012 governors are specifically tasked with holding the non-executive directors, individually and collectively, to account for the performance of the board of directors but it should be remembered that the board operates as a unitary board.

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trust as a whole and the interests of the public (see Chapter 4);

- Approve "significant transactions" (see Chapter 10);

- Approve an application by the trust to enter into a merger, acquisition, separation or dissolution (See Chapter 10);

- Decide whether the trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions (see Chapter 11); [5] and

- Approve amendments to the trust's constitution. [6]

information about performance of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance (see Chapter 4).

[5] Any proposal by the directors to increase the proportion of total income earned from non-NHS work by five percentage points or more requires agreement by more than half of the members of the council of governors of the trust voting.

[6] Amendments to the trust's constitution must be approved by the council of governors. Approval means more than half of the governors voting agree with the amendments. Amendments must also be approved by more than half of the members of the board of directors voting.

Agenda item:	7.2
Report Title:	**Governor engagement feedback**
Report By:	Corporate Governance Manager on behalf of governors
Action:	To receive

The following events were attended by governors since the last Members' Council meeting on 31 July 2020 up to 9 October 2020 (note, this does not include Members' Council meetings).

Name / representing	Groups / committee / forum	Involvement activity
ADAMOU, Marios Elected – staff medicine and pharmacy	• 02.10.20 Nominations' Committee	• 17.09.20 Staff Governor Virtual Meeting
AMARAL, Kate Elected – public Wakefield		• 28.09.20 Annual Members' Meeting
BARKWORTH, Bill Elected – public Barnsley	• 14.09.20 Co-ordination Group • 02.10.20 Nominations' Committee	• 28.09.20 Annual Members' Meeting
BATTY, Paul Elected – staff social care working in integrated teams		
BECKLEY, Evelyn Appointed – Staff side organisations		
CLAYDEN, Bob Elected – public Wakefield	• 14.09.20 Co-ordination Group	• 08.09.2020 AGM Wakefield CCG • 18.09.20 Q&A Governor Session with Rob Webster and Angela Monaghan

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Name / representing	Groups / committee / forum	Involvement activity
		• 28.09.20 Annual Members' Meeting • 02.10.20 Members' Council Objectives discussion
CRAVEN, Jackie Elected – public Wakefield		
DEAKIN, Adrian Elected – staff nursing		• 28.09.20 Annual Members' Meeting • 03.09.20 Staff Governor Virtual Meeting
DEGMAN, Dylan Elected – public Wakefield	• 02.10.20 Nominations' Committee	• 28.09.20 Annual Members' Meeting
DOOLER, Daz Elected – public Wakefield	• 10.08.20 Quality Group	• 18.09.20 Q&A Governor Session with Rob Webster and Angela Monaghan • 28.09.20 Annual Members' Meeting • 29.09.20 Members' Council Objectives discussion
HOGARTH, Lisa Elected – staff allied health professionals	• 14.09.20 Co-ordination Group	• 03.09.20 Staff Governor Virtual Meeting • 29.09.20 Members' Council Objectives discussion
IRVING, Carol Elected – public Kirklees		• 29.09.20 Members' Council Objectives discussion
JACKSON, Tony Staff – non clinical support		• 18.09.20 Q&A Governor Session with Rob Webster

Name / representing	Groups / committee / forum	Involvement activity
		and Angela Monaghan • 03.09.20 Staff Governor Virtual Meeting • 29.09.20 Members' Council Objectives discussion
JHUGROO, Adam Elected - public Calderdale	• 08.06.20 Co-ordination Group • 14.09.20 Co-ordination Group	
LAKE, Trevor Appointed - Barnsley Hospital NHS FT		
LAVILLE, John Elected - public Kirklees	• 10.08.20 Quality Group • 14.09.20 Co-ordination Group • 02.10.20 Nominations' Committee	• 18.09.20 Q&A Governor Session with Rob Webster and Angela Monaghan • 28.09.20 Annual Members' Meeting
LEIGH, Steven Appointed – Calderdale Council		
LUND, Ros Appointed – Wakefield Council		
MASON, Ruth Appointed - Calderdale and Huddersfield NHS Foundation Trust	• 14.09.20 Co-ordination Group • 02.10.20 Nominations' Committee	• 28.09.20 Annual Members' Meeting
NEWTON, Debbie Appointed – Mid-Yorkshire Hospitals NHS Trust		
PERVAIZ, Mussarat Appointed – Kirklees Council		

Name / representing	Groups / committee / forum	Involvement activity
SHEARD, Tom Elected – public Barnsley		• 18.09.20 Q&A Governor Session with Rob Webster and Angela Monaghan • 18.09.20 Annual Members' Meeting • 29.09.20 Members' Council Objectives discussion
SHIRE, Phil Elected – public Calderdale	• 10.08.20 Quality Group	• 18.09.20 Q&A Governor Session with Rob Webster and Angela Monaghan • 28.09.20 Annual Members' Meeting • 29.09.20 Members' Council Objectives discussion
SMITH, Jeremy Elected – public Kirklees		• 28.09.20 Annual Members' Meeting • 02.10.20 Members' Council Objectives discussion
STUART-CLARKE, Keith Elected - public Barnsley	• 10.08.20 Quality Group	• 18.09.20 Q&A Governor Session with Rob Webster and Angela Monaghan • 28.09.20 Annual Members' Meeting • 02.10.20 Members' Council Objectives discussion
SUMNER, Nicola Appointed		• 28.09.20 Annual Members' Meeting
TEALE, Debs Staff - Nursing support		• 18.09.20 Q&A Governor Session with Rob Webster

Name / representing	Groups / committee / forum	Involvement activity
		and Angela Monaghan • 28.09.20 Annual Members' Meeting • 03.09.20 Staff Governor Virtual Meeting • 29.09.20 Members' Council Objectives discussion
TOLCHARD, Barry Appointed - University of Huddersfield		
WILKINSON, Tony Elected – public Calderdale		• 18.09.20 Q&A Governor Session with Rob Webster and Angela Monaghan • 28.09.20 Annual Members' Meeting • 02.10.20 Members' Council Objectives discussion

There were no emails received for governors via the governor email address (Governors@swyt.nhs.uk) since the last Members' Council meeting on 31 July 2020.

Members' Council 30 October 2020

Agenda Item 7.3 Assurance from Members' Council groups and Nominations' Committee

Members' Council Co-ordination Group

The Co-ordination Group co-ordinates the work and development of the Members' Council and:

- With the Chair, develops and agrees the agendas for Members' Council meetings.
- Works with the Trust to develop an appropriate development programme for governors both as ongoing development and as induction for new governors.
- Acts as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.

Date	14 September 2020
Presented by	John Laville, Lead Governor
Key items to raise at Members' Council	• Members' Council Objectives
Approved Minutes of previous meeting/s for receiving	• Notes of the meeting held on 8 June 2020 attached. *Please note, these are due to be approved at the next Members' Council Co-ordination Group*

Members' Council Quality Group

The Quality Group supports the Trust in its approach to quality through the Trust's quality priorities and:

- Has a high level discussion on quality of care (using the quality performance report to lead the discussion).
- Monitors the quality of care and facilitate discussion on patient experience, patient safety and clinical effectiveness.
- Supports the production of the Trust's Quality Accounts.

Date	10 August 2020
Presented by	Tim Breedon, Director of Nursing, Quality and Deputy Chief Executive

Key items to raise at Members' Council	• Approval of the Quality Account at Members' Council.
Approved Minutes of previous meeting/s for receiving	• Notes of the meeting held on 26 June 2020 attached.

Nominations' Committee

The Nominations Committee ensures the right composition and balance of the Board and oversees the process for the:

- Identification, nomination and appointment the Chair and Non-Executive Directors of the Trust.
- Identification, nomination and appointment of the Deputy Chair and Senior Independent Director of the Board.
- Identification, nomination and appointment of the Lead Governor of the Members' Council.

Date	2 October 2020
Presented by	Angela Monaghan, Chair of the Trust
Key items to raise at Members' Council	• Chair's remuneration review • Appointment of the Deputy Chair / Senior Independent Director • Future skills and expertise requirements of the Board and Non-Executive Director recruitment • NED recruitment was discussed, and options considered of when NED recruitment should take place. Since the Nominations Committee meeting has taken place, the matter has been progressed and it is proposed that the NED recruitment process will take place in late November 2020.
Approved Minutes of previous meeting/s for receiving	• Minutes of the Committee meeting held on 23 June 2020 attached. *Please note, this is a redacted version.*

Action Notes of the Members' Council Co-ordination Group held on 8 June 2020

Virtual meeting via Skype

Present:	In attendance:
John Laville (Chair) (JL)	Laura Arnold – Author (LA)
Bill Barkworth (BB)	Andy Lister (AL)
Bob Clayden (BC)	Tom Sheard (TS)
Charlotte Dyson (CD)	Dawn Pearson (DP)
Lisa Hogarth (LH)	
Adam Jhugroo (AJ)	**Apologies – members:**
Angela Monaghan (AM)	None
Ruth Mason (RM)	

No.	Item	Action
1.	**Welcome and Introductions** John Laville (JL) welcomed all to the meeting. Apologies, as above, were noted.	
2.	**Declaration of Interests** JL informed the group that he wished to withdraw his self-nomination for the Equality and Inclusion Committee, which meant he no longer had a conflict of interest in item 5.1 for the Equality and Inclusion Committee discussion. Bill Barkworth (BB) declared that he has recently joined Barnsley Healthwatch. It was noted that there was no conflict of interest for this meeting. This declaration will be reported to the next Members' Council meeting and recorded on the register of interests.	**LA/AL**
3.	**Action Notes and Action Points from previous Co-ordination Group meeting** The Group confirmed that the action notes from the meeting held on 14 April 2020 were accurate, subject to the following amendment: • Spelling error in Bob Clayden's surname. The Action Points were recorded / updated on a separate log. Angela Monaghan (AM) mentioned that the development sessions are currently on hold until after the after the coronavirus pandemic, although a discussion for the dates will be looked into.	**LA**
4.	**Update to the Members' Council Co-ordination Group terms of reference** Members reviewed and approved the Terms of Reference to be submitted to the Members' Council on 31 July 2020 for approval.	
5.	**Members' Council Development**	
5.1	**Self-nomination for vacancies and membership on Trust Board and Members' Council groups and committees**	

No.	Item	Action
	JL summarised the purpose and background to the item and confirmed he still wished to withdraw his self-nomination for the Equality and Inclusion Committee. JL originally self-nominated to make sure that the vacancy would be filled if there were no other self-nominations in the same group. As there were two other nominations for the Equality and Inclusion group; JL withdrew his nomination. KSC was automatically appointed as the representative for a publicly elected member for Barnsley for the Members' Council Co-ordination Group. There were no self-nominations for the Members' Council Quality Group. The members of the group discussed the two self-nominations for the Equality and Inclusion Committee. AM commented that Dylan Degman and Daz Dooler are both highly involved and committed governors and either would be a fantastic addition to the attendance of the committee. Bob Clayden (BC) commented that he thought Daz's statement was very good and BB commented that he found it difficult to choose. After a lengthy discussion between the two statements, governors found it hard to distinguish between the two governors and AM summarised the overall opinion of the group is the level of experience and length of service. Charlotte Dyson (CD) commented that all governors should continue to feel supported to make sure they still feel able to contribute to all groups. The members of the group then made a recommendation to support Daz Dooler's self-nomination for attendee to the Trust Board Equality and Inclusion Committee. JL will communicate the outcome of this item to the governors who have self-nominated after this meeting. Laura Arnold (LA) will provide the contact details.	**JL/LA**
5.2	**Development plan update** AM advised that this development plan needs to be reviewed into a focused and prioritised list. The actions are currently stalled because of capacity and the Coronavirus pandemic but all development should be linked to the Members' Council objectives. The decision taken in a previous Members' Council meeting is to hold the Members' Council evaluation biennially rather than annually. Focused and deliverable development plan to be discussed in January 2021. Holding Non-Executive Directors to Account and Understanding NHS Finance was agreed. Ruth Mason, who facilitated the *Holding Non-Executive Directors to Account* session, last year, has kindly offered to facilitate it again this year. Understanding NHS Finance will be held internally by Mark Brooks. There was also a suggestion of a 'buddying system' which could help new governors to the Trust, BDU briefings in different localities, and intranet to be provided for governors. BC suggested that any actions need to be able to be completed virtually and governors may need IT support. AM advised that if governors need this they should contact the support team. JL and BB are also keen to help develop good local networks which may have collapsed due to Coronavirus and engagement with members in their locality.	**AM/JL** **RM/MB** **JL/BB**
5.3	**Governor attendance at Members' Council meetings** AM reminded the Group that, in line with the process agreed by the Members' Council, a register of attendance at Members' Council meetings was held centrally. This was intended	

No.	Item	Action
	to support any governors who were having difficulty in attending, and the Trust Chair would routinely make contact with a governor who had missed three consecutive meetings. The group discussed those governors who have missed three or more consecutive Members' Council meetings and agreed next steps.	
5.4	**Governor's induction pack – annual update** The group approved the revised induction pack for governors. They were complimentary of the contents and felt this was a really useful document for new governors.	
5.5	**Raising issues and governor engagement** Dawn Pearson (DP) <u>presented her paper on the Communication, Engagement and Involvement Strategy refresh.</u> She gave the background to this item and the group discussed this and the overall opinion of the group was positive. JL mentioned that this approach gave him a great deal of confidence, Ruth Mason (RM) commented that the approach was holistic and this was impressive and BB was excited by this. Adam Jhugroo (AJ) asked if the responses were equal across the localities that the Trust covers. DP responded saying that they are equal across the localities and this is done by testing the different approaches that were used such as electronic, paper survey, postcard and using the infrastructure in communities. For example, the engagement activity was able to tap into Calderdale and Kirklees thriving volunteers, in Wakefield there is the Recovery College and Healthwatch, and in Barnsley there is already a conversation place-based approach; DP mentioned it is important not to duplicate conversations but use their intelligence to support this. Diverse geographical representation is easily covered, but the views of people from protected characteristic groups, and children and young people, can be harder to gather. AJ asked if this included the travelling community. DP commented that the strategy views are of those who are already engaged and the objective will remain to engage all groups, including those who are not engaged.	
6	**Future Members' Council agenda and discussion items for consideration**	
6.1	**Draft agenda for Members Council Meeting to be held on 31 July 2020**, taking account of: - Governor / Director pre-meet - Draft minutes from Members' Council meeting 1 May 2020 - Feedback received from Members' Council meeting 1 May 2020 - Development session - Members' Council work programme - Holding NEDs to account - Annual Members' meeting update In terms of the agenda for the next Members' Council meeting, it was proposed to have a full agenda. BC questioned how the governors pre meet will work virtually and JL commented that 'Governors / Directors pre-meet' is different to the usual governors pre-meet as it is a chance for the new governors to meet all board directors and to understand their portfolios. Andy Lister (AL) will co-ordinate	**AL**

No.	Item	Action
	CD also commented that the agenda would need to factor in the appraisal of the Chair which would be approximately 20 minutes long. At this point, AJ mentioned that sometimes there is not enough time to discuss certain items in depth particularly the IPR report and CQC action plan update. He also commented that it is a governor's duty to read the papers prior to any meeting any questions should be raised in the meeting only once the papers have been read. JL mentioned that questions could be raised in advance. AM commented that governors were always invited to do this, which could be done via telephone or email. It was decided that the format would be: New Governors/Directors pre-meet (optional) All governors pre-meet (optional) Private session with CD to discuss the Chair's appraisal Formal meeting will begin. Break Formal meeting resumes (increased time for item 8.1 and item 8.2) Formal meeting ends Timings still to be finalised. Development session will take place on a different day. Holding Non-Executive Directors to account will take place in October 2020 and it was decided to hold 'Understanding NHS Finance' session and AL and AM will look into the dates for governors which JL will support. BC asked about how voting would be done virtually, and AM commented that she and AL will look into this.	 **AL/AM /JL** **AL/AM**
6.2	**Items for consideration from the Members' Council Quality Group, Nominations' Committee, Trust Board and Board committees** The Nominations' Committee will make recommendations regarding the appointment and re-appointment of Non-Executive Directors. There were no further items for consideration.	
6.3	**Items requested by Governors** None.	
6.4	**Items deferred from previous Members' Council meetings.** Integrated performance report – to be included on agenda. Care Quality Commission (CQC) action plan – to be included. Review and approval of Trust Constitution – deferred due to COVID-19 Consultation / review of Audit Committee terms of reference – to be included Nominations' Committee annual report – to be included	
7.	**Work Programme** The Work Programme was received, all read and accepted.	
8.	**Any Other Business** AL mentioned that the NHS Providers Governor Focus Conference will be held virtually on the 8 and 9 October 2020. It was suggested by the group for the Lead Governor and Deputy Lead Governor to attend the event although BB is happy to step back if any other governor would like to attend. AL will look into the number of places for governors to attend.	 **AL**

No.	Item	Action
9.	**Dates of future Co-ordination Group meetings** All Mondays, 10.00am to 12 noon: 14 September 2020 – virtual meeting 14 December 2020 – Meeting Room 1, block 7, Fieldhead Hospital 8 March 2021 – venue to be arranged	5

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Action Notes of the Members' Council Quality Group held on 26 June 2020
From 11.30 while 12.30
Dial in only meeting via Skype for Business.

Present
Tim Breedon (Chair) (TB)
John Laville (JL)
Bill Barkworth (BB)
Keith Stuart-Clarke (KSC)
Phil Shire (PS)
Daz Dooler (DDo)
Adrian Deakin (AD)

In attendance
Karen Batty (KB)
Andy Lister (AL)
Laura Arnold (Author) (LA)
Jackie Craven (JC)

Apologies – Members
None

Apologies – in attendance
Adam Jhugroo (AJ)

No.	Item	Action
1.	**Welcome, introductions and apologies** Tim Breedon (TB) welcomed everyone to the meeting. The apologies, as above, were noted. This is the first time the Members' Council Quality Group was to be held virtually and TB gave an overview for how the meeting would proceed and all were in agreement.	
2.	**Declarations of Interest** Jackie Craven (JC) reported that she was part of Healthwatch Committee for the quality accounts. TB noted the declaration that as the quality account remains under preparation this should not compromise JC engagement in this meeting. There were no further declarations over and above those made previously.	
3.	**Notes from the meeting held on 10 February 2020** The notes were agreed. With regards to the action points from 10 February 2020, Phil Shire (PS) mentioned that he couldn't recall having received the Members Council annual report. (Andy Lister (AL) later confirmed that the report was presented at Members' Council on 1 May 2020 and therefore all action points from the last meeting remain completed.) With regards to the action points from 14 November 2019, the original plan was to have a greater focus on CAMHS and this would be considered in the future.	**TB**

No.	Item	Action
	The serious incident annual report will be presented at the next regular meeting, as a condensed version and will also be an item at the next Members Council meeting.	**ALL**
	TB reiterated that members should consider any service user stories that they were aware of and inform TB for inclusion at the start of trust board.	**TB**
	In regards to item 11 – the work programme, all present were in agreement to wait until the first phase of Covid-19 was complete and to have a conversation at the next Members' Council quality group meeting and agree a revised plan.	**LA**
4.	**Integrated Performance Report – focus on Covid-19 section** TB gave an overview for Covid-19 section of the IPR report, commenting on the additional metrics to cover the impact of Covid-19. He advised that the report had been broken down into the 6 areas identified by Simon Stevens that are critical to working through the national crisis. • <u>Free up maximum possible inpatient and critical care capacity</u> This domain is not directly relevant to the Trust although there is significant role for our community support function for people leaving hospital. There has been a great deal of work to support the discharge assessment, creating standard operating procedures, Covid-19 patient pathways and enhanced 24/7 crisis support arrangements made available to support people to stay at home. The criteria for admission and discharge for Covid-19 positive patients has been agreed with our acute partners. • <u>Prepare for and respond to large numbers of patients requiring respiratory support</u> The trust has been able to maintain an appropriate supply of PPE through careful supply and demand planning supported by robust command arrangements. The FFP3 masks have been difficult to source in some organisations but they are only to be used in aerosol generating procedures and therefore there has been very low demand for the Trust. Keith Stuart-Clarke (KSC) joined the meeting at this time. • <u>Support our staff and maximise staff availability</u> Video consultations have been introduced to keep in touch with patients. There has also been a national push for retired staff to be encouraged to come back into work and the Trust has embraced the opportunities for this to take place. There is additional support and guidance for the whole workforce, particularly the BAME community. PS asked about the staff working in community settings and if they are seeing patients face to face or if they are only having video/telephone consultations. TB commented that all consultations are risk assessed, and face to face consultations will only be carried out if necessary; as an example in some services, out of every 100 patients, around 10 have had face to face consultations and the remainder will be telephone/video calls. • <u>Support the wider population measures announced by the government</u>	

No.	Item	Action
	TB commented that the Trust has been working on supporting the wider population by linking well with partners and working across the system, this includes ensuring representations at all place based command meetings.	

- <u>Stress test operational readiness</u>

Our business continuity plans have served us well during the pandemic and have been shown to be fit for purpose.

- <u>Remove routine burden</u>

Central guidance has been issued to reduce the governance burden upon organisations during the pandemic.
TB mentioned that the vast majority of metric reporting had been managed to be maintained. In the first phase of covid-19, any money that has been spent will be reimbursed.

Adrian Deakin (AD) joined the meeting at this time.

No.	Item	Action
5.	**Focus on safer staffing and quality section**	

The Trust has introduced an enhanced clinical risk scan during the pandemic including the recording of self-harm and suicide which can then be compared to last year's data. TB reported that it was still too early to see any changes or trends were apparent for this year.

PS commented that he was generally impressed with how the Trust has handled the coronavirus pandemic and asked about returning back to 'normal'? He stated that some procedures have been stopped and asked could this be storing up an issue.

TB commented that there have been very few services or procedures that have been stopped due to the pandemic; the changes have often been that services are provided differently or the frequency has changed.

New referrals that require a face to face assessment might have been be slightly delayed. The Trust response has been that very little has been stood down whilst trying to strike the right balance and make use of the early learning.

John Laville (JL) asked if there have been any reductions in waiting lists because of the use of video consultations and lack of travel.

TB responded saying there has been no reduction as there has been a balance of staff maintaining contact with patients. At the beginning of the pandemic, there had been a huge reduction on the wards, operating at 50 to 60 percent capacity which has now increased.

Daz Dooler (DDo) added that although this had been successful with some service users, it hasn't been successful with all and can cause a great deal of stress.

TB mentioned that he was aware and alert to this, and the Trust was working to find the right balance between utilising digital solutions whilst minimising the risk of infection.

DDo asked if the Trust is regularly updated risk assessments in light of new guidance for Covid-19. TB stated he would check the process with Subha

No.	Item	Action
	Thiyagesh (MD) although this is being continually considered. JC asked if any of the service users had been advised to go to different areas, if they have to wait a long time for services from general hospital providers. TB commented that certain tests have managed to continue and there are no issues with access. In terms of the wait for physical intervention, the wait is the same as for all other Trusts TB gave a brief overview of page 23 and 24, stating that people may feel significant stress which may impact on their mental health and increase self-harm. TB noted that there was an increase in self harm within the period of coronavirus but when this had been investigated it was established that this was not directly linked to the pandemic. Any further questions after the meeting were to be emailed to TB due to keeping the meeting to time.	**TB**
6.	**Update on Quality Account timeline** Karen Batty (KB) reported that there have been a few changes to the quality account but noting that in March and April, there had been guidance to reduce the burden which meant a revised quality account does not require submission until later in 2020 and the need for external audit has been removed It had been agreed to maintain internal governance processes and a focus on quality for 2019/20. The draft quality account will be presented at the next Members' Council Quality Group on 10 August and will then go to the Executive Management Team meeting and Trust Board for sign off by the end of September (the national deadline is December 2020). Healthwatch and CCG partners will be asked to make comments and the original process will be followed as much as possible. The next Members' Council Quality Group meeting will need to be 2 hours.	**KB**
7.	**Items to raise at Members' Council / Trust Board** The items to raise at the next Members Council are: • To note the revised domains of the IPR report for the covid-19 section • Reiterate the importance of not delaying the start-up of services which are currently on hold due to covid-19 • Reiterate the positive work that has been done in response to the pandemic and thank all staff for their efforts • Note the change to the quality account timeline and content • To note that it is great to keep in touch with all virtually, although this is not suited to all.	**TB**
8.	**Members Council Quality Group Annual Work Programme 2020** All were in agreement to discuss this in the next meeting.	

No.	Item	Action
12.	**Date of Next Meeting(s) and agreement of agenda items** The next meeting would be held on Monday 10 August 2020 from 14.00 - 16.00.	

Minutes of the Nominations' Committee
held on 23 June 2020 at 1.00 pm
Virtual meeting via Skype

Present:	Angela Monaghan (AM)	Chair of the Trust (Chair of the Committee)
	Marios Adamou (MA)	Staff elected governor (Medicine and Pharmacy)
	Bill Barkworth (BB)	Deputy Lead Governor (Publicly elected governor, Barnsley)
	Dylan Degman (DD)	Publicly elected governor (Wakefield)
	Charlotte Dyson	Deputy Chair, Senior Independent Director
	John Laville (JL)	Lead Governor (Publicly elected governor, Kirklees)
	Ruth Mason (RM)	Appointed governor (Calderdale & Huddersfield NHS Foundation Trust)

Apologies:	<u>Members</u>	
	Nil.	

In attendance:	<u>Attendees</u>	
	Alan Davis (AD)	Director of Human Resources, Organisational Development & Estates
	Rob Webster (RW)	Chief Executive
	Andy Lister (AL)	Company Secretary (author)

NC/20/31 Welcome, introduction and apologies (agenda item 1)
The Chair welcomed everyone to the meeting and checked everyone had access to the papers. No apologies were noted. The Chair welcomed John Laville (JL), Bill Barkworth (BB) and Dylan Degman (DD) who were all new to the Committee. It was noted that the meeting was quorate and could proceed.

NC/20/32 Declarations of interest (agenda item 2)
The Chair declared an interest in relation to item 5 and reported that John Laville (JL) lead governor of the Members' Council would chair item 5 with support from Charlotte Dyson (CD).

NC/20/33 Minutes of and matters arising from previous meeting held on 14 April 2020 (agenda item 3)
It was RESOLVED to APPROVE the Minutes from the meeting held on 14 April 2020.

Any matters arising were noted to be on the agenda.

NC/20/34 Recommendation for Non-Executive Director appointment (agenda item 4)
Alan Davis (AD) gave an overview of the recruitment process for the Non-Executive Director vacancy that had been signed off by Nominations' Committee earlier in the year. Due to the Covid-19 pandemic there had been a pause in the process. The role had been advertised for

With **all of us** in mind.

a month and potential candidates had been given the opportunity to have informal discussions with the Chair and Chief Executive by phone. There had also been a drop-in session held at Fieldhead in Wakefield (prior to the Covid-19 pandemic).

A detailed report was prepared for the Nominations' Committee on the 6 March 2020 recommending a shortlist of the four candidates. The report provided an overview of the background and relevant experience of all the candidates who applied, with the reasons for either shortlisting or not.

The final assessment process was delayed due to the coronavirus and until such time a safe and effective assessment process could be arranged in line with Government guidance. In consultation with the shortlisted candidates and the interview panel, arrangements for the stakeholder sessions and the final interviews were agreed using Microsoft Teams.

The four shortlisted candidates selected for final assessment met using Microsoft Teams with the three focus group discussions on 27 May 2020 with:

- Governors
- Service users / carers
- Staff

The final interviews were held on 10 June 2020. Feedback from the stakeholder groups was also taken into account as part of the final interview process.

The interview panel asked a common set of questions to all candidates, covering the eight competencies set out in the person specification. They also asked follow-up questions of individual candidates, as appropriate, that took account of any areas for further testing identified by the three stakeholder groups. Each candidate was scored on a scale of 0-5 against the eight areas of competency.

AD reported that the recommendation from the interview panel to the Nominations' Committee was to recommend Mike Ford to the Members' Council as the new Non-Executive Director.

AM reported that the recruitment process that had taken place was tried and tested and had been completed in-house rather than using external recruitment consultants. AD agreed with AM's comments and reported that the in-house team had looked at the previous external process and enhanced it. Sandy Stones, HR Manager / Internal Recruitment Consultant, had done a good job and the technology had been checked so that the matter could be progressed despite Covid-19.

AM, who formed part of the interview panel, reported the panel had been sure to check technological issues and made sure everyone was comfortable and nobody was at a disadvantage due to the virtual process. AM then asked for any questions or comments before a decision was taken by the Committee.

JL reported that Mike Ford was an outstanding candidate and his experience should stand him in good stead and it was clear in his interview that he had researched the Trust well.

CD reported that she fully agreed with all that had been said. It had been a robust process and there had been a lot of good candidates and Mike Ford had excelled.

Marios Adamou (MA) reported he fully supported Mike Ford's nomination.

BB stated he agreed with everything that had been said and thanked AD and Sandy Stones for conducting a good and full process.

DD asked if, as part of the interview process, candidates had been asked what their motivation was for wanting to join the Trust and what had been asked of Mike Ford in relation to his values and them being in line with those of the Trust?

AM said Mike Ford had talked about shared goals, and person being at the centre, he believed in being open and honest and he'd always worked for constant improvement, particularly in his work at the BBC. AM said he had come across to the panel as credible and authentic.

CD noted that Mike Ford came most recently from the BBC, which was a values-driven organisation and he had done a lot of work in looking into the Trust and understood its values.

JL noted that the values he felt Mike Ford had shown were those of equality and inclusivity and he had done major work in the BBC in this area.

BB reported that Mike Ford had been asked about motivation and he spoke about other voluntary organisations. BB stated you could see from his explanation how strong his values were.

DD stated that his question had been answered and it was good to hear that Mike Ford had presented his values strongly without needing to be asked.

AM had spoken to Cherrill Watterston, chair of the Trust BAME staff network and final interview panel member, after the interview who had said his approach to equality and diversity was strong.

AM thanked everyone who had taken part and the HR team had who led a successful process.

It was RESOLVED to SUPPORT the recommendation from the final interview panel that the Members' Council should appoint Mike Ford to the role of Non-Executive director with South West Yorkshire Partnership NHS Foundation Trust for an initial three year term, with effect from the 1 September 2020.

NC/20/35   Chair's reappointment (agenda item 5)

AM left the meeting due to a conflict of interest. JL took over as chair of the meeting at this time.

Charlotte Dyson (CD) provided an explanation of the papers. Paper one was the proposal for re-appointment of the Chair whose term was due to end on 1 December 2020. The

supporting papers were the Chair's profile, her interim appraisal and the job description for the Chair role.

In relation to paper one, the Nominations' Committee had firstly been asked to make a recommendation for the re-appointment of AM for a further three-year term, to be reviewed by both sides after one year. The interim appraisal had been carried out to support the proposed reappointment.

CD explained that an interim appraisal had been carried out for 3 reasons; to bring the timing of AM's appraisal in line with the other Non-Executive Directors, to enable her objectives to be reviewed in the light of Covid 19, and to support the paper for the Chair's re-appointment. CD commented that the appraisal was very strong, that AM continued to perform to a very high standard and was a very capable Chair.

JL concurred that he fully supports AM's re-appointment. He felt that AM had done a better than first class job and that she lived and breathed the Trust and its values and was there for everybody.

CD noted JL's comments and reported that these views were reflected within the appraisal.

DD stated he fully supported AM's re-appointment.

MA stated he was delighted that AM was willing to continue as Chair and felt privileged she would like to continue to fulfil the role.

BB reported he fully agreed with MA's statement.

CD then raised the second point which was AM's remuneration.

AD reported that as a Foundation Trust we are responsible for Non-Executive Director and the Chair's remuneration. Last year NHS England / Improvement completed an exercise and made remuneration recommendations for Chairs and Non-Executive Directors. The Members agreed to adopted the NHS England and Improvement recommendation for the remuneration on either reappointment or a new appointment.

AD stated that AM's remuneration currently remains the same. The purpose of today was to approve re-appointment and then there would be a further paper to make a decision around remuneration. Should AM's reappointment be approved at Members' Council, the Nominations' Committee will consider her remuneration at their next meeting and make a recommendation to Members' Council in October 2020.

Ruth Mason (RM) stated that she supported the re-appointment. The Trust was very lucky to have AM and we had a good process and the Committee was being asked to endorse the process.

CD sought confirmation that all members were happy for AM's re-appointment to be recommended to the Members Council and for her remuneration to be reviewed in October.

It was RESOLVED to RECOMMEND to the July Members' Council that the Chair is reappointed for a three year term, with a review after 12 months.

It was RESOLVED to RECOMMEND a remuneration review takes place at the Nominations' Committee following approval of the Chair's reappointment.

It was RESOLVED to NOTE the changes in the attached role description issued by NHS Improvement.

NC/20/36 Review the skills and expertise required on the Board, including Chair and Non-Executive Director terms of office (agenda item 6)

AM re-joined the meeting again as chair.

AM reported that a review of the skills and expertise of the Board took place at least annually. The paper explained the current position and current terms of office. Decisions had recently been taken to extend CD's term of office and Laurence Campbell's term of office but only up to six months until he was replaced.

The new Non-Executive Director needed to be an accountant and the recommended candidate met this criteria. The item was for information at this time and for the Committee to consider areas of expertise for future appointments and the timetable for further appointments.

AM confirmed that when a vacancy for a Non-Executive Director arose the matrix of skills was always considered. The next appointment to take place would be when CD's position came up in April 2021 and this would be discussed at the next Committee meeting.

BB asked if there was a matrix.

AM stated there was a paper that reflected her background and skills and one these was in existence for all of the Non-Executive Directors. This could be put into a matrix and had been before. This was how it had been identified that Mike Ford for example needed to be an accountant.

BB reported he was thinking more about looking at gaps in the skill set of the Board rather than individual skills.

AM stated that formed part of the process and gaps in skills were looked for when the Trust was looking to recruit. When Erfana Mahmood and Sam Young had been recruited the Trust knew it had gaps in voluntary and community skills and digital and technological skills.

It was noted that Laurence Campbell's term of office was to end at the end of August 2020 and a handover would take place should the Members' Council approved Mike Ford's appointment.

It was RESOLVED to NOTE the updates on the terms of office of the Non-Executive Directors and comments made in relation to skills of the Board.

NC/20/37 Annual report and review of terms of reference (agenda item 7)

AM reported that the Terms of Reference had been adjusted to reflect the changes in the membership. No questions were raised.

AM stated that the annual report reflected that the Committee did well and served its purpose well. A lot of work had come through the Committee in the last year and Jackie Craven and Nasim Hasnie had made a significant contribution over the last year. AM thanked everyone for their work on the Committee.

It was RESOLVED to APPROVE the Committee Annual Report 2019/20; and APPROVE the Committee Terms of Reference.

NC/20/38   Work Programme (including impact Covid-19) (agenda item 8)
It was identified that the October Committee meeting date was still to be agreed and there would be discussion at that meeting in relation to the Senior Independent Director role and Deputy Chair appointment.

It was RESOLVED to NOTE the work programme.

NC/20/39   Issues and items to bring to the attention of Members' Council and Trust Board (agenda item 9)

- New Non-Executive Director recommendation to go to Members' Council.
- Recommendation of Chair's re-appointment to go to Members' Council.
- Committee Terms of Reference and Annual report to go to Members' Council.
- Review / cross section of skills across the Trust Board.
- Key items can be raised to Trust Board.

NC/20/40   Any other business (agenda item 10)
Nil.

NC/20/41   Date of next meeting (agenda item 11)
Date for September / October 2020 meeting to be confirmed.

Members' Council
30 October 2020

Agenda item:	7.4
Report Title:	Quality report and accounts 2019/20
Report By:	Director of Nursing & Quality / Deputy Chief Executive
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

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.

Recommendation

The Members' Council is asked to RECEIVE the report.

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.

Points to note:

- 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.

- Mandated items are no longer required to be in the report.

- There is not a requirement for a quality report to be included in the annual report.

- Provider organisations will no longer be required to submit any hard copy documents to NHS Improvement for the annual report and accounts.

- It is acknowledged that the quality priorities will require update following trust board strategic objectives review.

With **all of us** in mind.

Based on the revised guidance Trust Board approved the following recommendations:

In line with national guidance we have included the following in the report:

- Chief Executive and Chair's welcome.
- Priorities for improvement.
    - o Our approach to quality improvement.
    - o Our approach to quality governance.
    - o Quality priorities – summary of performance 2019/20.
    - o Quality risks.
    - o Quality priorities for 2020/21.
    - o Care Quality Commission inspection.

- Our performance against quality initiatives 2019/20.
    - o Performance against our quality priority key measures of performance for 2019/20. SAFE, EFFECTIVE, CARING, RESPONSIVE & WELL LED.

In line with national guidance we have excluded the following from the report:

- Statements of assurance from the Board.
    - o Review of services.
    - o Participation in clinical audit.
    - o National clinical audit programme.
    - o National confidential inquiry.
    - o Local clinical audit.
    - o Participation in clinical research.
    - o Goals we agreed with our commissioners.
    - o Care Quality Commission.
    - o NHS number and general medical practitioner code validity.
    - o Data security and protection toolkit (formerly information governance toolkit attainment).
    - o Clinical coding accuracy.
    - o Quality of data.
    - o Patients on Care programme Approach who were followed up in 7 days.
    - o Percentage of admissions to acute wards for which crisis resolution home treatment teams acted as gatekeeper.
    - o Readmission rates.

- o Patient experience of community mental health services.
- o The number and percentage of such patient incidents that resulted in severe harm or death.
- o Learning from healthcare deaths.
- o Guardian of Safe Working Hours.

In line with our Trust values we have maintained the governance framework of the report:

- Maintained the internal governance process for report sign off, i.e. Members' Council sub-group, Clinical Governance & Clinical Safety Committee (CG&CS), Executive Management Team (EMT) & Trust Board.

- Asked our stakeholder partners to make comment on the report and provide us with feedback.

The report has been commented on by the Members' Council Quality Group, reviewed and approved by CG&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.

Quality

Account

Report

2019/20

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Part 1:
Chief Executive and Chair's Welcome

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

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

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
Safe	3	3 rated green, 0 rated amber, 0 rated red
Effective	4	4 rated green, 0 rated amber, 0 rated red
Caring	4	3 rated green, 1 rated amber, 0 rated red
Responsive	5	3 rated green, 2 rated amber, 0 rated red
Well Led	2	2 rated green, 0 rated amber, 0 rated red
Total	**18**	**15 rated green, 3 rated amber, 0 rated red,**

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.	Difficulties in ensuring optimal and safe staffing levels on mental health wards Lack of learning disability (LD) nurses, newly qualified availability leading to extended vacancies in LD and CAMH services.	Established strong links with the universities' undergraduate and master's programmes for nursing Introduction of nursing associate and associate practitioners Think Ahead programme for social workers in mental health Trust-wide retention plan Recruitment programme for newly qualified RMNs Enhanced payments for RMNs working on bank Relocation package for out of area nurse recruitment Engagement with current consultants on developing new service models and introducing new roles Flexibility in special interests for new consultant posts to make them more attractive Attractive reward packages in line with national terms and conditions Exploring potential for overseas recruitment
Increased activity and demand impacting on capacity and workforce.	Increased use of out of area placements Waiting times for psychological therapy and CAMHS outside of desired level	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. Protocol established to risk scan patients on waiting list and offer appropriate support. Close working with commissioners to review demand and capacity position leading to revised investment plans in order to reduce waiting times across services. West Yorkshire and Harrogate level work on managing capacity across the system for mental health, CAMHS and LD.
Optimisation of the new clinical record system.	Unfamiliar system leads to reduction in productivity beyond transition phase	Clinical records system project board established to govern system transition and optimisation programme. Data migration testing took place prior to "go live" Internal audit review conducted at key stages in implementation programme. Staff training plan developed and implemented prior to "go live" with KPIs for required training levels. Super users trained to support staff at local level, video clip and written guidance available via intranet. Routine project reporting into Board, Audit Committee and Clinical Governance and Clinical Safety Committee.

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
Staffing initiatives 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.	**March 2021**
Patient safety strategy 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)	**5% reduction** in prone restraints lasting more than 3 minutes by 2020 Downward trend in use of seclusion across the Trust by 2021	**March 2021**
	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	**March 2021**

Suicide prevention	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	**March 2022**
Improve safety in medication practice	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	**March 2021**

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
Outcome measures 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	**March 2021**
Clinical record keeping	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 standard s 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.	**March 2021**

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
Staff experience & well being	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	**March 2021**
Patient experience	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	**March 2021**
Equality, Involvement, Communication and Membership Strategy	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	**March 2021**
Always Event: Dignity & Respect	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	**March 2021**

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
Improve waiting times **Learning disability service wait times** **CAMHS**	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.	**March 2021**
Complaint closure and resolution times	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.	**March 2021**
Out of area beds **Zero approach to out of area beds, working with partners to reduce utilisation and eliminating unwarranted variation in practice which continue to the issue.**	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	**March 2021**

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
Implementation of a quality assurance and improvement 'self- governing' assessment and accreditation scheme	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	**March 2021**
Quality dashboard development (ongoing development of quality metrics)	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	**March 2021**
Learning lessons from feedback and incidents	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	**March 2021**

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

CareQuality Commission

NHS South West Yorkshire Partnership NHS Foundation Trust

The Care Quality Commission have inspected our services.
They have given us an overall rating of **good**.

	Safe	Effective	Caring	Responsive	Well led	Overall
Community health services for children, young people and families	Good	Good	Outstanding ☆	Good	Good	Good
Community health services for adults	Good	Good	Good	Good	Good	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
End of life care	Good	Outstanding ☆	Good	Good	Good	Good
Community-based mental health services for adults of working age	Good	Good	Good	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Long stay / rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Requires improvement	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Forensic inpatient / secure wards	Requires improvement	Good	Good	Good	Good	Good
Wards for people with learning disabilities or autism	Good	Good	Good	Good	Requires improvement	Good

We will continue to improve as we aim to be outstanding.

With **all of us** in mind.

CareQuality Commission

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

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 achievement	Status
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 provide 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

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

Legend:
- Quality improvement and assurance team (green)
- Policy lead (blue)
- Corporate governance team (orange)

New policy → Discuss with QIAT to understand process and requirements → Spreadsheet of clinical policies held by QIAT

Policy up for review → Spreadsheet of clinical policies held by QIAT ← Monthly meeting between QIAT and Admin Manager to review spreadsheet

6 months prior to review date, notify policy lead

POLICY EXTENSION: if unable to review within policy review timeframe, policy lead to contact QIAT policy lead and complete extension form

- Review the policy
- Consult EIA lead to ensure EIA is current and relevant
- Conduct consultation
- Make amendments
- Formatting

Reviewed policy sent to QIAT policy lead with ratification form and EMT approval form

Policy is collated in preparation for policy group meeting → Documents: - Policy - Ratification form - EMT approval form

Sent to policy group admin at least 2 weeks prior to meeting

Policy lead attends policy group meeting → **Policy group**

Amendments required? — No → Policy lead sends to QIAT → QIAT update spreadsheet

Amendments required? — Yes → Policy lead makes amendments to policy → Sent to QIAT to be logged on spreadsheet and returned to policy lead

QIAT send to Corporate Governance Team → Corporate governance team share for peer review and add to EMT agenda for sign off

EMT — Amendments required / Signed off

Corporate governance team provide approved policy back to QIAT

QIAT update spreadsheet, archive old policy, upload new version to intranet, advise Comms to note in The Headlines

Policy reviewed at next review date

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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 become 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'.

Whist 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:
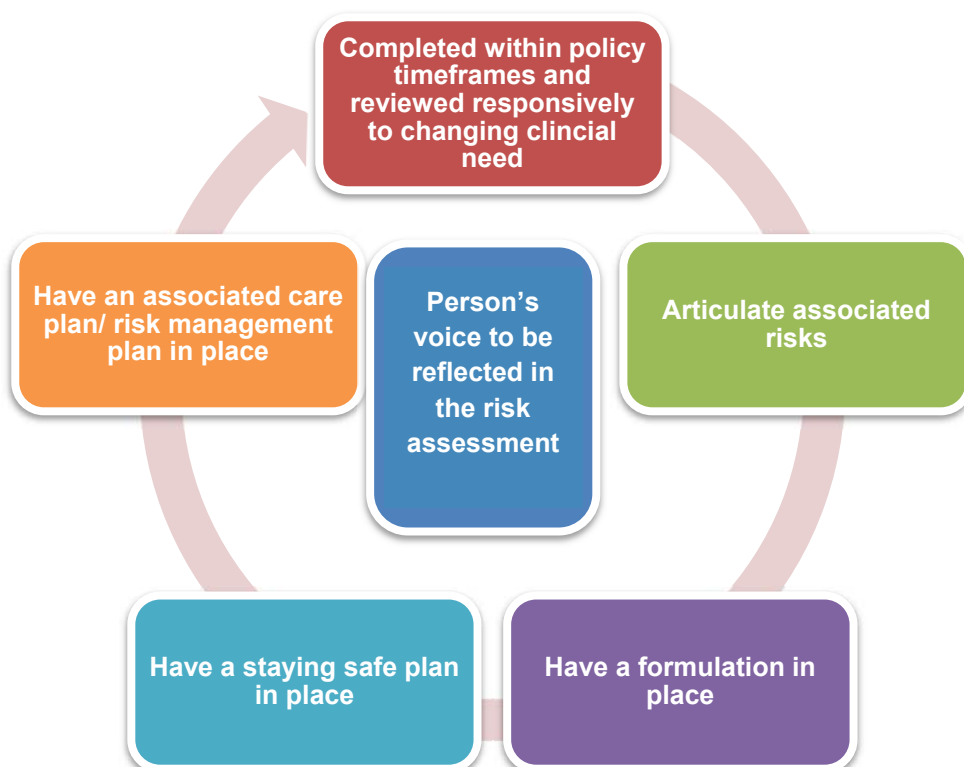
1. Risk assessment

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 an 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
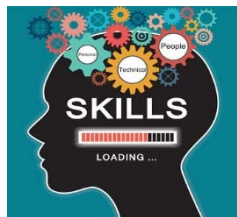
- Review of training packages:
- FIRM risk training package
- E learning risk assessment package
- Provision of face to face or facilitated training
- Risk assessment champions in clinical teams
- Improved support during student placement and preceptorship to assist the transition from student to registered 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

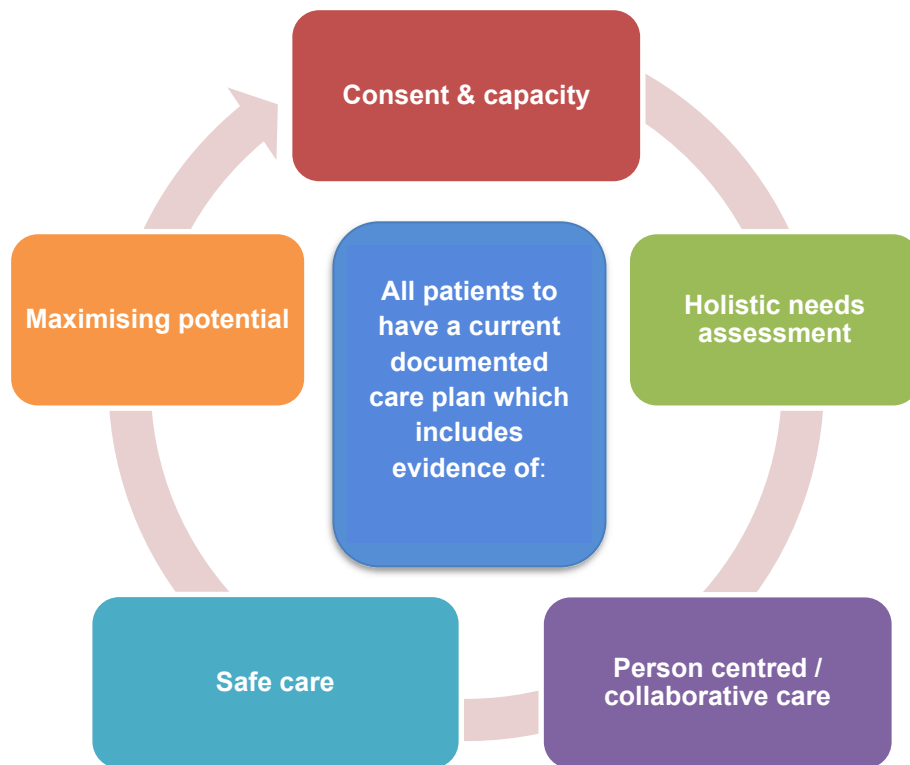**Personal and professional accountability**

- 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
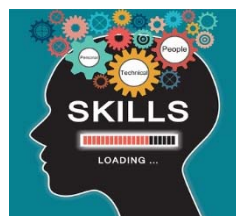
- Developed a training package (incorporated into clinical record keeping training and a stand -alone module)
- Provision of face to face or facilitated training
- Improved support during student placement and preceptorship to assist the transition from student to registered nurse.
- Bank and agency 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

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 Trusts 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 1of 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
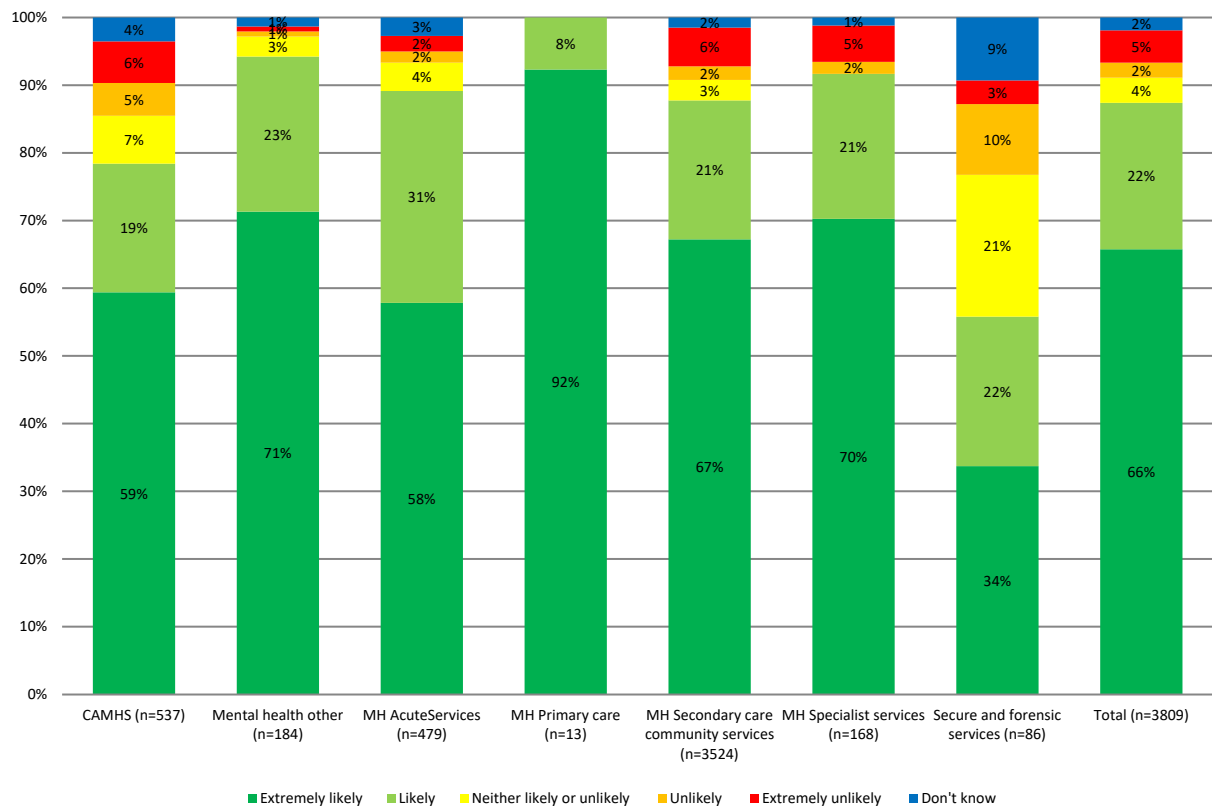
88% would recommend mental health services, 7% would not

Community Services FFT Results for 2019/20

Legend: Extremely Likely | Likely | Neither Likely or Unlikely | Unlikely | Extremely Unlikely | Don't Know
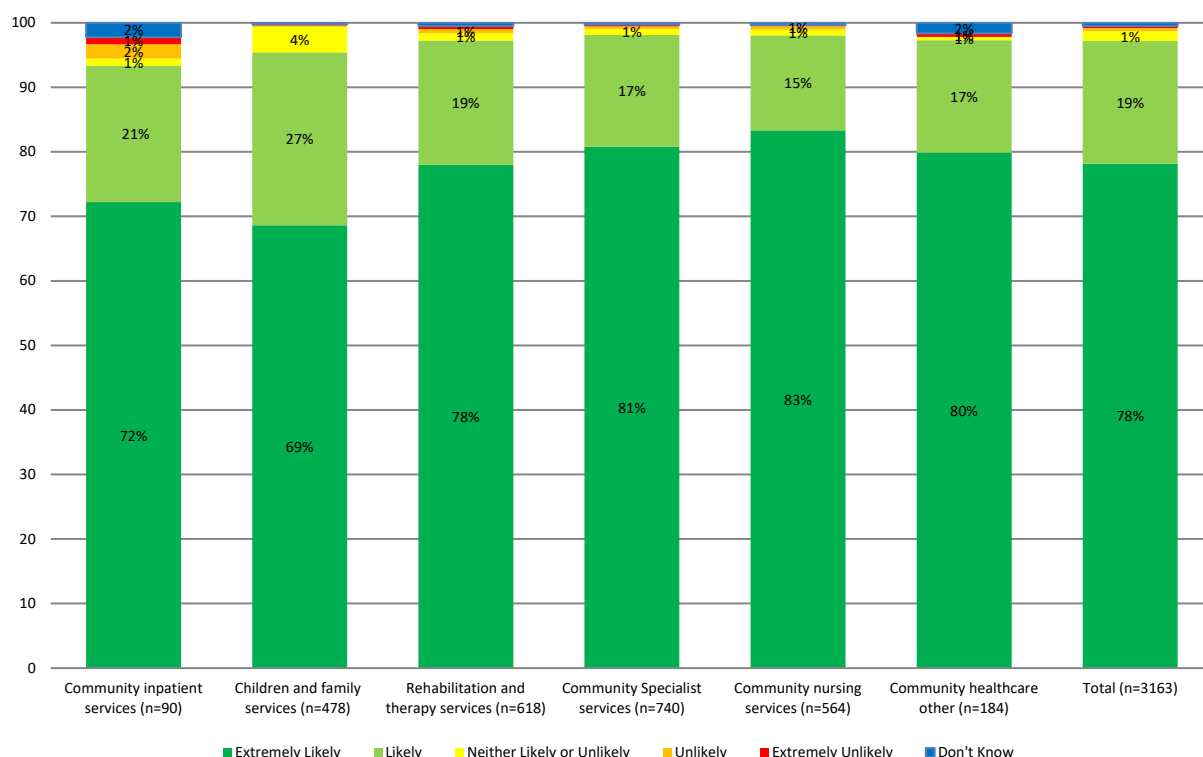
97% would recommend community services, 0% would not. The recommendation percentage for Community Health Services fell below the 98% target by 0.67%, to 97.33%. On review of the data the majority of neutral and negative recommendations can be attributed to the Children's Business Unit. The free text 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.
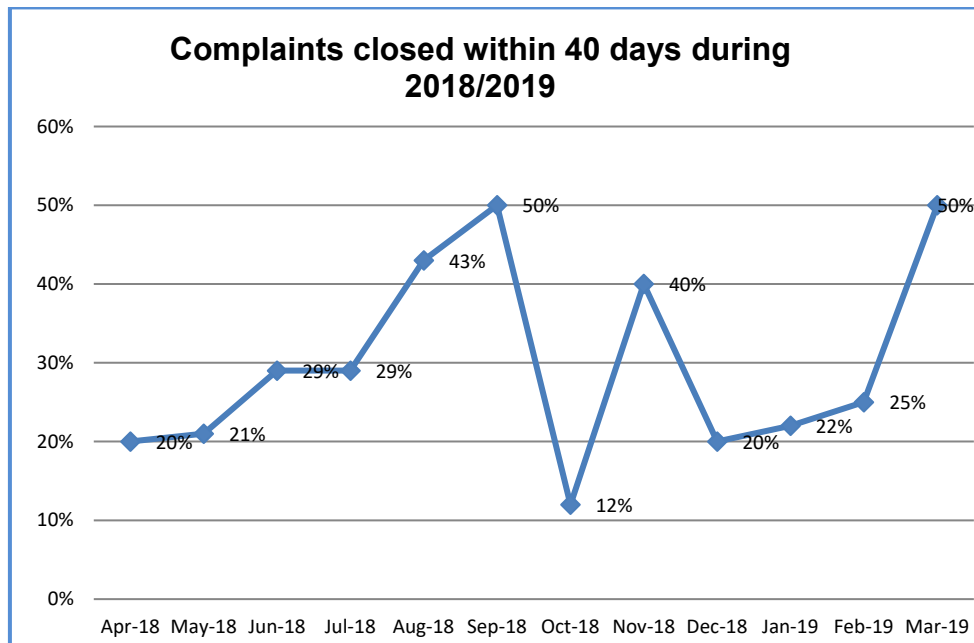
C3. Customer service improvements

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.

Complaints closed within 40 days during 2018/2019

| Month	Value
Apr-18	20%
May-18	21%
Jun-18	29%
Jul-18	29%
Aug-18	43%
Sep-18	50%
Oct-18	12%
Nov-18	40%
Dec-18	20%
Jan-19	22%
Feb-19	25%
Mar-19	50%

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.

% <40 days
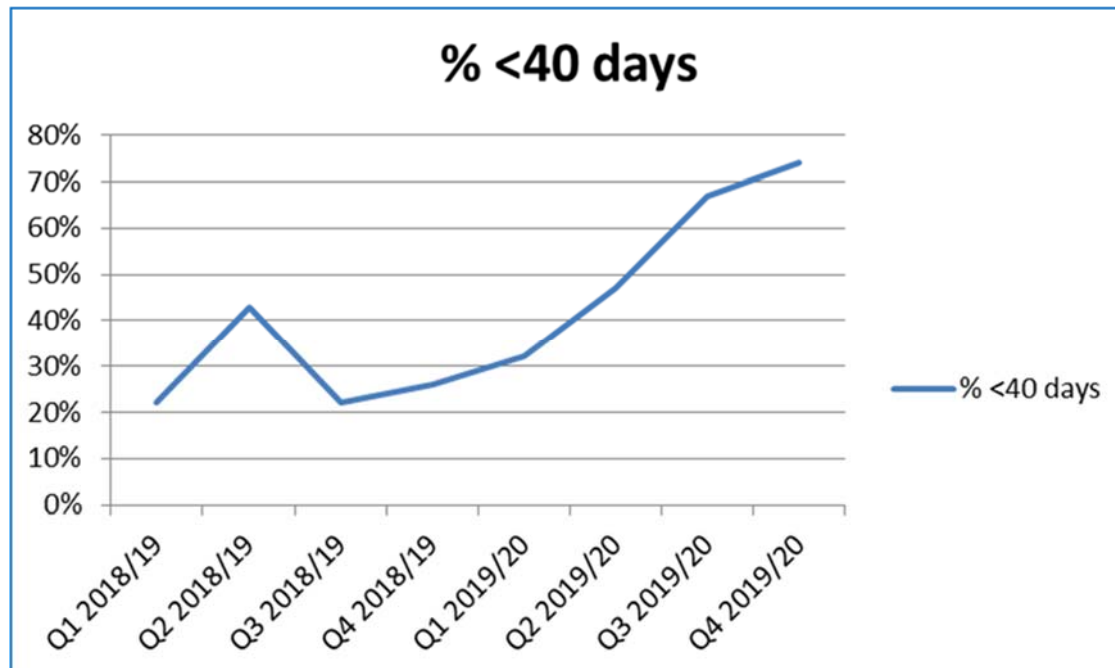
Our development work remains ongoing. There are a number of risks that are likely to impact of our response performance if left unattended. These are:

- 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

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 18th 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)
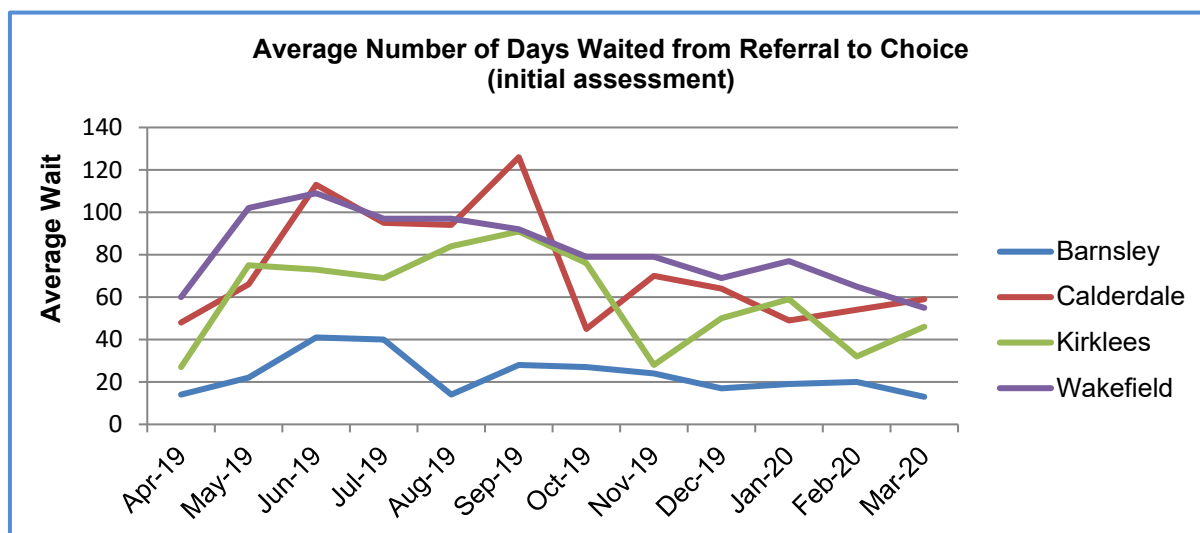
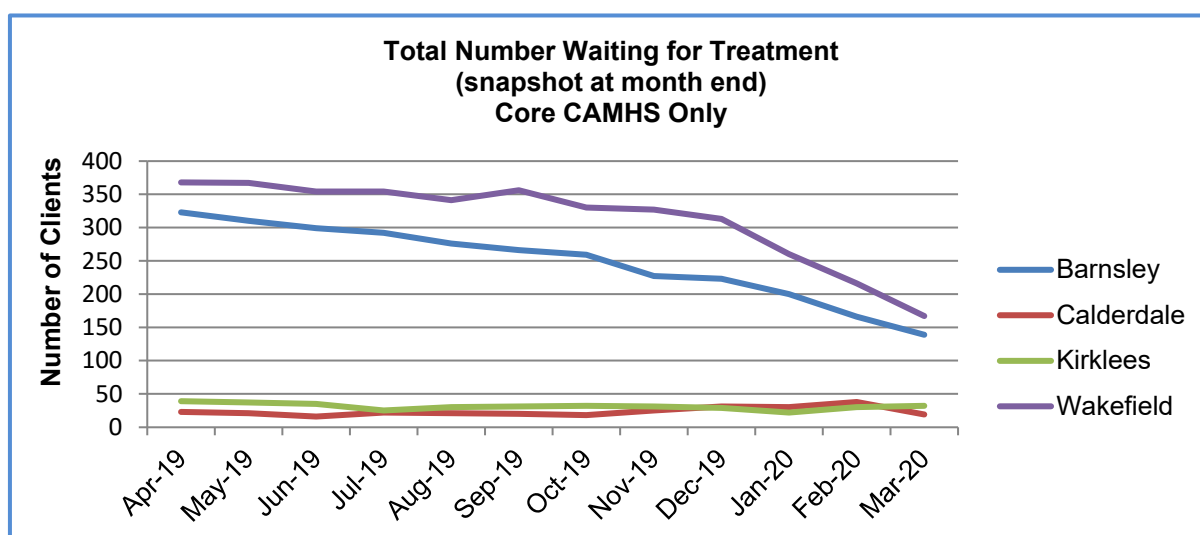| Locality	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Barnsley	14	22	41	40	14	28	27	24	17	19	20	13
Calderdale	48	66	113	95	94	126	45	70	64	49	54	59
Kirklees	27	75	73	69	84	91	76	28	50	59	32	46
Wakefield	60	102	109	97	97	92	79	79	69	77	65	55

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 |

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
Barnsley	<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
Calderdale	<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
Kirklees	<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
Wakefield	<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 (LBGTQI) 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 inn 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 engage 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:

Trustwide Acute and PICU OOA Bed Days vs Trajectory
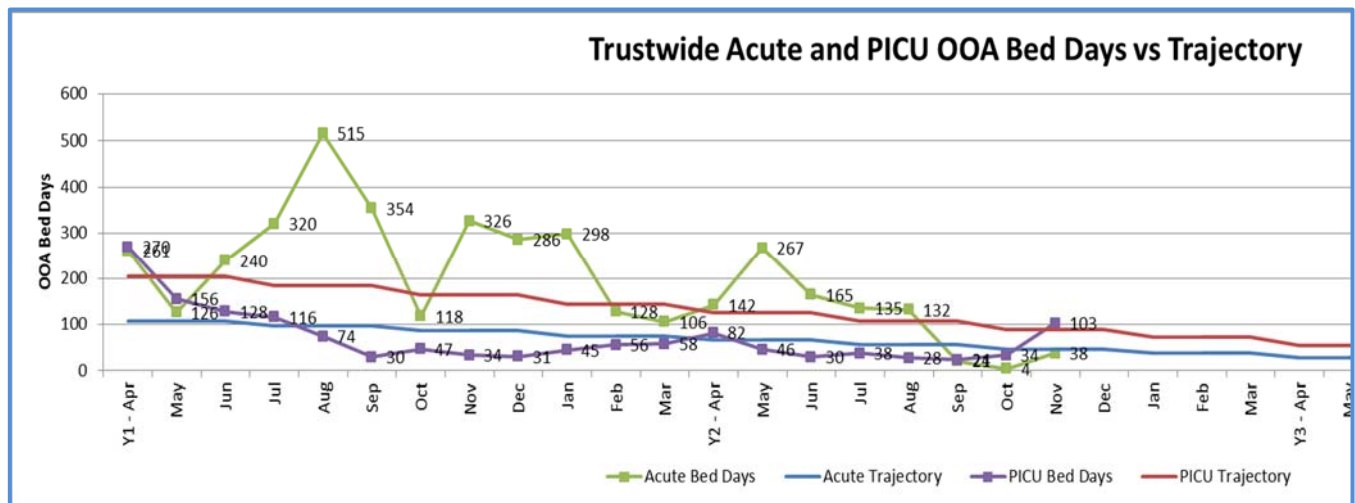
Step change in out of area placements:

Number of People Out of Area- starting 04/01/19
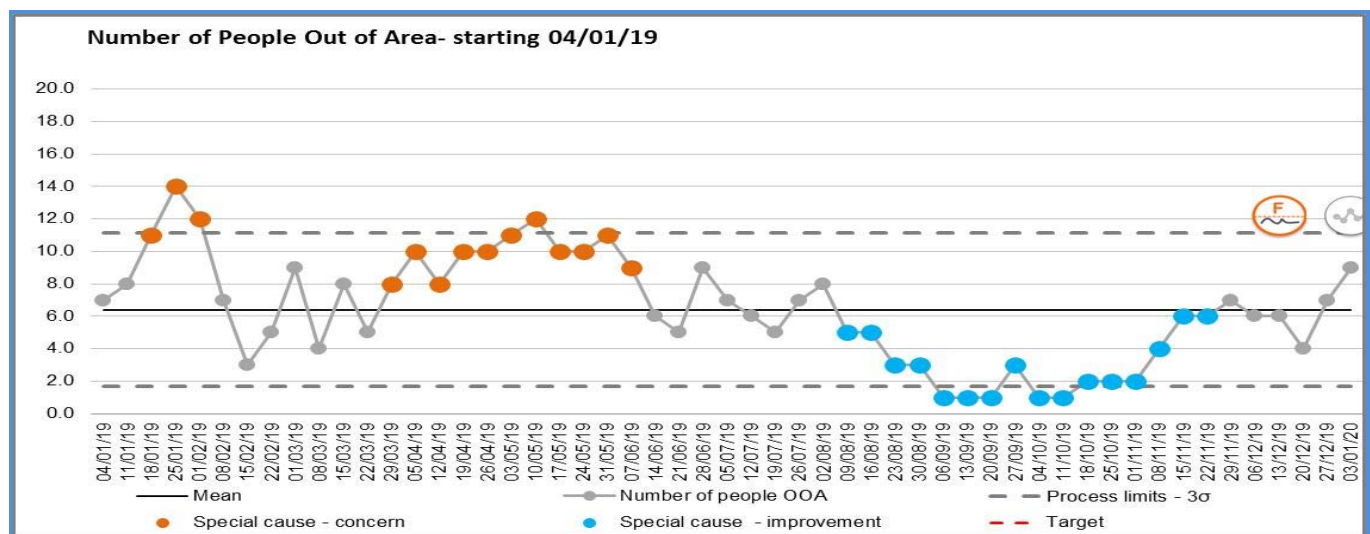
At project level, individual projects were having an impact, with caseload reduction (see data below) having a positive impact on the Kirklees IHBT team being able to focus on their priority caseload:

Cases open at the end of each month with trendline
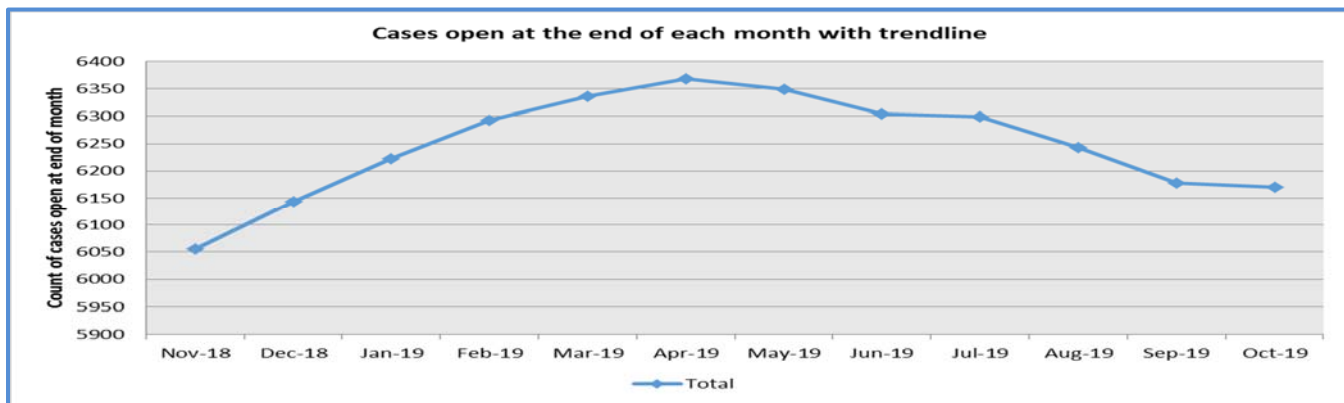
An overall reduction in bed use in Kirklees (identified as a priority area to focus the work on) could be demonstrated through 2019:

Kirklees- Commissioned Acute bed days vs actual usage
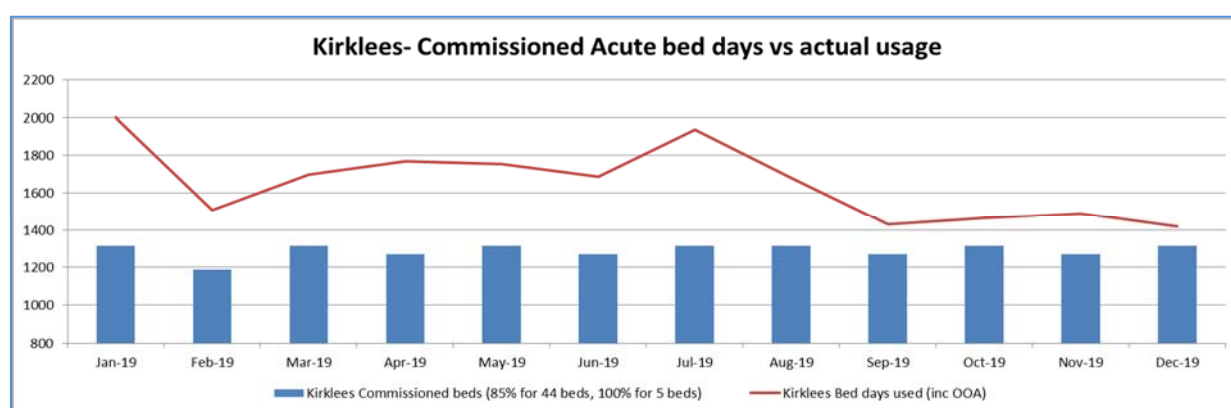
There are some projects within the programme that are still progressing towards achieving improvements:

- 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.

PICU OOA Bed Days by week- starting 30/11/18

Legend:
— Mean
● Number of OOA days
- - Process limits - 3σ
● Special cause - concern
● Special cause - improvement
- - Target
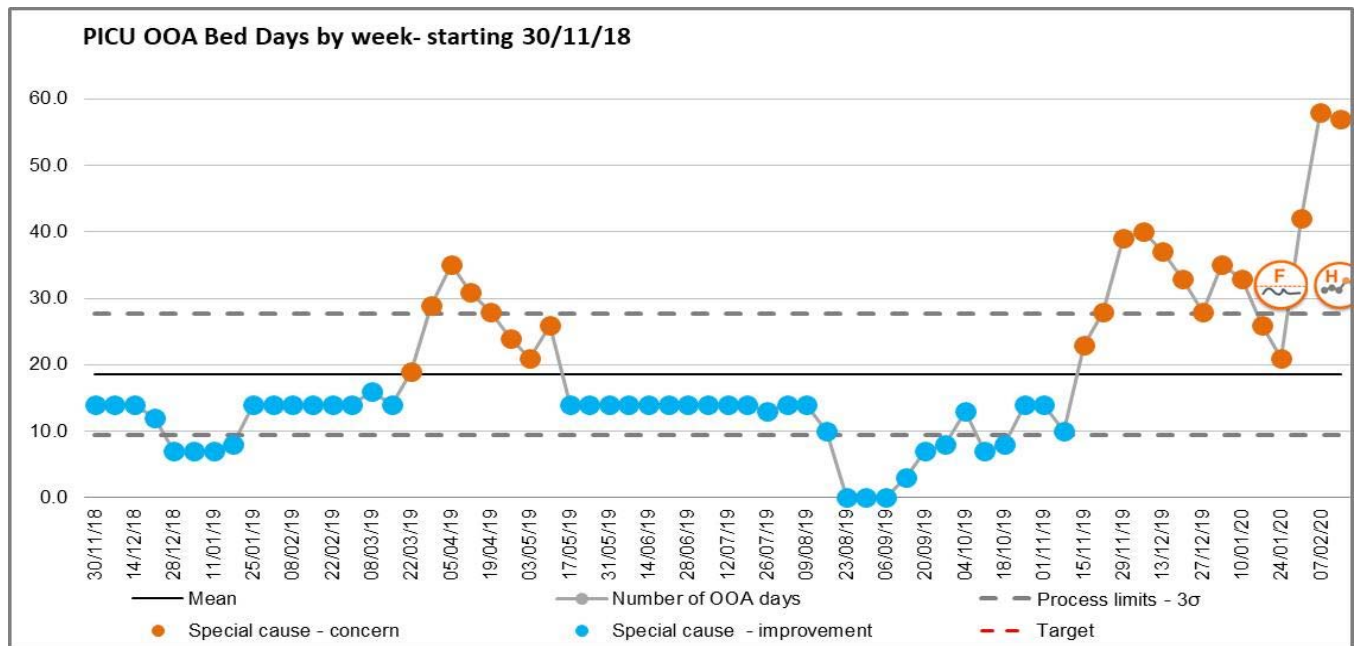
The increase can be seen in the most recent monthly trajectory.

Trustwide Acute and PICU OOA Bed Days vs Trajectory

Legend: Acute Bed Days, Acute Trajectory, PICU Bed Days, PICU Trajectory
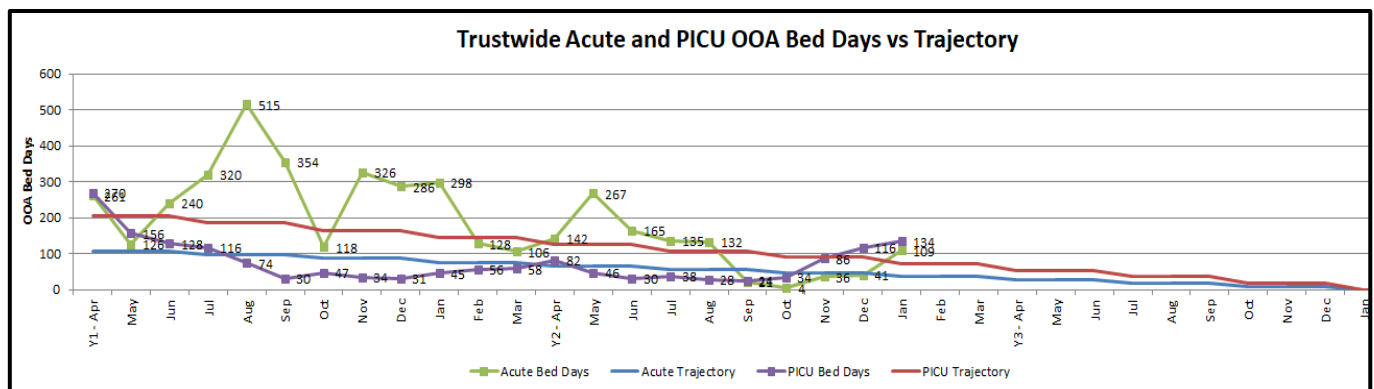
As well as this, in late 2018 and early 2019 caseload sizes in Calderdale and Kirklees have increased, which has led to renewed caseload focus, and referrals into the Calderdale and Kirklees SPA have also increased. Chart below showing increase in team caseload:

Cases open at the end of each month with trendline

Legend: Total
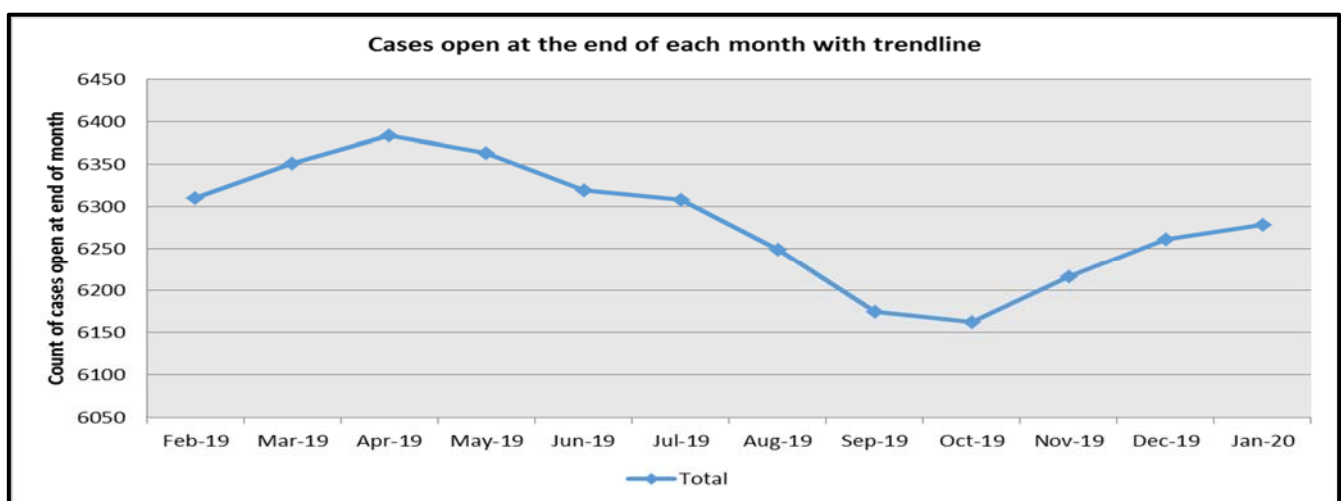
What has been the impact on patient care and quality of service?

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

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
Mean score	**89%**	

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
Mean score	**89%**	

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

AHSN	**Academic Health Science Networks** 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
BDU	**Business Delivery Unit:** 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.
CAMHS	**Child and adolescent mental health service:** Treatment for children and young people with emotional and psychological problems.
CHPPD	**Care hours per patient day:** a national programme of work that compares the care hours per patient day required to deliver safer care in a team..
CMHT	**Community mental health team:** 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.
CQC	**Care Quality Commission** 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
CQUIN	**Commissioning for Quality and Innovation.** 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.
DATIX	**Datixweb** is the web based version of the Trust's risk management system. It enables staff to report incidents that happen at the Trust, electronically
EMT	Our **Executive Management Team** (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.
FFT	**Friends and Family Test:** a service user experience and quality improvement tool used across the NHS
IAPT	**Improving Access to Psychological Therapies** is a National Health Service initiative to provide more psychotherapy to the general population
Key performance indicator	A performance indicator or **key performance indicator** is a type of performance measurement. KPIs evaluate the success of an organization or of a particular activity in which it engages.
NCISH	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.
NHSI	**NHS Improvement** 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.
NICE	**National Institute for Clinical Excellence:** 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
SafeCare	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.
Safety Huddles	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.
SystmOne	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

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07741 702429

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

Hillder 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

Members' Council
30 October 2020

Agenda item:	7.5
Report Title:	Members' Council elections 2021 – process
Report By:	Corporate Governance Manager
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format
The purpose of this paper is to update the Members' Council on election process for 2021.

Recommendation
The Members' Council is asked to RECEIVE the update.

Background
When the Trust was working towards Foundation Trust status, a decision was made by the Trust Board to stagger the terms of office for the governors elected in the first elections to the Members' Council to ensure that not all left at the same time. The Trust, therefore, holds elections every year during the spring for terms of office starting on 1 May each year.

Election process
Civica manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. Elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution.

Elections 2021
The Chair will write to all governors later in the year to advise further on the process and to confirm which public and staff governors' current term end on 30 April 2021.

As at October 2020, elections will be held for the following seats:

Public
- Kirklees – 3 seats
- Wakefield – 2 seats
- Rest of Yorkshire and the Humber – 1 seat

NB. There are currently no vacant seats or governor terms ending in 2021 for

With **all of us** in mind.

Barnsley and Calderdale.

Staff (all 1 seat)
- Allied Healthcare Professionals
- Medicine and Pharmacy
- Nursing
- Psychological therapies
- Social care staff working in integrated teams

The timetable for the election is as follows:

- December 2020 – correspondence from the Chair to governors regarding the election process and vacancies.
- Nominations open on Monday 11 January 2021.
- Nominations close on Monday 8 February 2021.
  Candidates will be able to withdraw their nomination up to Thursday 11 February 2021.
- Election voting opens on Thursday 4 March 2021.
- Election voting closes on Tuesday 6 April 2021.
- Results declared on Wednesday 7 April 2021.
- Terms of office begin on 1 May 2021.

NB. If there are uncontested seats in one or more of the constituencies and an election is not required, results may be available before 7 April 2021.

The election process for publicly elected governors will be a mix of paper and electronic options. For staff governors, the process will be electronic for both the nominations and election stages.

Governors are asked to assist by talking to people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching, as well as promoting voting by members.

South West Yorkshire Partnership
NHS Foundation Trust

Members' Council
30 October 2020

Agenda item:	7.6
Report Title:	Constitution Update
Report By:	Chair of the Trust
Action:	To note

EXECUTIVE SUMMARY

Purpose

The purpose of this item is to provide the Members' Council with an update in relation to the ongoing review of the Trust's Constitution.

Recommendation

The Members' Council is asked to NOTE the update in relation to the ongoing review of the Trust's Constitution.

Background

The Trust is required to have a Constitution in place that sets out:

- how it is accountable to local people
- who can become a member
- the role of the Members' Council
- how Trust Board and the Members' Council are structured
- how Trust Board works with the Members' Council
- how the Chair and Non-Executive Directors are appointed
- how public and staff governors are elected.
- Include codes of conduct for Executive Directors, Non-Executive Directors and Governors

The Trust Constitution is based on the NHS Foundation Trust Model Core Constitution (2013). Amendments to the Trust Constitution were approved by the Trust Board on 31 January 2017 and Members' Council on 3 February 2017.

A further review of the Constitution took place at a Governor workshop on 9 December 2019 and Trust Board strategic session on 17 December 2019.

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Consequently, a number of changes were brought the Members' Council meeting on 31st January 2020 and approved, and it was agreed to further consider a number of other areas, including governor constituencies.

Since the January meeting, the impact of the global pandemic Covid-19 has meant that this work has been delayed, allowing focus on critical business items.

It had been hoped to restart this work in the autumn, but in light of the continuing impact of Covid-19, the review of the constitution was raised by the Company Secretary at the Executive Management Team meeting on 8th October 2020. The constitution was discussed and deemed to be fit for purpose in its current form.

In discussion, it was identified that further national guidance regarding NHS foundation trusts is likely to be received in early 2021 which will impact upon the content of the constitution, requiring further amendment.

The decision was therefore taken to delay the review of the constitution until further guidance has been received, hopefully by 31st March 2021.

Performance & Finance Update
Quarter 2 - 2020/21
Members' Council
30 October 2020

Agenda

➢ Summary Performance Metrics

➢ Quality

➢ NHS Improvement Targets

➢ Workforce

➢ Finance

Summary Performance Metrics

KPI	Threshold	Dec Q3	Mar Q4	Jun Q1	Sep Q2
Single Oversight Framework	2	2	2	2	2
Children & young people in adult inpatient wards	0	1	2	1	3
% SU followed up within 7 days of discharge	95%	97.9%	98.1%	100.0%	99.1%
% clients in settled accommodation	60%	90.8%	91.3%	91.2%	91.1%
IAPT – proportion people completing treatment & moving to recovery	50%	55.8%	55.8%	42.8%	54.2%
Inappropriate out of area bed days		796	451	415	737
Number of compliments received		79	63	67	tbc
Safer staffing fill rates (inpatients)	100%	111.2%	109.9%	123.3%	114.4%
Delayed transfers of care	3.5%	1.6%	1.9%	1.4%	1.5%

SU – service users
IAPT – improving access to psychological therapies
LD – learning disability
CPA – care programme approach

With all of us in mind.

Summary Performance Metrics

KPI	Threshold	Dec Q3	Mar Q4	Jun Q1	Sep Q2
Patient & Safety Incidents involving moderate or severe harm or death (quarter)		72	86	106	89
IG confidentiality breaches	<24	30	33	49	61
CAMHS referral to treatment < 18 weeks	Trend monitor	40.3%	41.8%	47.2%	57.5%
Surplus/(deficit)		£0.8m	£0.1m	-	-
Agency spend	£5.3m (full year)	£1.8m	£1.9m	£1.5m	£1.8m
Sickness absence (non covid)	4.5%	5.0%	3.8%	4.0%	3.9%
Staff turnover	10%	12.3%	11.9%	9.8%	8.9%
Actual level of vacancies	Trend monitor	11.5%	12.2%	6.3%	8.4%

With **all of us** in mind.

4

Covid-19 Response Metrics

KPI	Jun	Oct
Staff off sick – not working	112	108
Staff working from home related to Covid-19	90	79
Staff tested (cumulative)	1,798	2,498
Staff tested positive (cumulative)	128	217
Service users tested on wards (cumulative)	103	148
Service users tested positive (cumulative	29	38
Calls to occupational health health-line	921	1,780
Additional staff enabled to work from home (cumulative)	937	1,069
Microsoft Teams meetings (per month)	15,450	14,845
Video consultations (per week)	126	178

With **all of us** in mind.

Quality Update 2020/21 – Q2

Covid-19 Response

➢ Staff testing

➢ Testing for patients on wards

➢ Outbreak management response

➢ Care homes – enhanced support

➢ IT equipment and access to support home working

➢ Use of Microsoft Teams and Accu-Rx to support video consultations

➢ Occupational health support line

➢ PPE supply and demand management

Quality Update 2020/21 – Q2

Patient Experience – Friends and Family Test (FFT)

➢ 100% of respondents would recommend community health services

➢ 78% of respondents would recommend mental health services

➢ 84% of respondents stated their experience had been good or very good

➢ 52 out of 484 respondents rated the service as poor or very poor. The majority were related to the Covid-19 pandemic e.g. lack of leave, lack of staff, lack of face to face appointments and staff not wearing PPE

➢ Text messages provided 55% of the responses in September

With **all of us** in mind.

Quality Update 2020/21 – Q2

Safer Staffing (inpatient wards)

We are preparing for the second wave of Covid-19 as well as delivery of our normal services
We continue to use temporary workforce as well as overtime to cover our inpatient areas

The figures (%) for September 2020:
- Registered staff – Days 77.7% (a decrease of 2.8% on the previous month):
- Registered staff - Nights 93.6% (a decrease of 3.1% on the previous month.
- Registered average fill rate – Days and nights 85.6% (a decrease of 3.0% on the previous month)
- Overall average fill rate all staff: 114.4% (a decrease of 3.6% on the previous month)
- Two wards fell below the overall fill rates of 90% or above in September – Appleton and Priestley
- Eleven wards had overall fill rates in excess of 120% in September
- Higher levels of acuity have been apparent since the early stages of the pandemic

With **all of us** in mind.

Quality Update 2020/21 – Q2

Incident Reporting

- All serious incidents investigated using route cause analysis techniques.

- Weekly risk panel scans for themes and covid-19 related incidents

- No never events reported in September.

- 17.9% of incidents were in red, amber and yellow categories in September.

- Restraint incidents currently under close review as part of restricting physical interventions programme

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Red (should not be compared with SIs)	9	12	14	11	13	11	5	9	13	11	9	8
Amber	41	31	26	47	41	30	35	41	48	41	37	32
Yellow	94	93	83	93	80	110	82	102	94	145	167	134
Green	284	283	229	347	276	338	299	283	335	373	321	273
Green no harm	616	639	584	596	580	597	547	510	557	686	580	523
Total	1044	1058	936	1094	990	1086	968	945	1047	1256	1114	970
Percentage of total that are Red/Amber/Yellow *	13.8%	12.9%	13.1%	13.8%	13.5%	13.9%	12.6%	16.1%	14.8%	15.7%	19.1%	17.9%

NHS South West Yorkshire Partnership NHS Foundation Trust

With all of us in mind.

NHS Improvement Compliance

Single Oversight Framework Risk Rating

➢ Actual Rating of 2 – targeted support

➢ Ratings of 1 – 4, with 1 being the best

Performance against mandated standards of access and outcomes:

➢ Performing above target for vast majority of national indicators

With **all of us** in mind.

NHS Improvement

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
Max time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	98.2%	97.8%	94.2%	97.0%
% Admissions Gatekept by CRS Teams *	95%	99.7%	97.9%	99.4%	96.1%
% SU on CPA Followed up Within 7 Days of Discharge	95%	97.6%	96.4%	99.3%	99.3%
IAPT - Treatment within 6 weeks of referral *	75%	79.1%	85.3%	88.0%	92.8%
IAPT - Treatment within 18 weeks of referral *	95%	97.6%	98.9%	98.9%	99.1%
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	82.6%	85.6%	86.3%	87.2%
Maximum 6 week wait for diagnostic procedures	99%	100%	100%	37.7%	37.1%
IAPT – Proportion of people completing treatment who move to recovery *	50%	53.6%	54.3%	47.8%	52.9%

* to August 2019

IAPT - Improving access to psychological therapies
CPA - Care programme approach
SU   - Service user
Nice - National Institute for Clinical Excellence
CRS -   Community recovery service

With **all of us** in mind.

10

Workforce

➢ The Trust non-covid sickness rate at the end of September was 3.9%. However, there has been a rise in the number of days lost due to stress/anxiety.

➢ Flu vaccination of frontline staff has commenced. As at 26th October 2020 1,152 staff have been vaccinated (37%).

➢ A new e.appraisal system has been introduced and the appraisal process has been resumed following a pause due to the covid response.

➢ Good compliance with mandatory training. Further focus on the local induction and food safety training.

➢ Staff turnover rate much lower this year at 8.9%.

➢ The Trust undertook a wellbeing survey to get a better insight into the impact of the pandemic on the whole workforce. Just over 2,000 staff completed the survey. Whilst there had been improvement in a number of areas over there has been a deterioration in staff physical and psychological wellbeing. Inpatient areas have had the most pressure and action plans are being agreed across all service areas in response to the feedback from staff.

With all of us in mind.

Dashboard
(number = 2017 responses)

GOOD DAY AT WORK
POWERED BY
robertsoncooper

Resilience

77%

average

6 Essentials (Pulse)

Resources & communication (Pulse)

Control (Pulse)

Balanced workload (Pulse)

Job security & change (Pulse)

Work relationships (Pulse)

Pay, Benefits & Job conditions (Pulse)

Psychological wellbeing (Pulse)

Positive emotions (Pulse)

Sense of purpose (Pulse)

Your Health (Pulse)

Strain on physical health (Pulse)

Strain on psychological health (Pulse)

Engagement & related scales (Pulse)

Engagement (Pulse)

Perceived commitment of organisation to employee (Pulse)

Commitment of employee to organisation (Pulse)

Good Day At Work

4.2

/ 5.0

Productivity

76%

average

🟩	Positive finding in relation to General Working Population
⬜	Finding typical in relation to General Working Population
🟧	Area for improvement in relation to General Working Population
🟥	Risk in relation to General Working Population

Results Comparison
BDU Breakdown

In which BDU do you work?	Total participants	Confidence	Purposefulness	Adaptability	Social Support	Resources & communication	Control	Balanced workload	Job security & change	Work relationships	Pay, Benefits & Job conditions	Positive emotions	Sense of purpose	Engagement	Perceived commitment	Employee commitment	physical health	psychological health
Adult Mental Health Inpatients	143	grey	orange	green	red	red	orange	orange	grey	orange	grey	red	red	grey	grey	grey	red	red
Barnsley	446	green	grey	green	grey	grey	grey	grey	grey	grey	green	grey	grey	grey	grey	grey	red	red
Calderdale and Kirklees	364	green	grey	green	grey	grey	grey	grey	grey	grey	grey	grey	grey	grey	grey	grey	red	red
CAMHS (including Wetherby and Adel Beck' CAMHS)	132	grey	grey	green	grey	grey	grey	grey	green	grey	green	grey	grey	grey	grey	grey	red	orange
Forensics, Learning Disabilities, ADHD/ASD and other Forensic services	234	grey	grey	green	grey	grey	grey	grey	grey	grey	grey	grey	grey	grey	grey	grey	red	red
Support Services	446	green	grey	green	green	grey	grey	grey	green	grey	grey	grey	grey	grey	grey	grey	red	orange
Wakefield	231	green	grey	green	grey	grey	grey	grey	green	grey	green	grey	grey	grey	grey	grey	red	grey

Legend:
- Green: Positive finding in relation to General Working Population
- Grey: Finding typical in relation to General Working Population
- Orange: Area for improvement in relation to General Working Population
- Red: Risk in relation to General Working Population

Financial Performance

Key performance indicators

Performance Indicator	Year to date	Forecast
NHS Improvement financial risk rating	1	2
Normalised deficit	£0.0m	(£2.1m)
Agency spend	£3.2m	£7.1m
Cash	£57.5m	£34.9m
Capital expenditure	£0.7m	£5.6m
Better payment	97% -30 days 82% - 7 days	98% - 30 days 82% - 7 days

Financial Performance – Highlights

➢ Different financial arrangements in place during the first 6 months of 20/21

➢ All trusts have been enabled to break-even by reclaiming costs incurred in the response to Covid-19

➢ For the second half of the year our income will be fixed and we have submitted a plan resulting in a £2.1m deficit

➢ To support NHS cash flow all trusts have received payment for one month's income in advance

➢ We are paying as many suppliers as possible within 7 days of receipt of an invoice

➢ Limited capital expenditure to date as internal resource focused on the Covid-19 response, access to our sites given the impact of the pandemic and some IT equipment in particular taking longer to source

➢ Costs likely to be higher in the second half of the year as referrals increase again and we see additional demand for the services we provide

With **all of us** in mind.

Demand for Mental Health and Learning Disability Services
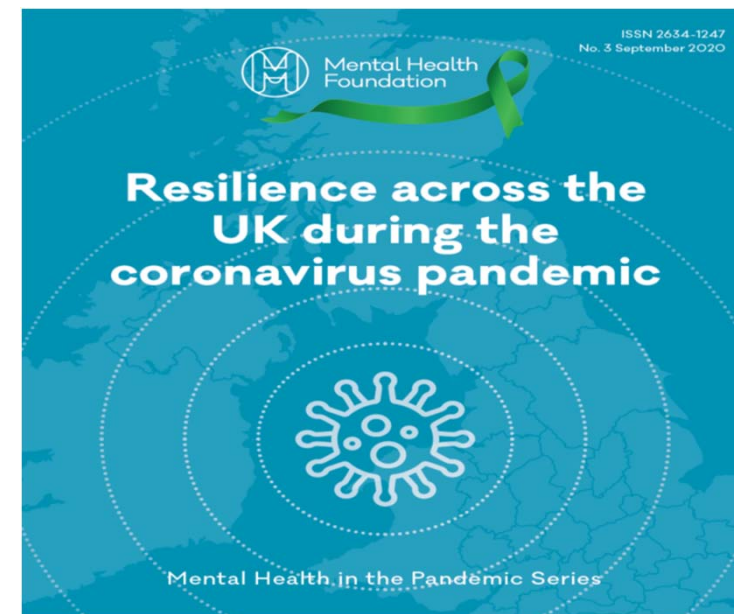
Members' Council
30 October 2020

1

Evidence sources

- National reports (e.g. Kings Fund; Public Health England; NHS England).
- Research and academic literature (e.g. Yorkshire and the Humber Clinical Networks summaries).
- In each of our 4 districts – local 'health intelligence cell' arrangements, **includes demand modelling**.
- Survey feedback from external agencies in our 4 districts (e.g. Healthwatch; Public Health surveys).
- Feedback from patient experience and engagement.
- Feedback from staff.

Evidence sources

Trust feedback

Headlines:

*682 surveys completed to date. ****(as of 23.09.2020)*)**	**84% of respondents rated services either very good or good during Covid 19.**	**63% of contacts were made by phone or video call and…**	**…33% of contacts were made face to …33% of contacts were made face to face.**
59% of respondents would prefer to be contacted by either telephone or video call in the future and…	…27% would like to continue with face to face contact.	58% of respondents felt that the clinician had completed a detailed assessment, of these…	…86% were contacted either by phone or video call.

With **all of us** in mind.

Key themes from Trust & Partner survey feedback

➢ **Confusing government messages** – causing anxiety or uncertainty, particularly for those who do not have English as a first language (includes BSL)

➢ **Concerns about susceptibility to COVID-19** and the impact of restrictions and/or lockdown including strain on relationships/domestic violence

➢ **Impact on carers with an** increasing pressure to provide care

➢ **Limited access to services** including worries about access to routine or ongoing health care support particularly for Cancer and those with a LTC. Not everyone has access to or can use digital technology – privacy issues

➢ **People with a learning disability, ASD/Autism** – loss of routine and social contact

With **all of us** in mind.

Key themes from Trust & Partner feedback (continued)

- ➢ **Children and young people** – worries, access to friends/family, hobbies and routine
- ➢ **BAME** – awareness of inequalities and highest impact form COVID, increase in racism, access to services and support
- ➢ **Relationships** and not being able to see relatives/ friends/partners
- ➢ **Social isolation** – loneliness and loss of contact, particularly face to face
- ➢ **Poverty** – loss of job, income, home and increase in food poverty
- ➢ **Substance misuse** – impacts of lockdown and increase in alcohol consumption and other substances – lapse
- ➢ **Decline in mental wellbeing** – increasing number of people reporting difficulties with low mood and anxiety

With **all of us** in mind.

Source NHS Lancashire & South Cumbria Example
Expected events-impacts arising from Covid-19, direct and indirect

Mental health (adult and older adult)

NHS
South West Yorkshire Partnership
NHS Foundation Trust

	Short-term		Medium to long-term	
	Event (cause)	**Potential impact** (effect)	**Event** (cause)	**Potential impact** (effect)
Covid-19 Direct	Threat from Covid-19, perceived and actual	Anxiety Exacerbation of existing psychotic symptoms	Post ICU syndrome (PICS)	Anxiety Depression PTSD
	Bereavement	Depression	Bereavement	Prolonged traumatic grief Complicated grief
Covid-19 Indirect	Lockdown and isolation	Anxiety Depression Exacerbation of existing psychotic symptoms Increase in alcohol misuse and other addictions	Psychological impact on front line staff	PTSD
			Actual economic impact, e.g. unemployment, job insecurity, income reduction, increased debt, housing loss, loss of socio-economic status	Anxiety Depression Suicide Increase in alcohol misuse and other addictions
	Fear of potential economic impact	Anxiety	Adversely affected personal relationships, including domestic violence	Anxiety Depression Increase in alcohol misuse and other addictions
	Adversely affected personal relationships, including domestic violence	Anxiety Depression		

Trust service response

- We continue to deliver all services safely in line with national guidance, using service specific business continuity plans during the first phase, utilising a range of innovative means of communication and ensuring face to face contacts are made wherever these have been clinically indicated.
- Moved to recovery and reset, as part of national NHS Phase 3 planning requirements, including urgent actions to address inequalities in NHS provision; and the development of outcomes and guidance for implementing patient initiated follow-ups.
- Continue to monitor and adapt service provision in context of changing circumstances and demand.
- Risk assessments are in place for all buildings to ensure safe clinical space is available and optimised, and work areas are assessed as covid secure.

Trust service response (continued)

West Yorkshire Response

Examples during the pandemic include:
- Provision of a new Grief and Loss Support Service (7 days, 8am to 8pm).
- Provision of a new 24 hour mental health helpline (serving Calderdale, Kirklees, Wakefield, Barnsley & Leeds).

➢ Important to highlight that our services operate as part of a health and care system at different levels – neighbourhood (Primary Care Networks); district; regional; national. Changes in service arrangements potentially impact on each other

E.g.1 our community learning disability services have changed the way they work in terms of increased support to mainstream services by providing enhanced advice and guidance on reasonable adjustments.

E.g.2 We have also provided significant enhanced support to learning disability care homes and GPs in relation the completion of Annual Health Checks for people with learning disabilities

N.B. All the services' responses are underpinned by Equality Impact Assessments.

With **all of us** in mind.

With **all of us** in mind.

![NHS South West Yorkshire Partnership NHS Foundation Trust logo]

Members' Council
30 October 2020

Agenda item:	**8.1**
Report Title:	**Chair's remuneration**
Report By:	Director of HR, OD and Estates on behalf of the Nominations Committee
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this item is to enable the Members' Council to agree the Chair's remuneration following the annual review by the Nominations Committee.

Recommendation

The Members' Council is asked to AGREE the recommendations of the Nominations Committee in relation to the remuneration of the Chair.

Background

The Members' Council is responsible for determining and reviewing the remuneration arrangements for the Chair. The Nominations Committee, supported by the Director of Human Resources, Organisational Development and Estates review annually the remuneration arrangements for the Chair on behalf of the Members Council.

The Members Council took a decision to align the Chair's remuneration to the NHS Improvement and NHS England (NHSI/E) recommendations published in September 2019 on either a reappointment or a new appointed to the role. The NHSI/E remuneration structure sets a pay range for Chair's based on the size of the organisation (annual turnover). The relevant Chair's pay range for the Trust is £44,100 - £47,100 - £50,000 per annum.

Chair

The Nominations Committee, on behalf of the Members' Council, are responsible for regularly reviewing the remuneration arrangements for the Chair.

The Chair was originally appointed on a locally determined pay scale with incremental progression linked to the annual appraisal. This pay scale was £42,420 p.a. - £45,450 p.a. - £47,975 p.a. - £50,500 p.a. - £53,025 p.a. The current remuneration of the Chair is £47,975 p.a. and under these arrangements, subject to a satisfactory appraisal, she would have moved to £50,500 p.a. with effect from the anniversary of her appointment, 1st December 2020. However, the Members Council took a decision that the Trust would adopt the remuneration pay range recommended by NHSI/E on either reappointment or a new appointment to the Chair role. This means the Chair's remuneration from the date of her reappointment needs to be consistent with the NHSI/E pay range and the maximum of £50,000pa.

With **all of us** in mind.

The Nomination Committee, in light of the Chair's positive and successful appraisal and taking account of her experience and high level of performance over the years, believed that it was fair, reasonable and justifiable to recommend that Angela's moves to the top of the national pay range effective from the date of her reappointment. This recommendation is both consistent with the Members Councils decision and the NHSI/E recommendations.

Outcome

The Nominations Committee recommends the Chair's remuneration is increased to £50,000pa with effect from the date of her reappointment on 1st December 2020. This is in line with NHS Improvement and NHS England pay range for Chairs and the Members' Council decision.

**Members' Council
30 October 2020**

Agenda item:	**8.2**
Report Title:	Appointment of Deputy Chair / Senior Independent Director
Report By:	Corporate Governance Manager on behalf of the Nominations Committee
Action:	To approve

EXECUTIVE SUMMARY

Purpose and format

For the Members' Council to agree a recommendation from the Nominations Committee, on the appointment of a Non-Executive Director as the Deputy Chair / Senior Independent Director (SID) to replace Charlotte Dyson whose term as Deputy Chair / SID ends on 31 January 2021.

Recommendation

The Members' Council is asked to APPROVE the recommendation from the Nominations Committee, on the appointment of Chris Jones as Deputy Chair / Senior Independent Director from 1 February 2021 until the end of his term of office, 4 August 2022.

Background

The Trust's Constitution requires the Trust to appoint a Deputy Chair and Monitor's (now NHS Improvement) Code of Governance requires the Trust, in consultation with the Members' Council, to appoint one of its Non-Executive Directors as the Senior Independent Director (SID). The SID provides a sounding board for the Chair and serves as an intermediary for the other Directors when necessary. The SID is also available to Governors if they have concerns that contact through the normal channels of the Chair, Chief Executive, Director of Finance & Resources or Head of Corporate Governance (Company Secretary) has failed to resolve, or for which such contact is inappropriate. The SID is usually also the Deputy Chair. Further detail of the role is shown in the attached role description / person specification.

The role of Deputy Chair is primarily reactive in nature and quite often involves contact with the regulators, such as the Care Quality Commission and NHS England / Improvement, particularly in any times of difficulty, as well as the more traditional role of being a deputy for the Chair in their absence. The Chair sees the Deputy Chair as:

- Someone with a very different skill set and method of working to that of the Chair.
- An existing and experienced Non-Executive Director with experience of chairing board committees.
- An individual who is respected and influential around the Board table and within the

wider Trust.

Charlotte Dyson was first appointed as Deputy Chair / SID on 1 August 2017 for one year and was then re-appointed for a period of two years from 1 August 2018 to 31 July 2020. To support and maintain strong governance during the Covid-19 pandemic, Charlotte Dyson's role as Deputy Chair / SID was extended to 31 January 2021. This was approved by the Members' Council on 1 May 2020.

Process

1. As Charlotte Dyson will step down from the role of Deputy Chair / SID on 31 January 2021, the Chair wrote to the NEDs on 3 September 2020 asking for expressions of interest in the role from on by 14 September 2020. By that date, one NED, Chris Jones, had expressed an interest in the role.

2. The Chair had a discussion with Chris Jones and is confident that he will perform both roles well. He brings a wide range of experience and expertise, and his background and skills will complement those of the Chair. His appointment to the combined roles of Deputy Chair / SID is therefore recommended.

3. Chris Jones was appointed as a NED from 5 August 2019 for a period of 3 years until 4 August 2022. It is recommended that his appointment as Deputy Chair / SID starts on 1 February 2021 and runs until the end of his term of office, 4 August 2022.

4. Chris Jones' profile is attached for consideration.

Outcome

The Nominations Committee met on 2 October 2020 and discussed the proposal from the Chair for appointment. The Nominations Committee recommend the appointment of Chris Jones as Deputy Chair / Senior Independent Director from 1 February 2021 until the end of his term of office, 4 August 2022.

Role Description

Deputy Chair / Senior Independent Director outline job description

Essential expertise

- Has embraced and lived the values of the organisation.
- Has demonstrated commitment and effective participation in the Board / Committees of South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).
- Has commercial or high-level public-sector background and an understanding of governance arrangements in a highly regulated and complex environment.
- Has demonstrated a clear sense of strategic direction and a previous track record of performance management.
- Has undertaken challenge and support appropriate to the Board.
- Has established and managed complex relationships internally and across a number of organisational boundaries.
- Has displayed the ability to be a strong ambassador for the Trust and support the work of the Chair.

Desirable experience

- Has experience of working as a Non-Executive Director in other sectors, such as private, community or voluntary organisations.
- Has established an understanding of the needs of the people who use our services and health inequalities in the populations served by our Trust.

Essential competences

Competence	Explanation
Strategic thinking	Has been able to look ahead and work with others to develop practice and ambitious plans.
Patient, service user and community focus	Has shown commitment to supporting people's expectations of healthcare in the local community, through the public, voluntary or private sector.
Self-belief and drive	Has shown the ability to challenge constructively with the motivation to improve NHS performance and the confidence to take on challenges.
Intellectual flexibility	Has been a sharp and clear thinker who can weigh up other people's ideas and have ideas of their own.
Team working ability	Has built constructive relationships and worked effectively in a team of people whilst enabling others to take on the operational work.

With **all of us** in mind.

Competence	Explanation
Effective influencing and communication skills	Has gained respect through a personal empowering style supported by effective communication and influencing skills.
Sound understanding of corporate governance and high standards of personal conduct	Has been tough enough to hold others to account for their performance but also to accept being held to account for their own performance.

Responsibilities

Strategy
- Provides deputy leadership to the Members' Council and Trust Board, supporting their effectiveness in all aspects of their role and agenda.
- Works with the Chair and Board members in developing and promoting the Trust's vision, values, aims and strategic objectives.
- Pro-actively supports the work of the Chair / stands in for the Chair, in managing Board decisions and their development ensuring that 'due process' has been applied at all stages of decision making and that full and complete consideration has been given to all options.
- Supports direct work of the Trust in leading with the Chair and other non-executives, the Chief Executive and other executive directors.

Human Resources
- Supports, encourages and, if appropriate, mentors other Board members and senior executives.
- Supports and participates in the regular evaluation of the performance of the Members' Council and the Board of directors, Committees and individual directors, and facilitates the effective contribution of non-executive directors, directors and governors and ensure constructive relations.
- Takes responsibility for own personal development and ensures that this remains a priority.

Operations
- Supports the Chair in taking responsibility for ensuring the Board monitors the progress of the business against planned objectives.
- Uses leadership skills and experience to advise and support the work of the Trust, the operation of the Board and the work of the governors.
- Supports the Chair in ensuring the Board establishes clear objectives to deliver agreed plans and meets the terms of its authorisation, regularly reviewing performance against the objectives.
- Supports the Chair in planning and conducting Board meetings.
- Encourages the best use of resources including the development of effective risk and performance management processes.
- Shares and uses relevant experience with senior managers and clinicians in a changing healthcare environment.
- Promotes appropriate processes and procedures to deliver high standards of professional, clinical, administrative and personal behaviours across the Trust.
- Is aware and understands relevant regulatory and central government policies.
- Complies at all times with the Trust's published health and safety policies and procedures, following agreed safe working procedures and reporting incidents using the Trust's reporting systems.

Communication and relationships

- Support the effectiveness, constructive dialogue and harmonious relations with a number of bodies including the board of directors, the board of governors, stakeholders in the Trust's community, national healthcare stakeholders, regulators such as NHS England / Improvement and the Care Quality Commission.
- Ensures the provision of accurate, timely and clear information to directors and governors and maintain appropriate links with the Chief Executive and individual directors as well as with the wider local and national health and social care community.
- Will liaise with the Chair and the Trust secretary in setting the agenda for the Members' Council.
- Will support the Members' Council Nominations Committee chair when the succession to the role of Trust Chair is being considered.
- Develops high level relationships with key stakeholders, including the Trust's financiers but ensuring that the interests of all stakeholders are fairly balanced at all times.
- Represents the Trust's views with national, regional and local bodies or individuals.
- Upholds the values of the Trust, as an appropriate role model and to ensure that the Board promotes equality and diversity for all its patients, staff and other stakeholders.
- Is an ambassador for the Trust, is knowledgeable about local issues, and assists the Trust to support local regeneration as a major employer.
- Sets an example on all policies and procedures designed to ensure equality of employment, to ensure staff, patients and visitors are treated equally irrespective of gender, age, disability, sexual orientation, religion, etc.

In addition to the tasks ascribed to the Deputy Chair role, the **Senior Independent Director role involves the following responsibilities:**

- Is able to act independently of the Chair on behalf of the organisation.
- Is available to staff and governors if they have concerns relating to the Chair, Chief Executive or Director of Finance & Resources or the board of directors as a whole, compliance with the terms of authorisation, or the welfare of the Trust and, which contact through the normal channels have failed to resolve or for which such contact is inappropriate.
- Has a key role in acting as a sounding board and source of advice for the Chair, Chief Executive, executive directors and other non-executive directors.
- Will lead the evaluation of the Chair, from governors, executives and non-executives in consultation with the Members' Council and the setting of the Chair's objectives.
- Will attend sufficient meetings of the governors to enable them to have a balanced understanding of the issues and concerns.
- Will liaise with the Lead Governor and Deputy Lead Governor and provide support and advice where there are concerns about the Chair or other issues where it would be inappropriate to involve the Chair.
- Will work with the Lead Governor, Deputy Lead Governor and others involved by intervening to help resolve the issues of concern such as the Chair's performance, issues between the Chair and the Chief Executive (too close or not harmonious), where the strategy is not supported by the whole Members' Council or where key decisions are being made without reference to the board or where succession planning is being ignored.
- Will act as a source of reference for the staff governors / Freedom to Speak Up Guardians where there are concerns about the Chair or the Chief Executive.
- Is part of the Formal (Stage 2) process in the Whistleblowing Policy where referral to the Designated Senior Manager (the Director of Nursing and Quality) is inappropriate due to the nature of the issue (such as a concern about a director or senior manager).

On receiving the referral, the Senior Independent Director will meet with the individual, discuss their concerns and agree a timescale for a response, normally within 15 working days. (See paragraph 8.5 of the Whistleblowing policy).

- Other duties could be added to the role if required providing they are in keeping with the principle of independence and review.

Person specification

Area	Essential	Desirable
Qualifications	A non-executive director	
Knowledge and experience	Knowledge and experience of undertaking appraisals	
	Knowledge of governance and compliance	Experience of dispute resolution
Skills	Highly developed communication and negotiation skills	
Personal qualities	Open, engaging and approachable	
	Independent	
	Candid and has integrity	
Additional requirements	Willingness to attend meetings of the council of governors	

Trust Board profile 2020

Chris Jones

Date of appointment: 5 August 2019

SUMMARY OF RELEVANT QUALIFICATIONS	• BA Hons Economics, Accounting and Financial Management • Member Chartered Institute of Public Finance and Accountancy
CURRENT AREAS OF INTEREST IN THE TRUST, INCLUDING COMMITTEE MEMBERSHIP	Areas of interest: • Leadership • Workforce development • Engagement Committee membership • Audit Committee member • Equality & Inclusion Committee member • Finance, Investment & Performance committee chair
SUMMARY OF EXPERIENCE/AREAS OF INTEREST TO SUPPORT DEVELOPMENT OF FT	• Qualified accountant with previous experience in public and private sectors including the NHS • 7 years as Principal and Chief Executive of Calderdale College • Formerly a member of the Calderdale Safeguarding Children Board • Interested in leadership and governance and the impact on service standards and organisational performance
KEY DEVELOPMENT AREAS OVER THE NEXT 12 MONTHS	• Use of performance indicators to monitor performance • New relationships with partners • Continuing to develop services which meet user needs

Members' Council annual work programme 2020/2021

! – item amended to focus on Covid-19 and business continuity
- item deferred

Agenda item/issue	31 Jan 2020	1 May 2020	31 Jul 2020	30 Oct 2020	29 Jan 2021
Standing items					
Declaration of interests	✖	✖	✖	✖	✖
Minutes and matters arising	✖	✖	✖	✖	✖
Chair's and Chief Executive's report and feedback from Trust Board	✖	**!**	✖	✖	✖
Governor engagement feedback	✖	**#**	✖	✖	✖
Assurance from Member's Council groups and Nominations' Committee	✖	✖	✖	✖	✖
Integrated performance report	✖	**#**	✖	✖	✖
Trust Board appointments					
Appointment / Re-appointment of Non-Executive Directors *(if required)*	✖	✖	✖	✖	✖
Ratification of Executive Director appointments *(if required)*	✖	✖	✖	✖	✖
Review of Chair and Non-Executive Directors' remuneration			✖ *process and timescales	✖ *recommend-dation for Chair's remuneration	
Annual items					
Evaluation / Development session					✖
Local indicator for Quality Accounts	✖				✖
Annual report unannounced / planned visits		**#**		✖	
Care Quality Commission (CQC) action plan		**#**	✖		
Private patient income (against £1 million threshold)		**#** *not required as under threshold			
Annual report and accounts			✖		
Quality report and external assurance			✖		

With **all of us** in mind.

Agenda item/issue	31 Jan 2020	1 May 2020	31 Jul 2020	30 Oct 2020	29 Jan 2021
Customer services annual report			✖		
Serious incidents annual report			✖		
Strategic meeting with Trust Board				✖	
Trust annual plans and budgets, including analysis of cost improvements				✖	
Members' Council Training & Development - Understanding NHS Finance			**#** *a separate session TBA		
Members' Council Business					
Members' Council elections	✖ *update	✖ *outcome		✖ *process	✖ *update
Chair's appraisal	✖		✖ *mid-year appraisal		✖ *process
Review and approval of Trust Constitution	✖	**#**			✖
Consultation / review of Audit Committee terms of reference		**#**	✖		
Members' Council Co-ordination Group annual report		✖			
Members' Council Quality Group annual report		✖			
Nominations' Committee annual report[1]		**#**	✖		
Appointment of Lead Governor		✖			
Appointment of Trust's external auditors		✖			
Holding Non-Executive Directors to account			**#**	✖	
Review of Members' Council objectives				✖	
Members' Council meeting dates and annual work programme				✖	
Other items					
Other agenda items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included.	✖	✖	✖	✖	✖

With **all of us** in mind.